



Quality Visitation Guide

A Resource for Strengthening Families Through Visitation

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Introduction

Recognizing the critical role that visitation plays in achieving successful, timely permanency, SCDSS has conducted a focused analysis of the South Carolina's performance on parent-child visitation and through this analysis identified a significant need for practice change to improve the quality and frequency of these visits. To make consistent and effective practice change, SCDSS set out to create a guide to outline best practices in visitation.



This guide provides child welfare staff with a framework to maximize the potential of visitation to promote and expedite permanency for children and families. It lays out best practices that empower parents to be engaged in the lives of their children and learn new skills to increase their protective capacity. It is to be used in conjunction with parent-child visitation training the GPS Practice Model to make informed practice decisions. The guide is divided into easily accessible sections with guidance on all aspects of visitation to support ongoing work with families

The guide is broken down into sections to be accessible for providing guidance on all aspects of visitation as needed in the course of your ongoing work with families.

SCDSS anticipates that a strong focus on visitation will not only have a positive impact on permanency outcomes for families but will have a significant impact on safety and wellbeing outcomes as well. Visitation practice, as outlined in this guide, will demonstrate our guiding principles and core practice skills, and further our agency's mission to promote safety, permanency, and well-being of children, and strengthen families.

Importance of Visitation

Research identifies the following as 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 parent(s) is/are alright and helps them to eliminate self-blame for placement
- Supports the family in dealing with changing relationships
- Enhances parent motivation to change 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 to 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



Research on parental visits with children in foster care reveals the following:

- Children 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 who saw their parent(s) less than once a month felt they suffered as a result of not maintaining contact with their parent(s). (Kufeldt & Armstrong, 1995)
- Children 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 discharged from placement, and experienced shorter placements. (Hess, 2003)

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. Once this occurs, reunification becomes more difficult.

Source: Adapted from Minnesota Department of Human Services. (2009). *Child and Family Visitation: A Practical Guide to Support Lasting Reunification and Preserving Connections for Children in Foster Care*, Page 1-2.

Definition of Quality Visitation

Quality Family Visitation

For visitation to be effective in reducing trauma, increasing and maintaining relationships, strengthening the family and moving the family toward permanency, visitation must:

- Be family-centered, trauma-informed, individualized and strengths-based, and culturally responsive;
- Be early in the removal episode, frequent and consistent;
- Engage custodial and noncustodial parents;
- Be designed in structure, supervision, and location to optimize bonding, relationship building, and to meet the needs of the child;
- Provide strengths-based coaching to empower, prepare, educate, and model needed behavior changes for the parents;
- Provide an opportunity for parents to practice and demonstrate needed behavior changes that address unmet safety and wellbeing needs; and
- Be adaptive to meet the needs of the children and parents, and to progress the family toward permanency.

For an infographic illustrating the components of a quality visits, see [Appendix 1: Components of Quality Parent-Child Visit](#).



GPS: Promoting Successful Visits

Quality visits start with intentional, goal-directed planning with the Child and Family Team. The GPS Guiding Principles help us to define our approach to visits.



Family-Centered

- Visitation is a vital tool to strengthen the family and promote progress toward permanency. The design and approach to visitation should promote communication, bonding, and parental engagement and learning to maximize family progress.
- Support placement decisions that will promote frequent, quality visits.
- Work with and involve all family members and partners in the design and planning of visitation.

Trauma-Informed

- Demonstrate an understanding of the impact of separation from family by facilitating visits within the first week of placement and scheduling them early within the placement episode and as frequently as possible.
- Provide children consistency by keeping visitation schedule structured and predictable.
- Address any safety threats or risk factors in the design and structure of visitation.

Individualized and Strengths-Based

- Consider the individual needs of the family while developing the structure and design of visits.
- Take a strengths-based approach to visitation decisions, parent modeling, coaching and feedback, and to the assessment of visitation.
- Work with the Child and Family Team to adapt the structure and design of visitation adapts to the needs of the family as it relates to goal achievement and building strengths.

Culturally Responsive

- Engage the family to learn about their culture and how include norms and practices in their visits.
- Observe and demonstrate respect for the family's cultural norms and practices during visits.

For additional information on the guiding principles for visitation see the ***GPS Supervisor Practice Profiles*** and ***GPS Case Manager Practice Profiles***.

Our Visitation Values

Family-Centered

- Visitation is a right not a privilege.
- Teaming with the Child and Family Team in the design of, planning for, and participation in visitation is essential to successful visitation.
- Parents must be empowered to design the visitation location and activities and to demonstrate new parenting skills during visits.
- We must maintain a child's primary connections through visitation.
- Visitation with noncustodial/absent parents is essential for child wellbeing and successful permanency.
- Frequent visitation is essential to preserving family bonds and timely progress toward permanency.

Individualized and Strengths-Based

- Visitation decisions must be made based on the needs of each family to promote strong relationships and goal progression.
- Visitation must adapt to the ongoing needs of the family and progress of the case.



- Quality visits require appropriate frequency, location and activities, and strengths-based parent coaching.

Trauma-Informed

- Visitation must never be used as a threat, discipline, or reward.
- Visitation must begin immediately and occur frequently to mitigate the effects of separation of parent and child.

Culturally Responsive

- Visitation is shaped by our own beliefs and values. Self-awareness is necessary to determine how their own attitudes and feelings influence decision making.
- Engage the family to learn about their culture and how to include norms and practices in their visits.

Source: Adapted from Office of Children and Families in the Courts. (2021, June). *Appendix III: Pennsylvania Best Practice Key Components*. Retrieved from [ocfcpacourts.us: http://ocfcpacourts.us/wp-content/uploads/2020/06/Pennsylvania-Visitation-Best-Practice-Key-Components1.pdf](http://ocfcpacourts.us/wp-content/uploads/2020/06/Pennsylvania-Visitation-Best-Practice-Key-Components1.pdf)

Child and Youth Visitation Rights

Every child in foster care is in a vulnerable situation brought on by the separation from their family, community, and culture – making it critical that we know and honor their visitation rights which are designed to keep them connected to their loved ones. Additionally, it's critical that we educate children/youth on their rights, to give them a sense of honor, validation, and autonomy in their lives.



- Right to visitation with parent and siblings (visitation is not a privilege and not to be used as a consequence).
- Right to sibling visitation regardless of the status of parent visitation.
- Right to visitation that provide adequate time and structure for bonding and positive interactions.
- Right to have visitation designed to supports healthy bonding, effective communication, and progress toward permanency.
- Right to define who their family is and to stay connected with them.
- Right to provide their input in visitation timing, frequency, location, and participants
- Right to refuse visitation and the right to support for addressing the issues underlying the refusal.
- Right to visitation in the most natural setting and with the lowest level of restriction possible.
- Right for visitation decisions to be made independent from behavioral restraints imposed by their placement/caregiver (e.g. consequences, programmatic levels, program rules, etc.).

Parent Visitation Rights

- Right to a minimum of 2 visits per month in which adequate time and structure provide for bonding and quality interactions.
- Right to provide their input in visitation timing, frequency, location, and participants.
- Right to have visitation designed to support healthy bonding, effective communication, and progress toward permanency.
- Right to the support, coaching, and services to meet the goals of visitation and increase the success of visitation.
- Right to visitation in the most natural setting and with the lowest level of restriction possible.



Roles in Visitation

All members of the Child and Family Team play a different role in visitation. It's essential that all members understand and take responsibility for their roles in promoting quality visitation.



Case Manager Role

- Build rapport and trust with the parents and the Child and Family Team that will become the foundation for change.
- Work with the Child and Family Team to establish a Visitation Plan and facilitate implementation so that visits and other forms of family contact occur timely.
- Comprehensively document visits.
- Arrange for visitation with other significant persons.
- Engage the Child and Family Team to resolve any barriers to visitation.
- Define the level of supervision for visits to promote the safety and wellbeing of the child(ren) at the lowest appropriate level of oversight; re-evaluate the level of supervision as the case progresses.
- Prepare all parents, children/youth and caregivers for the visits.
- Work with the family to define the purpose, goals, expectations for the visits.
- Provide strengths-based coaching to parents.
- Debrief visits with a family-centered, strengths-based approach.
- Empower parents to take increasing ownership of the location and structure of visits.
- Have open and honest communication about strengths and concerns throughout the visitation process.
- Address barriers to quality, frequent visitation.
- Engage the Child and Family Team and other partners to maximize the quality and frequency of visitation.

Case Manager Assistant Role

- Assist with documentation.
- Assist with arranging visits.
- Assist with transportation.
- Facilitate visitation when supervision is NOT required.

Supervisor Role

- Support and promote frequent, quality visitation through supervisory coaching and mentoring.
- Monitor performance (timeliness and quality of visits).
- Provide support to case manager and the Child and Family Team as needed.
- Review the Visitation Plan to assess how well it meets the needs of the family and supports progress toward permanency and provide constructive feedback.
- Provide case managers the proper tools, opportunities for skill development, and support necessary to maintain frequent, quality visitation between the child and his or her parents and siblings.
- Promote the use of a supervised level of visitation only when necessary for child safety.
- Use data to monitor visitation frequency and lead improvement efforts.
- Monitor and promote the use of least restrictive levels of supervision.
- Use models of good case transfer processes to maintain consistent visitation.
- Use models of teamwork practice so that visits are not missed due to case manager absences.
- Observe visits and review documentation to assess the case manager's knowledge, skills, and ability to successfully coordinate, facilitate, and document frequent, quality visitation that meets the needs of children and families.

Additional Resources:

DSS Family Visitation Work Aid

Kin/Foster Parent/ Provider Role

Kin and kin foster parents, non-kin foster parents, and providers are essential to successful visitation. They provide support and assist with specific visitation responsibilities and help maintain the recommended frequency of visitation for all involved parties.

Support for visitation may the following:

- Facilitates visits when possible and appropriate
- Provides coaching and tips as appropriate without taking over or disrupting visits
- Provides information on what was observed or reported to have happened at the visit; uploads documentation into the CAIP portal
- Alerts the case manager to any strengths or concerns about visits
- Provides transportation
- Prepares children for visits
- Discusses the visit with children afterwards
- Helps the children maintain an emotional bond with family
- Does not withhold contact or visits unless required by court order or the case manager
- Provides emotional support for the child before and after visits

How the case manager supports foster parents/private agency providers in visitation:

- Engages the Foster Parent/Provider
- Builds trust and communication
- Explains the Visitation Plan
- Requests facilitation of visits
- Provides an explanation of monitoring and documentation

Therapist/Service Provider Roles

- Makes recommendations for the structure and supervision of visitation in complex cases

- For cases needing a therapeutic level of supervision, supervises, facilitates or participates in visitation to provide counseling, parent skills building, mentoring, conflict resolution, and to teach communication skills, provide assessments, etc.

Phases of Visitation	Visitation is to be designed as a continuum that is adapted and adjusted across time to promote strengthening of families toward permanency. Below are the phases of visitation necessary for supporting family progress.	
	Initial Phase of Visitation	
	Initial Phase Purpose	Reunification • Engage parent(s) and children in the assessment process and development of the Visitation Plan • Facilitate goal planning related to visits and family contact • Mediate and problem solve • Identify strengths, parental capacity and current resources to support reunification • Identify additional family needs that may hinder reunification • Provide coaching to develop meet the children's safety and developmental needs • Facilitate goal planning related to visits and family contact • Engage parent(s) and children in the assessment and development of Visitation Plan • Build relationships among parents, foster family, case manager and other family members to promote successful teaming Adoption • Assess connections and potential adoptive families. • Assess the child/youth's needs for transition. • Build relationships between child's current connections and their potential adoptive family, when appropriate. • Maintain relationships with connections the child/youth had prior to foster care, when possible. • Help the child/youth begin saying goodbye and transitioning away from relationships that cannot be maintained post-adoption and engage therapists and other supports in making this transition. • Engage the Child and Family Team, child/youth, child/youth supports and potential adoptive family in visitation planning. Independent Living/APPLA • Assess, build, maintain, and strengthen connections established prior to coming into foster care. • Maintain the youth's relationship with parents and siblings. • Build the youth's support system.
	Initial Phase Safety Considerations	• Assess parents' ability to provide for child's safety • Determine parents' protective capacity • Determine child's needs to promote physical and emotional safety for visitation planning • Observe if whether the child may be pressured by parent(s) or other family members to recant the allegations of maltreatment • Determine the lowest level of supervision and monitoring necessary to mitigate safety issues

	Determine child's attachments and important relationships.
Initial Phase Planning Considerations	Reunification - How can visits be structured to provide maximum family-child interactions? - How frequently does the child need parental contact to sustain the relationship? - Who does the child define as family? - What relationships are important to maintain, or build through visits, to support the child? - What relationships are important to maintain, or build through visits, to enhance the family's capacity? - What arrangements will minimize family stress and conflict? - Has there been any history of parents being threatening or harmful to child welfare staff or others? - How will the team deal with parents making promises that cannot or will not happen? - Does visitation planning consider communication and how a visit will be canceled? - How can visitation be used to clarify to all parties the reasons for placement? - How can visits be used to support a family's cultural? - How can visits be structured in a way that promotes the child's and family's trust in the case manager and foster parents? - If siblings are not placed together, are they having regular face-to-face visits and other types of contact? Adoption - After the permanent plan is changed to adoption, the parents still have a right to visitation until TPR has been granted, and the agency has received the legally free letter, unless it is deemed to be contrary to the child's safety or well-being. - If the determination is made to end visitation with the parents, a goodbye visit is conducted. For requirements, see the Visitation Supplemental Work Aid, in SC DSS Foster Care Policy. (add link work aid) - Engage child/youth's caregivers and service providers in designing visitation to support and maintain connections, to build relationships and communication with potential adoptive families, and to assess and address issues that may arise during the transition. Independent Living/APPLA - Include youth in visitation planning. - Assess and address barriers to consistent, quality visitation. - Create a plan for using visitation to strengthen the youth's support system. - Make decisions to continue visitation based on a case-by-case basis, considering the best interests and wishes of the youth and the parents. - Identify youth supports and help build and maintain them through regular contact and visitation.
Middle Phase of Visitation	

Middle Phase Purpose	Reunification • Visitation activities provide a forum for parent(s) to demonstrate new skills, including modeling and building attachment. • Parents continue to learn and practice new behaviors and ways to respond to child's behaviors. • Facilitates progress toward safety, permanency and well-being goals. • Continue to assess ways in which visitation activities change to reflect the family's progress or needs. • Assess the child and family's reactions to visits thus far to determine the family's potential for progress and reunification. • Determine if there is a need to revise the Visitation Plan, and case managers' and foster parents' roles in the visitation process. • Plan for the shift of parental responsibility back to the parent(s). Adoption • After the pre-adoptive family is selected, visitation is designed to build and assess relationships, assess compatibility and the ability of the pre-adoptive family to meet the needs of the child/youth, and assess the pre-adoptive family's desire and willingness to move forward with adoption. • Maintain relationships with connections the child/youth had prior to Foster Care that can be maintained after adoption. • Assess and address the child/youths and the preadoptive family's needs for transition. • Help the child/youth and pre-adoptive family build and/or strengthen supports for the transition and after adoption. Independent Living/APPLA • Assess, maintain, and strengthen youth's connections and support system. • Engage support system in supporting youth's transition goals. • Transition youth to taking the lead in maintaining their own connections and planning visitation while continuing to support them in this effort. • Assess whether additional resources are needed for transition.
Middle Phase Safety Considerations	• Assess for demonstration of new skills that improve their capacity to keep their child safe. • Assess whether the child can be safe with parents without supervision by another adult. • Assess whether overnight stays would be safe.
Middle Phase Planning Considerations	Reunification • Do visits provide activities for parent(s) to care for and play with their child at the child's level, promoting development? • Have there been positive changes in the child's or parents' behavior, and communication that promote healthy attachment? • Do visits offer parent(s) the opportunity to enhance capacity to safely care for their children? • Do visits offer parent(s) the opportunity to utilize their individual strengths to enhance the child/parent attachment? • If a child has special needs, do visits offer parent(s) the opportunity to increase their understanding of their child's needs? • Do visits involve parent(s) in a child's daily care, activities and special events? • Are parent(s) involved in educational planning? • Do visits involve parent(s) in the child's homework and educational progress? • Do visits include parent(s) in the child's medical care? • Do visits maintain a child's relationships? • Do visits maintain a child's cultural connections?

	• Are parent(s) and foster parents supporting a child in the transition before and after visitation? • If siblings are not placed together, are they having regular face-to-face visits and other types of contact? Adoption • Once a pre-adoptive family has been selected, begin transitional visits assessing the connections and needs between the child and family. • Connect children and pre-adoptive parents with services, supports, and education as needed to support successful visitation and placement. • Work with the family and child/youth to determine which connections can be maintained after adoption finalization. Independent Living/APPLA • Look for opportunities to assist the youth in transitioning to taking on full responsibility for their own visits, while continuing to be informed and monitoring the progress and success of those visits. • Continually assess youth connections to determine if they may be an appropriate option for permanency (adoption, guardianship). • Engage the youth and their supports persons to plan visitation around supporting their independent living goals and progress toward permanency. • Continually assess the connections youth plan to maintain, even those we may not approve of, and look for ways to help them work through any relational issues as they learn to build communication skills. This could be through services such as counseling, mentor programs, or through well designed activities that are aimed at increasing communication and relationship building.
Transitional Phase of Visitation	
Transitional Purpose	Reunification • Provide ongoing support for reunification. • Structure visits to promote planned reunification. • Conduct ongoing assessments of the family relationship to support a stable reunification. • Structure visits to identify and address remaining stress points in the relationships • Structure visits so that upon evaluation, it is clear to both the case manager and the family that reunification is definite. Adoption • Decision has been made for Pre-Adoptive Placement or Foster to Adopt placement. • Make the transition for Pre-Adoptive placement or Foster to Adopt placement based on the legal status of the child / youth's case. • Assess for strengths, needs and supports and structure visits to identify and address remaining stress points in the relationship. Independent Living/APPLA • Support and monitor the youth taking the lead in visitation and maintaining their connections. • Provide any needed supports and services to promote healthy relationships and good communication skills.
Transitional Safety Considerations	• Assess safety needs and develop a plan to reduce the risk and likelihood of re-entry into foster care. • Facilitate the sharing of significant information pertaining to the child's medical and mental health needs between parents and foster parents.
Transitional Permanency	Reunification • How have visits demonstrated that parent(s) have enhanced capacity and skills to safely meet their child's day-to-day needs?

Planning Considerations	• Do visits demonstrate that parent(s) have the supports in place to maintain a stable reunification? • Does the Visitation Plan continue to support a child's cultural and community connections? • Does the reunification transition plan and Visitation Plan for reunification consider the sibling relationships and the need for ongoing contact? Adoption • Develop the adoptive placement transition plan with the child/youth's, child/youth's supports and the pre-adoptive family. • Begin transition and adjust visits as needed to help the child feel secure, safe, and supported in the process and to provide the pre-adoptive parents with the time and resources needed to adjust. • Monitor the family and the transition to adjust services and supports as needed. Independent Living/APPLA • Assist youth in planning visits to engage supports in their transition to independence. (e.g. signing leases, visiting colleges, etc.). • When possible, support the youth in planning unsupervised visitation with the their chosen supports and/or anyone with whom they plan to live after exiting foster care.
Source: Adapted from Minnesota Department of Human Services. (2009). <i>Child and Family Visitation: A Practice Guide to Support Lasting Reunification and Preserving Connections for Children in Foster Care</i>, Page 36-39.	

Supervision Levels

Levels of supervision should be the least restrictive based on an individual assessment of the parent's ability to maintain safety for the child so that children and parents have the most normal interactions possible. Levels of supervision need to be adjusted as safety factors are controlled/eliminated and as parents demonstrate behavior change. The needs for assessment, support and skill building are also factors in leveraging visitation to strengthen the family and progress the case toward permanency.



Factors to consider when determining the least restrictive level of supervision:

- Age of child
- Type of abuse the child experienced
- Parent's history of family violence
- Potential for abduction of child
- Emotional reaction of the child
- Where the visit will occur
- Who will be present at the visit
- Behavioral change indicating progress toward increased protective capacity
- Need for support to develop necessary parenting skills
- Parental issues such as substance use and mental illness
- Need for assessment of parent's skills, progress, and relationship with their child

Six Key Operating Principles for Determining Oversight

1. The attachments and bonds between the child, parent(s), siblings, and family are consistently honored.
2. Safety and Risk Assessment for visitation, along with an assessment of the parent's protective capacities, are conducted to determine the least restrictive type of visitation supervision.

*Assessment of safety and risk for visitation may look different than the assessment of safety and risk for reunification.

3. Visitation Plans, driven by the family and supported by their Child and Family Team, are regularly reassessed to acknowledge progress made by the family and determine the current least restrictive visitation option for the family.
4. When a visit requires oversight, objective measurable goals are identified to determine what the family is to accomplish in order to eliminate visitation safety threats, build parental protective capacities and move to the least restrictive visitation.
5. Support during visitation is provided when the team determines it to be necessary and appropriate.
6. Physical, developmental, emotional, and cognitive abilities are considered.

Additional Resources:

DSS Family Visitation Policy

DSS Family Visitation Work Aid

Visitation Frequency

Infants and Toddlers

Very young children need physical contact to maintain attachments with their parent(s) or other primary caregivers. Case managers need to identify a child's attachment figures and arrange for infants and toddlers to have frequent and consistent physical contact to support 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 foster care between the ages of six months to three years are particularly vulnerable when separated from their attachment figures and need more visitation opportunities for this reason.

Young School-Aged Children

School-age children need the availability of attachment figures and are able to use language to help them cope with separation. Secure attachment relies on a children'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 parents. As appropriate, school age children should be involved in the development of the Visitation Plan. Young school-aged children need frequent contact and visitation to support their attachment and to mitigate the effects of separation.

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 can have complications with this developmental task. The frequency of visitation should be individually assessed, but considering adolescent development, they should have regular visitation and contact with parents, siblings and other important family members (Charles & Nelson, 2000).

Youth Transitioning to 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. The Child and Family Team Meetings can be utilized in these cases to help determine outside resources available to monitor contact between the youth and their family if necessary.

Source: Adapted from Texas Department of Family Protective Services. (2015). *Child and Family Visitation Best Practice Guide*. Texas Department of Family Protective Services, p 15-16.

Increasing Frequency

Because visitation is so critical to the well-being of the family and to the progress of the case, it's important to look for every opportunity to increase visitation beyond the minimum requirements established by agency policies and procedures.



Increasing Monitored and Unsupervised Visits

Designing and facilitating monitored and unsupervised visitation not only supports preservation of relationships and transition to permanency, it also helps with increasing the frequency of visitation. For cases where these levels of supervision are appropriate, visits can be facilitated by members of the Child and Family Team, thereby reducing the workload of the case manager.

Engaging Caregivers and Providers (transportation/facilitation)

The progress and success of permanency can be positively impacted by our communication and engagement of caregivers and residential care providers around the importance of visitation. By soliciting their help and including them in the visitation planning process, these individuals can support visitation through transportation to and/or facilitation of family visits.

Using Visitation Services

Where available, visitation services can provide facilitation and transportation for visitation. Use of these services can maximize the frequency of visitation.

Virtual Visitation

In-person visitation is essential and the most effective form of visitation for maintaining and building relationships and providing opportunities for parental skill building. However, when possible, virtual visitation can be utilized to enhance in-person visitation and increase opportunities for parent-child interactions between in-person visits. Work with the family to help design engaging activities to overcome the challenges posed by virtual visitation.

Additional Resources:

DSS Family Visitation Policy

DSS Family Visitation Work Aid

Visitation Activities

Infants and Toddlers

Many parents of children in foster care do not know how to interact with their children in a manner that supports their developmental progress and parental bonding, parents often need coaching on how to care for their child and how to plan appropriate activities during visits. The case manager's individualized assessment of parenting skills and capacity is important. Many parents of maltreated infants and toddlers will need access to services and supports that enhance ability to perform daily caregiving



routines, play with their child, comfort their child, respond to their baby's nonverbal cues, respond to their child's special medical or developmental needs, or enjoy their child's company. In such cases, parents may need to receive services that educate them about their infant or toddler's specific needs. Services such as home visiting programs, Early Head Start and other high-quality early childhood education programs, and early intervention programs provide an opportunity the parent to interact with his/her child in a supervised setting while learning to support the child's development. Planned activities need to be designed to teach the parent how to meet the child's developmental needs. When possible enlist the support of a service provider in designing these activities or helping facilitate them when needed.

For recommended activities for each developmental level see [Appendix 2: Developmental Activities for Visits](#)

Source: Adapted from The Pennsylvania Child Welfare Resource Center. (2017). *Pennsylvania Visitation Best Practice Key Components: Visitation the Heart of Permanency Planning*. Pittsburgh: The University of Pittsburgh, p 96-97.

Who is 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 have a substantial negative impact on a child/youth; therefore, preserving their relationships is in the best interest of a child. **Rely on the family and the child/youth to define who family is to them rather than a singular focus on legal and biological ties.** Family for children can include:



- **Parents-** biological, adoptive, step-parents, psychological parents*, non-custodial, absent
- **Siblings-** biological, adoptive, half siblings, step-parents, psychological siblings, adult siblings
- **Kin/Extended Family Members** – grandparents, aunts, uncles, psychological family members, cousins, neighbors, community members, religious organization members, etc.

Transitioning Youth

As youth approach adulthood, work with them to hold visits and strengthen relationships with the people they define as their support system, even about whom we have concerns. Find ways to structure contact to be safe and productive, such therapeutic visits, community involvement, leadership programs, location and time-limited structured activities, visits supervised by trusted adults, etc. These efforts will lead to a more successful and sustainable transition.

Number of Visit Participants

The number of participants of any given visit need to be limited in a manner that allows for adequate time and sufficient environment for interaction and bonding between the child/youth and the person(s) with whom reunification is sought. In those instances where individuals have to be eliminated from visits, we can rely on the Child and Family Team and caregivers to help facilitate additional visits. For special events, extra time may need to be provided before or after the event to provide an opportunity for parent- child interaction and communication.

* Psychological Parent- a person whom a child considers to be his or her parent

Source: Adapted from Texas Department of Family Protective Services. (2015). *Child and Family Visitation Best Practice Guide*. Texas Department of Family Protective Services, p 12-14.

QUALITY VISITATION



Visitation Planning

Intentional teaming and planning are essential for successful, quality visitation that preserves relationships, engages the parent in their child's life, strengthens families, and promotes parent skills development and supports progress toward permanency. The essential components of visitation planning are as follows:



I. **Creating the Visitation Plan**

a. **Teaming**

Engaging the Child and Family Team in designing the Visitation Plan to strengthen the family and help the family progress toward permanency is essential to the success of visitation.

- i. Include all critical adults in planning: absent and non-custodial parents, step-parents, prospective adoptive parents, and any adult with whom reunification is being sought
- ii. Incorporate necessary family supports and services
- iii. Schedule visitation as frequently as possible
- iv. Adapt the frequency, duration and level of supervision, to the needs of the family and to progress the case toward permanency
- v. Plan for the least level of oversights possible to maintain safety and wellbeing
- vi. Involve the Child and Family Team in creating the schedule and take the child's schedule into consideration
- vii. Determine potential barriers to visitation and work with the Child and Family Team and develop strategies to address them

b. **Individualize**

Visitation Plans are structured to meet the specific needs of each family.

- i. Honor a child's existing bonds and attachments
- ii. Include father and mother, siblings, and other relatives or kin who are significant to a child
- iii. Promote the family's individual strengths
- iv. Provide continuity of family relationships
- v. Involve the parents, child, foster family, and prospective adoptive family in the development and ongoing assessment of the plan
- vi. Involve the family's support system
- vii. Arrange visitation in the most home-like setting that will
- viii. maintain a child's safety and existing attachments
- ix. Connect a child's safety to the level of supervision
- x. Consider a child's daily schedule, and parents' work and/ or treatment obligations
- xi. Provide consistent visitation frequency and settings that develop progressively over time towards a permanency goal
- xii. Respect the family's cultural norms and practices
- xiii. Create opportunities for parents to assist in daily decision making, and to participate in everyday activities as much as possible
- xiv. Increase contact and parents' role toward reunification, or when a child cannot return to their parents' care, continue family relationships that preserve family and community connections.
- xv. Maximize parents' involvement in their child's life

II. **Visit Participants**

Work closely with the Child and Family Team to determine who is critical to the child as well as to reunification and include those individuals in visitation. The Family Advocacy and Support Tool (FAST) 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; preserving them is in the best interest of a child. This can include parents, grandparents, siblings, other relatives or adults in a surrogate parenting role, including kin and former foster parents.

During foster care placement, case managers should consider how kin and fictive kin can be involved with a child and parents to support and enhance the parent-child relationship, and to preserve a child's connections. Consider how kin and fictive kin can be involved to increase the frequency of visitation, help with transportation, involve a child in cultural events or provide the foster parents with respite. Engaging the family's expertise in creation of a genogram or eco-map may be a helpful strategy to identify a child's significant relationships.

- a. Include all critical adults crucial to the child's life and to permanency. This includes: absent and non-custodial parents, step-parents, etc. This includes any adult who will be acting as a parental figure upon achieving permanency.
- b. Include sibling visitation in the plan when siblings are separated.
- c. Evaluate other critical relationships as defined by the child and the Child and Family Team to determine if it is in the best interest of the child or these persons to be included in the Visitation Plan.

III. Level of Supervision

Separating families has negative effects on the mental health of both children and parents and negatively impacts their relationship. Therefore, it is critical to maximize our efforts to preserve their relationship, provide parents with opportunities to develop their parenting skills and mitigate the effects of the separation. This effort is critical to the progress and success of reunification. Therefore, safety, risk, and protective factors should be evaluated to determine the lowest levels of supervision necessary.

IV. Frequency of Visitation

Diligent efforts should be made to maximize the frequency of visitation.

- a. Visitation should be as frequent as possible to meet the needs of the family, maintain relationships and accomplish goals timely.
- b. The child's developmental level, attachment and other related needs should also be considered in the frequency of visitation.

For additional information on setting and increasing the frequency of visitation, see the **Increasing Frequency** section and the **Visitation Frequency** section of this document.

V. Location

The location of visits impacts the success of visits. The following should guide location decisions:

- a. Conducive to meaningful interaction and privacy.
- b. In the most natural community or residential setting such as a park or caregiver's home.
- c. Supports the safety of the child.

VI. Expectations and Limitations

Communicate expectations to parents and set limits that promote the safety and well-being of the child. The following are examples of expectations that may be set for visits:

- a. Specify physical and verbal boundaries.
- b. Boundaries related to exchange of information such as notes, documents, gifts or toys.
- c. Call in advance to cancel or reschedule a visit.
- d. Be sober during the visit.
- e. Refrain from using physical discipline.
- f. Seek agency approval to bring persons not included in the Visitation Plan to a visit.

VII. Activities

It's important that we work with the Child and Family Team to design activities to maximize the benefits of visitation. Activities should:

- a. Promote communication and bonding.

- b. Increase engagement and positive interactions.
- c. Incorporate family interests, cultural norms and practices.
- d. Give parents increasing responsibility in the success of visitation.

VIII. Culturally Responsive

Ask the family about their culture and how to incorporate their norms and practices into visitation. The following can be opportunities to incorporate a family's culture:

- a. Activities
- b. Visit participants
- c. Food
- d. Events
- e. Visit location

IX. Sharing, Reviewing and Adapting the Visitation Plan

a. Sharing and reviewing the plan

It is critical that all members of the Child and Family Team participate in the planning, understand and receive written updates to support successful and frequent visitation and reduce confusion and uncertainty.

- i. With Whom: The Child and Family Team members (parents, children, family supports, caregivers, anyone facilitating and/or participating in visits or providing transportation, GAL, etc.).
- ii. When: Share and review the plan upon development of the plan and anytime there are updates.

b. Adapting the Plan

The following are examples of opportunities for Visitation Plan changes or updates:

- i. Permanency Planning- Update the Visitation Plan on an ongoing basis to reflect progression toward less restrictive supervisory levels of supervision as the parents increase their protective capacity and as the safety threats are eliminated and the risk is reduced.
- ii. Family Needs- Accommodate changes to the family's relational needs, desires and preferences for visitation, as well as schedule changes that arise requiring adjustment to visitation planning.
- iii. Child's Needs- Assess children's schedules, emotional, and physical needs on an ongoing basis to determine if there is a need for changes to the Visitation Plan.
- iv. Safety and Risk Factors- As safety and risk factors change, so should the Visitation Plan. Anytime there are increased risk factors or safety factors, the Visitation Plan must be reviewed and adjusted.

Additional Resources:

DSS Family Visitation Policy
DSS Family Visitation Work Aid

Visit Goals

Visitation is a prime opportunity for parents to practice and demonstrate new behaviors that meet the safety needs of their children and achieve bonding and relational goals set by the family. These goals are to be developed with the family to address the original safety concerns and their own goals for building healthy positive relationships with their child. The child/youth needs to also be engaged in setting these goals based on their own concerns and desires for the future.

Discussion



- **Strengths-** Discuss parent strengths.
- **Hopes and Desires-** Ask the parents and the children/youth what their hopes and desires are for visitation and what they believe needs to happen to achieve those goals.
- **Safety Needs-** Discuss the safety and risk concerns and case plan goals that currently exist and ways these issues can be addressed in visitation.
- **Developmental Needs-** Discuss the child/youth's developmental needs whether they are for healthy ongoing development or to address developmental delays.
- **Trauma Related Needs-** Discuss needs that resulted from trauma experiences.
- **Relationship and Bonding-** Discuss strengths and concerns as it relates to the parent/child relationship.

Set Goals

- Using the family permanency plan, work with the parent to set 2-3 behavior-based, measurable goals for visitation.
- Set goals and strategies based on the strengths identified.
- Tailor goals to the individual needs of each child.
- Adjust goals between visits based on successes and challenges presented in previous visits or in response to changing dynamics and circumstances.

Help Family Get Supports in Place

- Discuss how Child and Family Team members may be able to support the parent's progress toward goals.
- Discuss which service providers may need to be engaged to support the development of skills needed.

Begin Preparing Parents for Practicing New Skills

- Discuss how to recognize the child's needs.
- Assist parents in developing multiple strategies to meet the goals.
- Role play as needed to help parents be prepared to practice new behaviors.

Source: Adapted from Byer, M. P. (2004). *Visit Coaching*. New York: New York City Administration for Children's Services.

Preparing Individuals for Visits

Preparing the Child and Family Team



- Discuss with team members:
 - Location, time and duration of the visit;
 - Level of supervision and related expectations (monitored, unsupervised);
 - Expectations, parent goals, and any restrictions and;
 - Who will be facilitating the visit and providing transportation.

Preparing Children/Youth

- Case managers have primary responsibility for preparing children/youth for visitation, but caregivers may support case managers in the preparation process.

- Children/youth should have a clear understanding of visitation arrangements in advance of the visit and be involved in visitation planning when developmentally possible.
- Children/youth should be prepared for parents' absence or emotional response. That is, if parents frequently fail to appear for visits, or get very emotional during visits, this should be discussed with children in a way that helps them manage emotions that may follow.
- Children/youth should be prepared for their own feelings and reactions. Seeing their parents may induce a multitude of overwhelming feelings and physical or emotional reactions. Discussing in advance and normalizing them may help children better manage these feelings during the visit.
- If children/youth have safety or protection concerns, they need reassurance that their case manager or other support persons will be there to help make sure everybody is safe.

Preparing Siblings

- Each sibling needs to be prepared for his or her own emotional response to seeing brothers or sisters and be prepared to deal with how the brother or sister responds.
- The events leading to placement may have a traumatic effect, which may impact their feeling toward their siblings and their reactions to them. Children will need help processing these feelings to prevent them from impacting the quality of their interactions and bonding during visits.
- Siblings who remained with the family may feel angry with the child in placement. They may feel the child has abandoned the family or revealed a family secret(s), or the sibling in care may feel that he or she has been abandoned. Talking about these feelings in advance may help mitigate the impact of these emotions.
- Children placed with different foster families may be curious as to the reasons why. The case manager may need to talk with siblings before the visit to help them understand the situation.

Preparing the Parents

- Case managers have primary responsibility for preparing the parents.
- Parents should be involved in the planning and have a clear understanding of the visitation arrangement. It should also be written in the Visitation Plan and the Family Permanency Plan.
- Parents should be prepared for possible reactions by the children, according to the circumstance and children's development. For example, an 11-month-old baby may cling to the foster parent at the visit. This could be very painful for a parent who has not been prepared for such a reaction and could potentially cause unnecessary anger toward the foster family.
- Parents should be assisted in planning appropriate activities for the visit. This is where the foster family can be very helpful, particularly for younger children. The foster family and/or the case manager and family can discuss games, artwork or other kinds of play. This visit could include a meal or snack provided by the family to demonstrate care.
- Visits are NOT natural situations, particularly if they are held in the office. The visit should be as nurturing and pleasant for the child as possible given these circumstances.
- Parents should discuss how they will say good bye to their children. Providing closure for the visit is important.
- Explain to the parent the case manager and/or facilitators role in the visitation process.
- Provide reminders and verifying participation prior to the visit. Reminders may be necessary for families who are struggling with their own stress and traumatic reactions. Verifying parents' participation helps prepare the child and is not intended to be a condition on which

to determine whether the visit will be held. Plans for the visit should continue unless the parent cancels the visit.

- Discuss and normalize feelings parents visiting under these circumstances: sadness, anger, being overwhelmed, frustration, grief, guilt, anxiety, worry about their abilities to parent in a setting where they are being evaluated, concerns about how the child feels toward them and about the visit.
- Talk to the parent about what they can bring to the visit, such as food, clothing, and personal supplies, including any requirements for providing concrete supports. Encourage them to bring comfort items, such as a blanket, stuffed animal, mementos, home cooked food, etc.
- Check for questions and concerns and address them. Let them know they will be given time after the visit to debrief the visit and given a chance to ask questions and discuss the visit.
- Help the parents plan routines and rituals for visits that are comforting and provide predictability for the family and addresses greetings, good-byes and other gestures and activities that are part of the family's routine and culture.
- For additional information on preparing parents for visits, see the **Conducting a Quality Visit** section of this guide.

Preparing Kinship/Foster Families

- Kinship families and kin/non-kin foster families should have a clear understanding of the visitation arrangements. They may have several children in care and coordinating activities can be a challenge.
- Kinship families and kin/non-kin foster families should be prepared for children's reactions both before and after visits.
- Kinship families and kin/non-kin foster families also need to be prepared for their own feelings and reactions:
 - When parents don't show up for visits and children are continually disappointed, there may be feelings of anger that need to be processed.
 - When visits go well—and patterns suggest that the behaviors that caused the child to be unsafe or at risk of future harm may have been resolved, there may be feelings of sadness or loss, as it may signal that the time is approaching for the children to return home.
 - Kinship and kin foster families may feel split loyalties and family conflict as a result of their change in familial role. They need an opportunity to discuss these feelings and may need counseling support to work through these issues.

Source: Material Adapted from Oklahoma Fosters. (2020, April 14). *okfosters.org*. Retrieved from <https://okfosters.org/resources/visitation-best-practices/>

Source: Material Adapted from Byer, M. P. (2004). *Visit Coaching*. New York: New York City Administration for Children's Services.

Preparing Others to Facilitate Visits

Utilizing members of the Child and Family Team to facilitate visitation has the potential to increase the quality and quantity of visitation. For these visits to be successful, we must fully inform the facilitator and the Child and Family Team of the logistics and expectation of their role and the expectation for the family.



- Discuss with person facilitating the visit:
 - a. Location, time and duration of the visit;
 - b. Level of supervision and related expectations (monitored, unsupervised);
 - c. Expectations, parent goals, and any restrictions;

- d. Who will be responsible for transportation to and from visits; and
- e. What is needed in terms of information/documentation.



Pre-visit Discussion

Hold a brief discussion before each visit to help the parent prepare and address the following:

- Review activities, goals, and expectations for the visit;
- How to identify child/youth needs;
- Process feelings and concerns and answer questions;
- Discuss strategies and role play, if necessary for success;
- Reiterate strengths and successes and provide encouragement;
- Ask if there are feelings or issues that may get in the way of the visit, work with them to develop strategies to overcome and remind them of their strategies for coping with triggers
- Reassure parents you are there to support and they can use you as a resource throughout the visit, in addition to any individuals present that have been engaged to also provide support.

Source: Material Adapted from Byer, M. P. (2004). Visit Coaching. New York: New York City Administration for Children's Services.

Conducting a Quality Visit

Quality visitation is key to preserving and building relationships, mitigating trauma, and giving parents an opportunity to learn and practice new skills and behaviors. For visitation to support permanency, relationships and family growth, the following must be incorporated into visits:

I. Family Centered & Trauma Informed Approach: Contextualizing the Visit

Visits must be approached with an understanding of:

- a. the effects of trauma and loss on parents and the children;
- b. how environment and visit structure impact visits;
- c. the dynamics of foster care on children, parents, and foster parents
- d. the parenting skills, and cognitive styles, and cultural differences for each family;
- e. child/youth developmental needs and how to meet those needs through visitation;
- f. the dynamic of the family and root causes of presenting issues (DV, drug abuse, poverty, etc.); and
- g. the goals and behavioral changes needed.

II. Engagement and Rapport: Building on Supportive Relationship

Engage parents in the following ways through preparing for, conducting and following up after visits:

- a. Active/reflective listening
- b. Avoiding blame/shame
- c. Processing strengths, feelings, needs, and concerns
- d. Appropriately and professionally expressing your own feelings, values, experience
- e. Working through resistance

III. Functional Assessment: Evaluate Progress Toward Achieving Family Permanent Plan Goals

Throughout the visit you are:

- a. Assessing safety and risk factors;
- b. Assessing the impact of progress toward Plan Goals and the impact to progress toward permanency;

- c. Viewing behaviors and responses through the lens of the family goals and needed behavior change;
- d. Identifying behavior changes and the development of new skills;
- e. Assessing for needs that require a different or more intensive intervention; and
- f. Identifying opportunities to engage family supports and providers in supporting behavior change and skills building.

Note: For visits not directly facilitated by the case manager, use the information collected from all participants to complete your assessment.

IV. Intervening: Coaching Opportunities Just Before the Visit

- a. Take a partnership, strength-based approach to coaching.
- b. Agree on one or more behavioral goals for the visit that are connected to the Family Permanency Plan and/or the child's needs. This may be a goal directly related to a skill they are learning through services and/or it may be a need identified in a previous visit. Continue to provide coaching related to previous goals that have not been attained or maintained.
- c. Remind parents of expectations, highlight strengths, and encourage practice of new skills.
- d. Address any concerns, needs or questions before beginning visit.
- e. Ask for any concerns, needs or questions before beginning visit.
- f. Offer to support the parent with engagement, practicing skills, trying out new behaviors, or making planned activities successful.

V. Strengths-Based, Family-Centered: Coaching to Foster Engagement and Skills Building

- a. **Provide strengths-based feedback** and reinforce the demonstration of new behaviors and skills.
- b. **Model expected behaviors** when necessary to promote learning
- c. **Highlight unmet needs** rather than telling parents what to do to allow them to come up with their own solutions.
- d. **Individualize feedback and goal development.** Tailor feedback and design goals that are specific to the needs of the family and specific to the parents' goals.
- e. **Create Minimal Disruption.** Keep feedback to a minimum during the family's time together. Intervene only when necessary to address wellbeing, safety, or when coaching toward a set goal is necessary for skill attainment. Most coaching can happen before or after a visit to provide the parent with an opportunity to engage naturally with their child and maximize the time they have together.
- f. **Avoid Triggering or Authoritarian Approach.** Check your own reactions, body language, tone, and approach to prevent triggering the family or taking control of the visit.

VI. Teaming and Partnering: Strengthening Sustainable Family Supports

- a. Engage the Child and Family Team in supporting the parents' skill building.
- b. When visits are facilitated by another individual, support the work you have already done to prepare the individual to facilitate by:
 - i. reminding the facilitator of his/her their role;
 - ii. helping the facilitator plan appropriate ways to coach and redirect toward the set goals; and
 - iii. reminding the facilitator to intervene only when necessary for skill building, safety and well-being so that parents have an opportunity to naturally bond and engage with their children.
- c. Provide contact information and be accessible and responsive to any concerns or questions they have during the visit.

- d. **Focus on Children's Needs.** Focus coaching on help parents identify and respond to their children's needs.

Visitation Debrief & Follow-up

I. Debriefing

- a. Work with facilitator, parents, children and other visit participants to evaluate the success of visits and to share concerns.
- b. Help parents identify the strengths they demonstrated in the visit.
- c. Engage the Child and Family Team as necessary to help support the parents and children.
- d. Work with the parents, children, and caregiver to adjust visitation and/or behaviors as needed to increase the success of visitation.
- e. Be transparent about needs and concerns identified in the visit and work with the parents to identify solutions.
- f. Ideally, debriefs need to take place immediately after the visit. However, the logistics of debriefing can be difficult when considering the parent and case manager's schedules. When scheduling conflicts occur, debriefing at the next parent contact may be an option.



II. Additional Service Needs/Interventions

When there is resistance, lack of engagement, and/or lack of behavior change, we must take action and determine with the family what interventions are necessary to make progress.

- a. **Adjusting Visitation-** Work with the Child and Family Team to change components (location, time, duration, participants, frequency, etc.) of visitation as needed to increase the success of visits.
- b. **Service Provider/Parenting Classes-** When parents are struggling with behavior change, developing skills, or meeting the children's needs, work with the providers they are engaged to determine how providers can support the parents in making progress. If parents are not enrolled in services appropriate to support their progress, engage them to determine whether additional services or a change in services is necessary to support progress.
- c. **Child and Family Team Support-** Caregivers are often in the best position to support parents' progress. When a parent is struggling with progress toward set goals or meeting the child's needs, work with the Child and Family Team to determine if the caregiver or other members of the Child and Family Team would be appropriate to support the parents' progress through mentoring and coaching. Help the team develop a plan to define this support.
- d. **Parent Mentor-** Parents who have strong parenting skills and/or who have successfully made behavioral change in the past can be great mentors for parents who are struggling. These parents can be identified through service providers, therapists, faith-based organizations, foster parents, group homes, etc. Utilizing another organization to help support this mentor relationship will provide another partner to support the family. This will require strong partnerships and parents who are open to this type of support.
- e. **Counseling-** When there are underlying complicating factors such as unaddressed trauma and relationship issues, it is important that we address these root causes through counseling. Without addressing these issues, behavior change is unlikely or may not be sustained.

- f. **Therapeutic Visit-** If a child or parent has difficulty engaging in a meaningful or positive manner, or resists visitation, we need to consider whether therapeutic visitation is necessary to resolve these issues.
- g. **Other type of Education-** Some issues may be addressed through other types of education that do not require ongoing services. For example, parents understanding the dangers of children having access to medication may be addressed through a one-time class, an online class or online research, and may be sufficient for behavior change.

III. Adjust Visitation to Support Permanency

- a. Choose the least restrictive level of visitation.
- b. Transition to less restrictive visitation as parents demonstrate that safety factors are eliminated, and risk reduces.

Source: Material Adapted from Byer, M. P. (2004). *Visit Coaching*. New York: New York City Administration for Children's Services

Visitation Documentation

Visit documentation is critical for verifying that visitation supports permanency progress. Documentation provides information on current family dynamics, parental progress made toward goals, and the needs of parents and children. This information is critical to determine next steps in the case, such as adjustments needed in visitation, additional services needed, assessment of parental capacity, and progress of the parent/child relationship. Missing information may lead to gaps or delays in services, unaddressed communication and relationship concerns, reduced or delayed outcomes, and untimely permanency. Therefore, it is critical that all information from the visit be documented as quickly as possible following each visit for accuracy and level of detail.



When visitation is facilitated by another person, such as the caregiver, the case manager is responsible for gathering the adequate level of information for assessment and documentation. In most cases, case managers request documentation from the person facilitating the visits, but to ensure our assessment and documentation are adequate, the case manager will follow-up with the individuals involved in the visitation to gather any additional information needed. It's especially important to talk to the children/youth about their experience of the visit and to the parents to get their perception of the strengths and concerns.

Visit Documentation Outline

- Participants, date, location, and duration
- Preparation for the visit
- Account of what happened
- Assessment of safety and risk
- Parenting skills demonstrated
- Coaching provided for skill building
- Debrief
- Assessment
- Follow-up

For detailed information on documenting visits, see [Appendix 3: Visit Documentation Guide](#).

Engaging Non-Custodial Parents

Non-custodial parents 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 parent and determines his/her role in the family, consider the following practices to increase their involvement in visitation:



- I. Make concerted efforts to immediately identify and contact non-custodial parents when their children placed in foster care and to engage the noncustodial parent as a meaningful participant in the case planning team.
- II. Discuss with all parents the importance of their involvement in their children's lives. This should also be discussed with the Child and Family Team (child, other relatives), even if the custodial parent is resistant to the noncustodial parent involvement.
- III. Make face-to-face contact with the noncustodial parent to discuss visits, inquire about challenges they may be having or questions he/she may have and inquire of relatives and fictive kin who are significant to the noncustodial parent. Support the fact that the non-custodial are providing care and nurture to their children by participating in visits, something they may be doing for the first time.
- IV. Engage the noncustodial parent in development of the Family Permanency Plan and Visitation Plan.
- V. Encourage involvement by keeping noncustodial parent equally informed about their child's appointments and activities.
- VI. Provide both parents with the same level of services, visitation, and contact.
- VII. **If you encounter resistance to involvement, continue making efforts to uncover and address the underlying cause, reiterating the importance of their role in their children's lives, and making diligent efforts for face to face contact to engage non-custodial or monthly or more frequently as necessary.**
- VIII. Inform foster parents about the noncustodial parents' involvement and emphasize the foster parents' role in keeping the parents involved in visitation and other activities to keep the child and parents connected.

Additional Information:

SC DSS Policy *Foster Care* Number 510.3 (June 2019) (Diligent Searches)

SC DSS Policy, *Foster Care*, Visitation Supplemental Work Aid, (year) (Visitation with Parents)
Overcoming Barriers to Quality Visits Section

Increasing Engagement with Fathers

Fathers are critical to the identity, health and development of their children. This includes fathers active in the lives of their children, non-custodial fathers, fathers who have not been involved in their children's lives, step-fathers, legal fathers, and psychological fathers*. Child welfare systems have a history of not placing **equal** value on the role of fathers in the lives of children, leading to a lack of engagement of fathers. Fathers should receive **equal** consideration and involvement in visitation planning. This engagement is needed to support the family's efforts to strengthen supports and relationships and to foster the child's identity and feelings of hope and belonging.



The benefits of father involvement on child safety and well-being include:

- Improvement of circumstances that led to abuse
- Higher likelihood of reunification outcome

- Discharge from foster care more quickly
- Lower likelihood of subsequent maltreatment allegations

Involved fathers benefit children in the following ways:

- Create increased feelings of love and belonging
- Create opportunities for learning important life skills
- Increase emotional and social support
- Increase self-esteem
- Create a sense of physical and emotional security
- Provide alternative perspectives on life

There are many factors that contribute to a lack of effort to engaging fathers. One of these factors is our own internal biases. Everyone must evaluate their own experiences, beliefs, and perceptions and determine how they are impacting case decisions and efforts to engage fathers.

Other potential barriers to engaging fathers include:

- Systemic bias (e.g. case name reflects mother)
- Workloads impacting the time it takes to overcome barriers and meaningfully engage fathers
- Family members' resistance to engaging the father
- Lack of services specific to fathers
- A Father's fears and reluctance to engage
- Child Welfare professional reluctance to engage male perpetrators
- Dynamics of domestic violence

We can overcome these barriers in the following ways:

- Confront our own biases that may be impacting case-related decisions and priority setting
- Make engagement of fathers a priority for the benefit of the child and family
- Be an advocate for engaging fathers through interactions within and outside of the agency
- Educate the Child and Family Team and fathers on the critical role fathers play in the lives of their children
- Explore resistance to engaging fathers
- Engage the Child and Family Team to garner their support for engaging fathers
- Engage community partners in designing programs that promote and support the engagement of fathers
- Engage fathers in all aspects of case planning
- Seek service provider support to work through any barriers or resistance to engaging fathers

* Psychological Father- a person whom a child considers to be his or her father

Source: Material Adapted from Casey Family Programs. (2019, April 2). <https://www.casey.org/>. Retrieved from <https://www.casey.org/engaging-fathers-prevention/>.

Additional Information:

SC DSS Policy *Foster Care* Number 510.3 (June 2019) (Diligent Searches)

SC DSS Policy, *Foster Care*, Visitation Supplemental Work Aid, (year) (Visitation with Parents)

See section: Overcoming Barriers to Quality Visits

See section: Engaging Non-Custodial Parents

Understanding Reactions and Supporting 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 to, during, or after a visit. This may be due to:

- Normal feelings of loss and separation reactivated by seeing the parent(s) which 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.
- 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).
- Feeling a loss or lack of control.
- Thinking that it is their fault they cannot go home.
- Being confused about why they cannot go home.
- Not being able to talk about confusion or fears.
- Defensiveness when feeling that their parent(s) are being criticized.

Behaviors that may emerge include: regressing to infantile behavior, whining, having nightmares, wetting the bed, becoming aggressive, being unable to listen, and/or complaining of physical pain before and/or after visits.

When visitation is consistently causing a child distress, the case manager should assess the child's needs in an individual conversation, (if they are verbal) and discuss with the parent(s) and foster parents. Consider the following:

If a child becomes upset due to feelings of separation or loss, consider increasing the frequency and duration of visits.

If a child is anxious because they are not comfortable with their parent(s), consider increasing contact; perhaps the location could be a place that is safe or fun; or consider including someone to be with the child whom they identify with as a supportive person to ease their concern.

If a child's behavior appears to be related to attachment issues, consider involving a parent coach or therapist to assist parent(s) in improving the parent-child relationship.

If loyalty conflicts contribute to a child's distress, consider reassuring the child that it is okay to like or care for both their family and their foster family. The case manager 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, consider encouraging the child to talk about their concerns, reassure the child that the worker will support them, and develop a plan to support their emotional needs during and after visits.

Parents

No matter the reason, parents may feel pain, anger and fear after losing custody of their child. Parents may show these feelings by:

- Engaging in visitation activities that show affection and concern for their children
- Competing for their children's loyalty by making unrealistic promises or undermining the foster parents
- Reacting to a lack of control by insisting on certain locations or activities for a visit

- Becoming anxious about visits and overcompensating by bringing numerous gifts or making numerous calls to the foster parents
- Using alcohol or drugs before a visit
- Canceling or not appearing for visits
- Missing visits or behaving in a disruptive manner during visits

For information on strategies to support parents in addressing these concerns, see **Overcoming Barriers to Quality Visits** section and **Terminating or Limiting Visits** section in this guide.

When parent(s) are absent from visits or behaving in a manner that is disruptive or causes a child distress, the case manager should assess parent(s)' individual needs. Consider the following:

If parents engage in competitive behavior for their children's loyalty, promote the parent-child relationship so that the parents are involved in their children's daily care and decision making. Consider a plan for regular communication between the foster parents and parents so that they are consistently involved in their children's care.

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

If parents are anxious, they may not know what is expected at visits or how to interact with their children. Consider meeting with parents before visits to help plan and coach them through the expectations of the visit. Parents may also need additional services to assist them in learning new skills.

If parents are absent from visits, consider additional assessments to determine the parents' needs and how to support their individual strengths.

Foster Parents

No matter the reason 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 a relationship with the parents and the children and will need assistance to understand and evaluate their role in visitation. Assess the following:

- 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 facilitates reunification, while understanding a child's need for permanency?
- Do foster parents understand separation/grief and resist blaming parents for children's emotional or behavioral reactions?
- Are foster parents resentful of disruptions that visitation causes in the family routine and having to deal with children's reactions?
- Do foster parents express concern that children do not have time to become a member of their family?
- Do foster parents make efforts to engage parents in the day-to-day care of their children?
- Do foster parents make parents aware of the children's school or other activities as directed by the Family Permanency Plan?

When the foster parents' reactions to visitation are not supporting permanency goals, the case manager should assess their needs. Consider the following:

If foster parents express a different understanding of their role, or lack of knowledge about separation, loss or attachment issues, the case manager can consider additional training to

address this need. In addition, the case manager can consider facilitating meetings between foster parents and parents to assist in relationship-building.

If foster parents are resentful of the impact of visitation on their family life, or children's reactions, the case manager can consider further assessment to understand the children and families' daily schedule and children's reactions. Children may need additional supports to cope with visitation, or the foster parents may need additional support.

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

- the permanency goal;
- the use of concurrent planning;
- the role of the foster family; and
- the 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 can be considered.

If the foster family is not making efforts to engage parent(s) in daily care or well-being appointments, the case manager can consider whether foster parents are aware of their role and clarify their role in writing.

If foster parents are relatives, the case manager can consider the family relationships and make efforts to promote stability and support for the family within the family system. In addition, consider formal system supports so that the relative foster family is receiving training and services typically made available to unrelated foster parents.

Source: Material Adapted from Minnesota Department of Human Services. (2009). *Child and Family Visitation: A Practical Guide to Support Lasting Reunification and Preserving Connections for Children in Foster Care*, Page 21-25.

Source: Material Adapted from Byer, M. P. (2004). *Visit Coaching*. New York: New York City Administration for Children's Services.

Visitation and Child/Youth Behavior

Assessing Behavior in Context

Children and youth who have been removed from their homes have often experienced multiple types of trauma. This trauma and the separation from their loved ones often leads to behavioral reactions to extreme circumstances. These behaviors are often not able to be controlled by the child/youth due to traumatic reactions, impact of trauma on the brain, and need for more effective coping skills, even when the behaviors seem or are presented as intentional. It's our responsibility to manage these behaviors until we can help youth build the skills needed and resolve the trauma.

It's also important to consider how the severing of connections impacts a youth's sense of stability, hope, belonging, and connection. This also plays a major role in their reactions and behaviors. When a person loses hope, they may not be able to see the impact they have on



others because they become focused on survival. We cannot expect youth in abnormal situations to behave in ways that other youth who are not going through these situations behave. They are having a normal reaction to abnormal circumstances. We must also consider their developmental level and the fact that being “rebellious” is a normal part of healthy development and not attribute these normal behaviors as part of a pathological condition. We must shift from blame and shame to understanding and helping children and youth grow and cope with these extreme circumstances. **We must also help everyone involved to view the issues through the lens of the entire system that surrounds the child, the environment, family dynamics, and visitation structure, rather than viewing the child/youth as the source of the problem.**

Part of this support is keeping them connected with individuals who are important to them, their interests, and their community. Conducting and establishing visits and contacts helps a youth maintain their sense of connectedness and hope. Children have a right to see their family and maintain the connections they had before coming into care, regardless of their behavioral reactions. In families we often do not prevent contact with other family members as a form of punishment. A healthy reaction would be to allow family contact and even potentially using family as respite to give the child/youth someone to talk with, a break from the stressful situation, and an opportunity to work through their struggles. It also provides a chance for the caregivers to regroup and gain a better perspective on the situation. We owe it to youth to provide them with this same opportunity to rely on their connections to help them get through a painful situation.

Addressing Behavioral Concerns Within a Visit

There are times that the emotional tension or the dynamics of a visit lead to dangerous, destructive, or disruptive behaviors during a visit. In these instances, we have an opportunity to redirect, deescalate, and/or help the youth take a moment to calm down. We can start with coaching parents on these tools prior to the visit to build their skills and empower them to manage these situations. This may require coaching needed before, during and after the visit.

Redirection

Redirection should be the first course of action to minimize disruption to the visit. This can start with an ask to the parent if they need support in addressing the behaviors. If support is needed, this could include a reminder of the importance and purpose of the visit, a reminder to engage in the planned activities of the visit, and/or recommendation for a new activity.

De-escalation

Behaviors that could lead to a negative impact on the visit need to be identified and addressed early, but there are times when the behaviors are not identified or addressed before they become disruptive. In these instances, we have an opportunity to de-escalate and potentially save the visit and teach the parents needed skills at the same time.

Identifying Changes in Behavior and Triggers

- Recognize triggers and reactions through observation, talking with parents, children/youth, and caregivers, assessing antecedents to past behaviors.
- Help parents and child/youth know their own triggers, reactions, and techniques for coping with them.
- We will not know all triggers, so watch for changes in facial expressions, body language, and speech patterns (e.g. fidgeting, pacing, rocking, withdrawing, quick or loud speech, clenching hands or jaw etc.).

Tips for De-escalation:

- **Engage the parent and their supports:** if you have prepared the parent with coaching on de-escalation or they have demonstrated an ability to do so, you can ask them to intervene. You

may also rely on a trusted member of the Child and Family Team to demonstrate the skill for the parents.

- **Intervene:** If the parent or their supports have not yet developed the skills to de-escalate, begin de-escalating the situation with de-escalation techniques.
- **Check Your Own Reactions:** Do what you need to do to calm yourself before intervening (breathing, self-talk, imagine success, etc.); check to see if you are taking anything personally and do not be defensive.
- **Utilize Supports:** if you are struggling to remain calm and objective, ask a trusted member of the family or another staff member to intervene.
- **Your Body Language:** appear calm even when you do not feel it, maintain limited eye contact, neutral facial expression, hands in and at the front of your body in a relaxed position, maintain distance when appropriate, stand at an angle rather than straight on, do not fold arms.
- **Your Voice and Language:** use a calm, steady voice and speak in short simple sentences; sometimes silence with a calm presence is the best.
- **Empathy:** Take the approach of asking “what is happening” to you rather than “what is wrong with you” (understanding, not shame and blame)
- **Express Support:** Consider saying: We are in this together. I’m here to help you.
- **Environment:** If the environment is loud and/or not conducive to a calm conversation ask child/youth to step aside for a moment. This may be done by offering to go get a drink or snack or some fresh air.
- **Taking a Moment-** Time away from the visit should be kept to a minimum and only as long as needed to return to calm. It should be presented as an opportunity for assistance rather than a punishment.
- **Listen without Judgement:** give them time to speak even if they may be speaking loudly; use active listening (restate, reflect, open-ended questions, etc.) and validate their emotions and feelings by stating you understand why they feel that way.
- **Appropriate Touch:** if you have relationship with the person and know that touch is not a trigger, a light touch on the arm could offer the comfort needed to ground themselves and feel supported.
- **Focus on Hope for Future:** ask for their hopes and desires for the visit and how you can work together to achieve it.

Source: Material adapted from HSI. (2021, September). *HSI.com*. Retrieved from <https://hsi.com/resources/conflict-de-escalation-techniques>.

When Redirection and De-escalation Techniques Do Not Work

Our focus is to provide support and coaching necessary to have a positive visit for as long and frequent as possible. There will be times where our efforts do not resolve major issues reoccurring in the visit.

- If the situation is not escalating and there are no safety concerns, some behaviors can be ignored. After the visit, you can work with the parent to develop strategies to address the behavior in the future, if that behavior is negatively impacting the visit. Sometimes just redesigning activities to be more engaging and helping work through communication problems may help address some issues.
- Visits are ended when coaching, redirection and de-escalation are unsuccessful and high risk or safety concerns remain.
- Working with the Child and Family Team to determine what the underlying issue may be that is leading to the behavior and work with them to develop strategies for positive visits in the future. Through the process work with the team to view the issue through lens of the entire system and family dynamics rather than viewing the child/youth as the source of the problem.
- Utilize Service providers and therapists to support the family in building the skills needed to engage in positive visits.
- The structure of visitation may need to be adjusted when necessary to ensure safety in the future until underlying issues can be resolved. Before ending visits, we can consider a different

location, timing and duration, level of supervision, and/or activities to better support a safe visit.

Checking Your Bias

Additionally, we must consider our own biases as it relates to behavior. Individuals may perceive loud talking, laughing, or types of physical activity as disruptive or aggressive. We must stop to check our own biases and consider the real consequences of the behaviors. Things that we may be uncomfortable with or feel threatened by may not be of real concern or consequence to the family. We must examine our feelings, thoughts, and reactions and consider what is normal, safe and part of the family culture. Discussing these issues, with the family, your peers, leadership and others can help you make these distinctions objectively.

Youth in Congregate Care Settings Visitation

When a youth is placed in an institutional setting (e.g. group homes, residential treatment facilities, detention facilities, hospitals, etc.), barriers to visitation may arise, including the facility's location, visitation times, facility rules, and the youth's ability to consistently and meaningfully participate in visits. The following are considerations when planning visitation for youth in these placements:



- Visitation is a right and not to be used as punishment or a reward by the staff of a facility.
- Behavioral level systems within residential/group home programming do not dictate or define the initiation or frequency of visitation.
 - Visitation decisions are based on the needs of the family and case progress
 - Visits are not to be cancelled as a consequence for behavior
 - Visits are not to be used as a reward
 - Remind caregivers of the child/youth's right to visitation
- Make every effort to hold visitation early and as frequently as possible to support the child/youth's stability and maintain connections.
- Identify other individuals who are significant to the child/youth to engage in visitation, especially when parent and/or sibling visits are not possible.
- Involve the child/youth's treatment professionals in developing and implementing the Visitation Plan.
- If the child is receiving mental health treatment, work with the mental health provider to prepare the youth for the visit and debrief the visit after it ends.
- As appropriate, engage group homes and residential providers in facilitating monitored and unsupervised levels of visitation.
- If there are behavior concerns that are likely to occur or have occurred during visitation, work with mental health and congregate care providers, the parents and the child/youth to discuss those behaviors and develop a plan to manage them.
- As appropriate, encourage the mental health provider to assist parents in incorporating components of the child/youth's treatment and relevant parent skill development into visitation.
- **When barriers to visitation are posed by a child's placement or caregiver and a supervisor or case manager cannot overcome the barriers, contact regional/state licensing staff for assistance in addressing the issue.**

Terminating or Limiting Visits



The absence of regular, frequent visitation may have serious consequences for children and parents. Changes in visitation should be directly related to ongoing safety concerns within a continuous assessment process. When visitation is viewed as directly related to assessment, visitation arrangements can be developed openly and as part of the Family Permanency Plan with continuing family participation.

No parent may be denied visitation unless the court finds that visitation would prevent achievement of placement outcomes or that it would endanger the child's physical or emotional well-being.

There are times, when deemed in the best interest of the child, the agency pursues termination of parental rights due to parents' lack of behavioral change. Through this process, the agency presents reasonable efforts to support the parents in meeting their goals and gives the parents an opportunity to advocate to maintain their parental rights.

During this time, we continue working with and assessing the parents and conducting visitation until the issuance of the legal clearance letter, unless it is determined that visitation is not in the best interest of the child. This allows us to assess and engage parents/guardians throughout their case. This will also prevent unnecessary severing of ties, especially in circumstances where an appeal has led to the reversal of an order terminating parental rights. This may also help repair family relationships for the best interest of the child, demonstrate our commitment to the family, and provide a current assessment to present in court.

When faced with concerns that have or may have an impact visitation, the first step is to engage the family in the process of assessment and strategy development to resolve those issues prior to limiting and/or terminating visitation. In the event of a safety concerns that may not be resolved with adequate supervision or other immediate action, visits may need to be suspended temporarily until those concerns are addressed. For specific considerations and strategies to support the continuity of visits, see **Appendix 1: Considerations before Limiting or Restricting Visits**.

Additional Resources:

DSS Family Visitation Policy

DSS Family Visitation Work Aid

Source: Adapted from Center on Addiction and The Family. (2020, April 14). *Factors to Consider Before Limiting, Suspending, or Terminating Visitation*. Retrieved from <http://xix-recovery.org/>: <http://xix-recovery.org/birthparentaddiction/HANDOUTS/HANDOUT-Factors-To-Consider-Before-Canceling-Visits.pdf>.

Sibling Visits



Siblings should be placed together beginning with their first placement in foster care, unless there is a well-documented reason why placement together is not safe or in the best interest of the children. If siblings are not together at initial placement, the case manager continues to make efforts to reunite the siblings as soon as possible. If siblings are separated in placement, the case manager must include regular visitation as a part of the Visitation Plan.

When placement of siblings together is not possible, it the responsibility of the case manager to develop a plan for regular and ongoing sibling visits. Siblings and parent visitation may be scheduled

simultaneously. However, if parental visits are suspended or terminated, regular sibling visitation continues.

Sibling visits are to be included in the Visitation Plan. Visitation is not contingent on a child's behavior and visitation should not be withheld as a form of punishment. Should behavioral concerns arise, the Child and Family Team will assess the situation and determine any modifications to the sibling Visitation Plan.

Achieving Frequent and Quality Sibling Visitation

Caregivers are critical in the implementation and facilitation of sibling visits. They are often able to provide us with valuable information about the needs of the children and the dynamics of sibling relationships. They can often arrange and facilitate sibling visits under our direction and monitoring. Given their uniquely positioned role, sibling visitation will be most frequent and of quality when we work closely with caregivers in the planning, coordination, and facilitation of sibling visits.

When sibling visits are conducted by caregiver, the case manager's role is to approve the visits with clear expectations, verify the visits have taken place, and gather sufficient information for assessment and documentation.

As appropriate, engage the children/youth in scheduling and planning of sibling visits to allow them to incorporate the activities, rituals, and cultural norms that are important to them. This includes allowing them to participate in significant events together.

Sibling Interaction/Relational Concerns

For isolated or incidental issues that arise in sibling visitation, redirection, engagement in prosocial activities, teaching/coaching, correction, de-escalation and other low-level interventions need to be employed to promote positive interactions between siblings. Conflict and relational issues between siblings is common in any situation, but for those children/youth who have experienced trauma, separation, and related unresolved feelings, these issues can be intensified. It's the role of the case manager, caregiver, and the Child and Family team to help children/youth work through these issues, while building the child/youth's interpersonal and social skills.

When ongoing and/or serious concerns are raised about the relationship and/or interactions between siblings, there must be an effort to truly understand the details of the concerns (e.g. circumstances that led to the concern, frequency of concerning interactions, whether the concerning interactions are current or occurred in the past, source of the information, contributing factors, current assessment of relationship and behaviors). Making decisions to prohibit sibling visitation based upon rumors or old case information that may not be currently relevant or may be inaccurate can have a significant impact on siblings' well-being. Denying siblings their right to visitation to maintain the sibling bond is a decision to be made with great care, in consultation with county leadership and only in situations when there are safety or significant well-being concerns. If you have concerns, work with caregivers, and others involved with the case who have first-hand knowledge, and professional service providers (as applicable) to assess current dynamics and gather specific information. Be thorough in your inquiry. Gaining detailed, accurate information about the concerns and the circumstances provides the opportunity to address any underlying issues and provide siblings with the opportunity to build their relationship leading to more frequent visits and fewer restrictions. When concerns do exist, before prohibiting visits, consider providing adequate supervision or therapeutic visitation rather than withholding visits, while working with the Child and Family Team and providers to address the underlying issues. Well-planned activities can also help prevent issues from occurring and teach healthy interactions. Providers, caregivers, and children/youth can assist in designing these activities. Again, visits should only be prohibited if there are safety or well-being concerns that cannot be remedied by supervision. In those instances, documentation is required to support this decision. It's critical to continue to reassess the progress

and development of the children to determine if these safety/risk factors continue to exist and adjust the visitation plan accordingly to provide the least restrictive visitation necessary. Family Team Meetings provide an opportunity to engage the Child and Family team in the assessment and planning process to transition to less restrictive visitation.

Sibling Visitation Strategies:

- Educate foster and adoptive parents on the importance of sibling visitation to maintain and strengthen the sibling bond
- Maximize the frequency and duration of sibling visits by engaging caregivers and family members in facilitating visits and providing transportation
- Have siblings participate in planning activities for their visits
- Involve siblings in one another's interest, activities and events
- Encourage caregivers to invite siblings on vacations
- Arrange for siblings to participate in celebrations, especially birthdays and holidays

Additional Resources:

DSS Family Visitation Policy
DSS Family Visitation Work Aid

Source: Adapted from Texas Department of Family Protective Services. (2015). *Child and Family Visitation Best Practice Guide*. Texas Department of Family Protective Services, p 13-14.

Overcoming Barriers to Quality Visits

Barriers to visitation come in many forms, and it is the SCDSS's responsibility to make concerted efforts to address those challenges as they arise. These challenges arise often due to the dynamics that results when children/youth from their families, when children are placed geographically far from their families, when children are placed in settings that are not conducive to consistent, quality visitation, and when there is unresolved emotional trauma, when families have limited resources.



I. Parental Resistance to Visitation

There are times when parents or children are resistant to visitation. These are opportunities for engagement and exploration that can lead to significant self-discovery for the parents. Making assumptions about their love for their child or attributing their refusal for visitation to a character flaw are common mistakes that are counter to our goal of strengthening the family and resolving the very issues that brought them to our attention.

Some of the issues that can be underlying resistance:

- Feelings of guilt and shame
- Feelings of hopelessness and worthlessness
- Fear of failure
- Feeling their child is better off without them
- Trauma responses such as anxiety, sadness, agitation, confusion and numbness
- Grief and loss
- Emotional pain at the conclusion of a visit
- Unresolved relational issues

This may look like:

- Anger- passive aggressiveness, outbursts or resentful tone
- Avoidance- not responding to attempts to schedule a visit, making excuses for not showing up or scheduling a visit multiple times or despite attempts to help address barriers
- Withdrawal- not participating in visits, not communicating with one another

This is our opportunity to:

- Supportively confront resistance and identify the root cause.** We can confront resistance by:
 - Surfacing - Noting the resistance in a fact-based manner to allow them to explore it and respond.
 - Honoring - Normalize their experiences, feelings, beliefs, and perspectives.
 - Exploring- Seek to understand their perspective fully, ask for a solution, and negotiate the solution to meet everyone's needs.
 - Rechecking- Clarify the solution to confirm their commitment.
 - Be a steadfast advocate.** Parents who have struggled with their own trauma, generational trauma, and/or lacked models for effective parenting skills, need our support even when they resist it. This involves repeated efforts to engage them no matter their level of resistance. An advocate believes in people when they are unable to believe in themselves. Continuing to advocate for parents during times of struggle will create the space for real change.
 - Assess the need for therapeutic visits.** Seek therapeutic intervention that engages the whole family when there are unresolved relational concerns such as: conflict, negative feelings, resentment, lack of trust, and/or communication barriers. This is our opportunity to give them the tools to resolve hurt feelings and heal their relationship. Even in cases where we are moving toward the termination of parental rights, healing parent-child relationships can pave the way for building healthy relationships in the future.
 - Notice our own bias.** There may be feelings, experiences, and ideas that get in our way of helping others. These biases may not be evident to us but may have a significant impact on our belief in families and our efforts to engage them. We must notice our own feelings and ideas, explore why they exist and how they impact our ability to engage our families in a way that leads to growth and change.
 - Engage the Child and Family Team to support relationships.** The Child and Family Team is a powerful resource for identifying and working through visitation barriers. Members such as parental supports, services providers, case managers and others are there to assist the family in identifying root causes and determining solutions/resources that will lead to goal achievement.
- II. Child not resisting or refusing visits**
- Assess child's concerns about having visits and any underlying causes for resistance.
 - Assess caregiver's relationship and attitude toward parents and address any concerns that arise.
 - Assess the need for therapeutic intervention to address parent's emotions and/or relational concerns.
 - Assess the need for therapeutic visits.
- III. Lack of engagement in the visit**
- Work with the parents, child, and the Child and Family Team to plan activities that are part of the family's culture and are of interest to the family.
 - Work with the parents, child, and the Child and Family Team to determine the best location, facilitator, and level of supervision to encourage interactions and effectively support planned activities.

- c. Provide coaching on identifying the child's cue, needs, and interests that prompt opportunities for engagement based on child's developmental level.
- d. Help parents understand the child's developmental levels and how that defines engagement.
- e. Work with service providers to determine how they can support the parents in increasing engagement.
- f. Assess the need for therapeutic intervention to address parent's emotions and/or relational concerns.
- g. Assess the need for therapeutic visits.
- IV. Conflict, relational, or communication problems**
 - a. Work with therapists and service providers involved to develop a plan to address problems.
 - b. Assess the need for therapeutic visits.
- V. Lack of progress in behavior change at visits**
 - a. Supportively address the resistance through coaching.
 - b. Work with service providers and therapists involved to develop a plan to address problems.
 - c. Assess the need for therapeutic intervention to address parent's emotions and/or relational concerns.
 - d. Assess the need for therapeutic visit.
- VI. Addressing Logistical Difficulties Scheduling Visits**
 - a. Engage the Child and Family Team to include caregivers.
 - b. Increase the use of monitored and unsupervised visits.
 - c. Work through logistical concerns.
 - d. Determine what other supports they could provide.
 - e. Assess whether there are visitation services or other service providers in your areas that may be able to support visitation.
 - f. Virtual Visitation can be used in cases where travel is infeasible due to geographic distance. Keep in mind that in-person visitation is essential and the most effective form of visitation for maintaining and building relationships and providing opportunities for parental skill building, but, when possible, virtual visitation can be utilized to enhance in-person visitation and increase interactions between parents and their children.
- VII. Prevent Visitation Disruptions**

Work with family to:

 - a. Make decisions about location and number of participants based on what is conducive to bonding and interaction and minimal distractions.
 - b. Design activities that promote relationship building, bonding, and engage the interests and culture of the family.
 - c. Develop strategies for before, during, and after the visit to address underlying relational or communication issues.
 - d. Prepare for triggers by working with the parent and child/youth to identify triggers and reactions and develop plans for coping.
 - e. Prepare for visits by talking with the parent and child/youth about challenges and successes they have had in their interactions with each other and develop strategies that build upon strengths.
 - f. Engage the Child and Family Team, professionals, service providers, therapists, caregivers, and others in planning, coaching, and supporting visitation.

Additional Resources:

DSS Family Visitation Policy



Significant Family Events

Children/youth in Foster Care deserve to be a part of the significant events that take place in their family. This allows them to maintain their connectedness to their family community and culture. Participation in significant family events fosters a sense of normalcy and connection. Family events can pose logistical challenges but employing the Child and Family Team in planning process is the best opportunity for overcoming challenges. These events may only qualify as a monthly parent-child visit if private family time is provided before, during, or after, during which they have the opportunity for the same level of conversation, bonding, and activities for the same duration that a typical visit affords.

Celebrations, Cultural Events, and Milestones

When there are family celebrations and milestones, work with the family to determine what support the child/youth needs to prepare for these events, such as obtaining clothing, food, or gifts. The Child and Family Team and caregivers can help support these efforts. Informing everyone involved about the event can also help everyone support the child to engage in the event and celebrate.

Emotionally Distressing Events

If the event is one that causes emotional distress, such as a funeral or hospitalization, an opportunity for additional visits may need to be provided for the child/youth's wellbeing and sense of security. It's critical to honor and validate the significance of these events in the child/youth's life and make every effort to connect with their loved ones during such a painful time in their lives. Additionally, we need to prepare foster parents, service providers, therapists, and their support system to provide support before, during, and after the event.

Safety and Risk Concerns

Often concerns exist about a child entering a situation in which individuals who pose safety or risk concerns will be present. In these instances, assess the dynamics that may mitigate these concerns such as the circumstances, the environment, the presence of the other trusted individuals and/or child/youth age and developmental level. In most cases providing adequate supervision by approved individuals is enough to address the safety and risk concerns.

Strategies for Success

- Honor and validate the significance of these events in a child/youth's life.
- Go the extra mile to provide child/youth an opportunity to participate.
- Fully assess all factors present to adequately determine the level of risk present.
- Engage the Child and Family Team in working out the logistics involved (e.g. planning, preparation, accompaniment, transportation, etc.).
- Engage the Child and Family Team in providing adequate supervision to mitigate any safety/risk concerns.
- Engage caregiver, parents, the Child and Family Team, and service providers to promote adequate support before, during and after events.

Additional Resources:

DSS Family Visitation Policy
DSS Family Visitation Work Aid

Conducting Virtual Visits



When to Use Virtual Visits

Virtual visits should be used as a last resort for regular ongoing parent-child visits. However, they can be used routinely to enhance ongoing visitation by providing opportunities for additional contact between in-person visits. They can also be used in circumstances where face-to-face visitation is not feasible or not in the best interest of the child due to existing circumstances. For requirements pertaining to the use of virtual visits, see SC DSS Foster Care Policy.

Below are examples of situations where virtual visits can be used:

- Geographic Distance- Parents live at a distance that makes a one-day trip improbable due to travel time.
- Temporary Travel- Child or parent is temporarily out of town.
- Maintaining Connections- Maintain connections with kin, fictive kin or other significant persons who are not included in the in-person Visitation Plan.
- Visitation Enhancement- Provide opportunities for parent-child connections and strengthening of relationships between in-person visits; allows parents to participate in their children's activities or appointments when they are unable to be there in person.

I. Planning Virtual Visits

Planning is essential for virtual visits. Virtual visits pose challenges such as technological, engagement and attention, which makes it essential to consider all factors and to engage everyone in the planning process.

II. Preparing All Participants

- a. Let everyone know that virtual calls will be used for visits, what they are and why.
- b. Assess the technology available to the participants and the skill level of the participants to conduct the calls.
- c. Plan for technological difficulties. Have back-up technology or a plan for communication during technology failures and for resolving the issue or rescheduling.
- d. Address identified logistical barriers.
- e. Share the challenges of virtual calls with all involved and empower them to come up with solutions for these challenges.
- f. Plan with all involved.
- g. Host a practice call.
- h. Prepare the child by helping them understand what a virtual call is and how to hold the phone. Answer questions the child may have.

III. Creating the Plan for Virtual Visits

- a. Duration - Determine duration based on child's attention span and the activities planned.
- b. Frequency - Decreasing duration of calls and increasing frequency may help with the attention challenges posed by virtual calls.
- c. Activities - Support the family in selecting engaging activities that are developmentally appropriate and appeal to the child's interests.

For additional recommendations on planning virtual visits, see [Appendix 5: Planning and Conducting Successful Virtual Visits](#).

IV. Facilitation and Activities for engaging participants

- a. Select activities that the child enjoys and find ways for the parents to interact during the activities
- b. Facilitation
- c. Plan back up activities
- d. If the child loses interest, change activities and/or change the environment (i.e. possibly moving outdoors)
- e. When child is losing interest, repeat what the parent has said or point out what they are talking about

V. Frequency, Duration, and Time of Day

- a. Best duration of the call based on child's attention span and the activities planned.
- b. Best frequency for the calls. Likely decreasing duration of calls and increasing frequency will help with the attention challenges posed by virtual calls.
- c. When possible schedule it for time of the day that the child has the most potential for focus.

VI. Location/Environment

- a. Chose settings that are free from distraction and noise is conducive to confidentiality as necessary.
- b. Consider whether the environment is compatible with any activities planned.

VII. Debrief

- a. Debriefing with the child and parent
 - i. What worked?
 - ii. What feelings do you have about the visit?
 - iii. What would you like to do in the next visit?
- b. Debrief with caregiver
 - i. Discuss the child's reactions during and after the visit.
 - ii. Normalize the stress and reactions that visits have on children.
 - iii. Develop strategies for helping the child stay regulated and engaged during the calls, processing the calls and managing the emotions of the child after calls.
 - iv. Ask them for ideas to increase the success of the calls.

VIII. Documentation and follow-up

- a. Document all virtual visits. If the case manager is not directly participating in the visit, they will need to follow-up with the facilitator and the participants to gather and document the details of the visit.
- b. Support and monitor the frequency and quality of virtual visits. Work with the family, child/youth, and caregiver to adjust virtual visits as needed to promote quality engagement, and adequate frequency for bonding and communication.

Additional Resources:

DSS Family Visitation Policy
DSS Family Visitation Work Aid

[Appendix 5: Planning and Conducting Successful Virtual Visits](#)

Visitation in the Community

There are unlimited opportunities to diversify options for visitation settings and to engage one or more community partners to establish an indoor and/or outdoor visitation space within your community and outside of your county office. Work with your county leadership to establish partnerships for the utilization of community space for visitation.



Steps to Building Collaborative Partnerships for Visitation

- **Identify potential partners-** These can include community-based organizations that provide support and services to families, such as schools, religious organizations, hospitals, local businesses, etc. Those counties with higher populations and/or greater geographic distances would benefit from multiple partnerships so that access to venues is available county-wide.
- **Build trusting relationships-** Reach out to organizations to establish or re-establish relationships and share DSS' child welfare initiatives. Learn about the organizations' culture and current initiatives and begin to identify areas of alignment.
- **Establish shared vision and goals-** Solidify organizational alignment of goals and determine whether a partnership would benefit both parties.
- **Establish clear expectations-** Request a dedicated, indoor and/or outdoor, safe, family-friendly space that can be used during and after business hours. Collaboratively develop guidelines and procedures, such as which spaces can be used and when, hours available, who can use the space, scheduling, any restrictions on activities, what can be added or changed within the space, who will furnish and decorate the space, etc.
- **Nurture Partnerships-** Respect the space and others who use the space. Communicate openly and often. Arrive to and end visits on time. Show appreciation and recognize the organization's contribution.
- **Recognize success-** Keep the organization apprised of the positive impact of their contribution and share successes internally and with your community.

Special Circumstances

Family dynamics and circumstances that illustrate a common pattern associated with risks of child abuse should be evaluated to establish a starting point for Visitation Plans. An individualized assessment will promote a family-centered, strengths-based, individualized approach to effectively supporting the family and protecting the child. Where evidence proves the existence of a special circumstance, that special circumstance should be considered in determining whether and how to vary from the recommendations provided herein.



These special circumstances do not negate the rights of parents and children to visit and maintain relationships. Therefore, SCDSS must uphold parents' rights to visitation while considering the impacts of the challenges parents face. Further, it is critical to assess personal bias or prejudice that may affect interactions with parents and create barriers to successful visitation.

Common special circumstances are discussed below. A full exploration of each special circumstance is beyond the scope of this document. Seek the assistance of appropriate

professionals and resources to enhance your ability to assess dynamics, and work with the parents and the Child and Family Team to address and overcome identified barriers.

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Common special circumstances are discussed below. A full exploration of each special circumstance is beyond the scope of this document. Seek the assistance of appropriate professionals and resources to enhance your ability to assess dynamics, and work with the parents and the Child and Family Team to address and overcome identified barriers.

I. Incarcerated Parent

A parent's incarceration may add logistical barriers to visitation. The most obvious considerations include the location, visitation guidelines, restrictions, and the child's age. Although challenges may exist, incarcerated parents have a right to visit and SCDSS makes concerted efforts to coordinate visits between children and incarcerated parents.

When in-person visits may not be feasible due to facility restrictions, geographic distance, or best interest determination, other forms of communication should be utilized as appropriate such as video conferencing, phone calls, letters, etc. For requirements pertaining to use of virtual visits, see SC DSS *Foster Care Policy*.

Suggestions for facilitating visitation when parents are incarcerated include the following:

- If possible, assess the parent-child attachment and relationship prior to incarceration to identify the needed approach and support for visitation.
- If the parent's incarceration is related to child abuse, a mental health professional should evaluate the parent and the child before visits are arranged.
- If the case plan goal is reunification, a regular visitation schedule should be established.

Case managers, transporters or foster parents should:

- Prepare children for the visit by describing the facility, the visitation room, and the rules for the visit.
- Let the child know the length of the visit, and if age appropriate, let them suggest activities for the visit.
- Prepare the child for the possibility of a visit being cut short or canceled due to unexpected circumstances at the facility.
- Plan for the child's needs by bringing food and drinks, activities to do while waiting, plenty of diapers, extra clothes, etc.
- Debrief with the child after the visit to process any emotions and determine if there were any unmet needs to be addressed for future visits.

Though coordinating visitation for incarcerated parents can be complicated and anxiety provoking, significant research shows that “maintaining contact with one’s incarcerated parent appears to be one of the most effective ways to improve a child’s emotional response to the incarceration and reduce the incidence of problematic behavior.” In addition to benefits for the child, incarcerated parents whose children visit are more likely to complete their case plans and be successfully reunified with their children after release.

II. Parent in a Treatment Facility or Hospital

A parent’s stay in a hospital or treatment facility poses obstacles similar to those arising when a parent is incarcerated. Strategies for overcoming those obstacles are the same in both circumstances.

If a parent is in a mental health treatment facility or a substance use treatment facility, the sections that address those special circumstances contain suggestions for smooth visits when a parent suffers from mental illness or substance use disorder.

III. Parent with Mental Illness

Parental mental illness may or may not affect the structure and supervision of visitation, depending on the parent’s strengths and functioning at a given time. For those whose parenting abilities are significantly impacted by their mental illness, the location, duration and level of supervision may need to be adjusted for assessment, skill building, and child safety. Those involved with developing and implementing the Visitation Plan must remember that a mental illness is a physical and psychological condition that affects the parent. Like cancer or asthma, mental illness has symptoms, ameliorating and aggravating factors, and treatments.

This is particularly important when the symptoms and manifestations of mental illness impacts the structure of Visitation Plans. As appropriate, this understanding should be communicated to the children in a developmentally appropriate manner.

Suggestions for ensuring safe, meaningful visits when a parent suffers from mental illness include the following actions to be taken by the case manager, transporter, and/or others involved with developing and implementing the Visitation Plan:

- Work with a mental health professional to understand how the illness might affect visits.
- Recognize warning signs and problems that could negatively affect visits and what to do in these situations.
- Understand how medication may affect the parent’s behavior and parenting abilities.
- In a developmentally appropriate manner, talk to children about the illness.
- Engage the Child and Family Team in developing a safety plan for the child and the parent.
- When utilizing a monitored or unsupervised level of supervision, engage the Child and Family Team in participating in visits as needed for support and coaching

IV. Parental Substance Use

Parental substance use impacts behavior and can negatively impact parenting. Treatment and recovery can also temporarily impact parenting, as parents learn to function without the help of substances. However, over time, challenges in the recovery can be replaced with positive improvements in functioning and parenting.

Recovery occurs along a continuum that is not always linear. Parents trying to overcome a substance use disorder may still be using drugs or alcohol. Recurrence of drug use is common and may lead to insights that contribute to more successful future attempts at recovery.

Suggestions for ensuring safe, successful visits with a parent with substance use disorder include the following actions to be taken by the case manager, facilitator, and/or others involved with developing and implementing the Visitation Plan:

- Involve the parent's treatment professional in developing and implementing the Visitation Plan.
- Base decisions about supervision levels on accurate information about the parents current functioning and protective capacities, stage of recovery, and the needs of the child.
- Carefully consider the parent's substance use assessment and factor in each person's individual experiences, strengths, supports, and circumstances. If a parent has a substance use disorder, consider the characteristics of the effects of the drugs used, level of use, stage of treatment, and the behaviors and strengths exhibited.

Stages of Treatment

- **Early Stage** At the beginning of treatment, individuals may be ambivalent about ending the use of substances and may have cognitive impairments due to the effects of the drug for months after abstinence. These effects may impact impulse control and decision-making, leading to difficulties in showing up, concentrating, learning new things, remembering things, producing words, difficulty solving problems, and integrating visual and motor cues. Individuals may experience extreme emotional turmoil with feelings of guilt, shame, depression, and anger about treatment, leading to denial and resistance to treatment that may be expressed or hidden.
- **Middle Stage** Cognitive capacity begins to return to normal in this stage. The issues that were avoided or tempered by substance use may resurface and strong supports and services are needed to maintain abstinence during this stage.
- **Late Stage (Ongoing/Maintenance Stage)** In this stage, individuals are learning to anticipate and avoid tempting situations and triggers. Many individuals, despite their efforts, return to drug use. However, efforts to recover from recurrence of drug use may lead to new information that may help individuals set new goals and develop new strategies for successful recovery. With new insights, individuals are better positioned to attempt recovery again and return to earlier stages of recovery. As recovery moves forward, underlying issues may arise such as poor self-image, relationship problems, shame, and trauma that may require additional mental health services.

Source: Adapted from Center for Substance Abuse Treatment. (2021, June 29). *Substance Abuse Treatment: Group Therapy*. Retrieved from National Center for Bio Technology Information: <https://www.ncbi.nlm.nih.gov/books/NBK64208/>

Considerations for Visitation Planning:

- Help the parent engage the Child and Family Team to create a recovery management plan or support a recovery management plan if one has been developed.
- Work with the Child and Family Team to create a safety plan for the child.
- In the Visitation Plan, be specific about what is and is not allowed during visits. For example, work with a treatment professional to identify specific behaviors or indicators that a parent is under the influence of substances during a visit and establish rules related to those behaviors as part of the Visitation Plan. Saying "parent must be sober" is not specific enough.

- In the Visitation Plan, explain what will happen if a parent violates the visit rules. Use a graduated approach to addressing violations.
- If the child is ever in danger, stop the visit immediately and know that the child may not get to say goodbye to the parent that day. Explain to the child why the visit had to stop, and work with the parents and the Child and Family Team to address safety factors that appeared.
- Meet with the parent before the visit to assess the parent's ability to participate and to help the parent prepare for seeing the child. Meet with the parent after the visit to process the visit, share feedback, and immediately address any problems.
- When utilizing a monitored or unsupervised level of supervision, observe the parent's behavior prior to the visit to determine if there are signs of drug use or impairment. Make the necessary adjustments to the level of visitation if there are concerns about the parent's functioning.
- When the plan is reunification, develop a visitation schedule that graduates from supervised to unsupervised visits in the parent's home as they demonstrate progress with parenting. With the parent's treatment team, develop a list of milestones the parent must achieve to move from supervised to unsupervised visits.
- The level of supervision needed during visits is connected to the child's safety and the parent's demonstration of improved parenting abilities. Supervision levels should not be related to the parent's progress in drug treatment. This means that if a parent is sober, but still cannot safely parent, visits should still be supervised.

V. Parent with Special Needs

Many parents have special needs that must be accommodated for visits to be successful. Federal law prevents discrimination by child welfare agencies and court systems against qualified individuals with a disability. Section 504 of the Rehabilitation Act pertains to all programs or activities that receive federal financial assistance, while Title II of the Americans with Disabilities Act applies to all state and local government programs, services and activities, whether federally funded or not.

Accommodations may be required so parents with disabilities receive full and equal opportunities to participate in case planning, permanency planning, court hearings, and visitation. Parents with special needs must have the same opportunities to receive services and support that other parents involved with the child welfare system would receive. Suggestions for promoting successful visits when a parent has special needs include the following:

- Work with the parent and the parent's treatment providers to understand the parent's abilities, challenges, and needs.
- Choose a location and activities that accommodate a parent's needs and maximizes the potential for natural interactions.
- Develop a Visitation Plan that allows the parent to actively engage with their child.
- Provide appropriate services and supports to improve parenting skills, considering the parent's needs.
- As appropriate and necessary, in an age-appropriate manner, talk to children about the parent's special needs.
- Help the parent develop a sustainable support system that can provide the protective capacities that the parents may not be able to develop on their own.
- Engage the Child and Family Team in monitored or unsupervised level of supervision, to provide additional support and coaching in a manner that is sustainable beyond our involvement.

VI. Parent Detained by U.S Immigration and Customs Enforcement (ICE)

When a parent of a child in foster care is detained by ICE, barriers arise that are like those facing an incarcerated parent. ICE has a specific policy addressing this: “ICE Directive on Detention and Removal of Alien Parents or Legal Guardians” (ICE Policy Number 11064.2). This policy directs ICE to facilitate parents’ or guardians’ participation in family court or child welfare proceedings and to facilitate visitation between parents/guardians and children if a court has ordered such visitation in a child welfare case. This policy does not apply to Customs and Border Protection Operations. The policy may apply to parents in ICE detention who were separated from their children at the border. Since ICE policies and practices are rapidly changing, always check for policy updates (see the visitation section at <https://www.ice.gov/detain/detention-management/2000>).

Each ICE Field Office should have a child welfare coordinator who is designated as the point of contact for all child welfare matters related to detained parents. Parents should be placed at a facility in close proximity to their children so that visitation can occur. ICE should allow visits to occur at least monthly for at least 30 minutes, and perhaps more if a court order requires more frequent visits. The ICE Fact Sheet on this topic encourages more frequent visits for longer times, whenever possible. (see ICE Fact Sheet at <https://www.ice.gov/doclib/detention-reform/pdf/factSheetDetainedParents.pdf>)

Parents should be allowed to participate in all court proceedings related to the child’s dependency case. “If it is impracticable to transport the detained alien parent or legal guardian to appear in-person in a family court or child welfare proceeding,” the Field Office Director should arrange for the parent to participate in the court proceeding by video or teleconferencing. The court or child welfare authority must grant permission for the parent to participate by audio or video; the court can require a parent to appear in person. When parents are detained by ICE, courts can promote parent-child relationships by ordering as much visitation as possible for children and by requiring parents to appear at all court proceedings.

VII. Child with Special Needs

(cognitive, intellectual, or physical disability, developmental delay, special health needs)
Children’s special needs and related treatment plan(s) should be considered when developing the Visitation Plan. The Visitation Plan should be developed according to the child’s development, rather than chronological age. The plan should also accommodate a child’s needs, so the child can participate as fully as possible in visits. For example, the location must be accessible to the child and able to accommodate any equipment the child needs. Supervision level should include consideration of the parent’s ability to care for the child’s special needs.

The Visitation Plan should be informed by the child’s treatment providers. The plan should identify developmental milestones for the child and provide opportunities for the parent to help the child achieve those milestones. In addition, the parent should be involved in decisions about the child’s treatment plan. When possible, the parent should participate in medical appointments, treatment or rehabilitation activities, and educational planning meetings, and this should be considered when developing the Visitation Plan. When it’s not possible for the parent to be present, they should be provided a comprehensive update.

VIII. Family with Domestic Violence/intimate Partner Violence

The presence of domestic violence in a home raises specific concerns for the Visitation Plan. The most important concern is the safety of the child and all other participants – their safety must be

assured. Other concerns include holding the offending parent responsible for his or her behavior, and not allowing visits to be used in a manipulative manner.

Visitation Plans will be crafted differently, depending on whether the parents (or parent and partner) are still together or are separated and whether there is an order of protection/no contact order in place. In cases with domestic violence, experts in domestic violence should be consulted in developing a safe and appropriate Visitation Plan, regardless of whether the domestic violence was a contributing factor to the child's removal. A child's therapist or other mental health provider may also help inform the Visitation Plan.

Most experts on family violence agree that there is no longer one term for intimate partner violence (IPV) and that IPV occurs on a continuum from emotionally charged exchanges between individuals with verbal aggression (such as both parents yelling obscenities at each other on a regular basis) to unilateral power and control situations with deadly violence (a batterer who murders his partner). The most recent research on child outcomes after exposure to IPV indicates that child outcomes do not vary based on whether the violence is verbal or physical or whether it is bilateral or unilateral: all forms of aggression between adult partners negatively impact children exposed to the aggression.

In situations with partner battering, power and control dynamics, or physical and psychological abuse, experts must assess the perpetrator's likelihood of continued violence, control, and manipulation of the other partner. A formal evaluation of the perpetrator, including a lethality assessment, should inform the decisions about whether the Visitation Plan should include the abuser, whether the Visitation Plan promotes the mental health and best interest of the child, the extent to which contact with the abuser is safe for the child, whether and under what circumstances visit can safely occur, and a host of other issues.

Expert assessments are also needed in situations involving bidirectional intimate partner aggression and violence (IPAV) and unilateral IPAV involving non-physical verbal aggression and/or behavior that may be termed minor violence, such as slapping. Experts may provide opinions about the likelihood of continued aggression or violence, the impact on the child of visiting with one or both partners, whether and under what circumstances visits can safely occur, what services may help the partners interact in appropriate ways, and whether the partners can participate in visits together.

The enhanced guidelines recommend that in all cases where violence or aggression occurs between adults in the home, judges should review all relevant information, including "current and previous injunctions, police reports, and stalking behavior to enhance decision-making when determining supervised, unsupervised, and therapeutic visitation."

Common situations that must be considered in developing Visitation Plans include the following:

- Parents or partners live together, and both are working with treatment professionals with the goal of remaining together peacefully.
- Parents or partners live together and minimize or deny the existence of IPV.
- Parents or partners are living separately because the victim wants the violence to stop and may or may not want the relationship to end.
- A parent has an order of protection/no contact order in place.

The differences in these situations affect everything from the level of supervision needed during visits, to the location of visits, to the specifics of how the child and adults arrive at and leave the visit location.

Consultation with your domestic violence service partners when creating a Visitation Plan is essential for the safety and well-being of families.

IX. Parents with Limited English Proficiency

Parents' proficiency in English should not affect their parent/child relationship or child welfare case. Parents whose first language is not English have a right to an interpreter to participate in court proceedings and are entitled to receive all documents and written information translated into the parent's primary language.

The system is responsible for taking the necessary steps to provide families with limited English proficiency the needed supports and services for successful visits. This may include translating the Family Permanency Plan and Visitation Plan into the parent's primary language and/or using an interpreter to plan and implement the Visitation Plan.

The SCDSS Office of Civil Rights may be contacted for questions about parent's rights, our duties to meet their needs, or to identify available services

Source: Adapted from Judicial Council/Administrative Office of Courts Division of Children, Families and Courts: Supreme Court of Georgia Committee on Justice for Children. (2019). *Family Time Practice Guide: A Guide to Providing Appropriate Family Time for children in Foster Care* 53-61.

Appendix 1: Components of Quality Parent-Child Visit

Components of Quality Visitation

- I. **Plan and Prepare**
 - a. **Engage Parent and Teaming with the Family Support Team and Professionals in Planning**
 - i. **Visitation Planning with Team** Engage the Child and Family Team in visitation planning and enlisting support of the Child and Family Team and other professionals as needed on an ongoing basis.
 - ii. **Develop a Goals** set to identify and meet children's needs during and after visitation.
 - b. **Family-Focused Trauma-Informed Preparation**
 - i. **Emotional Support** -help all involved preparing for reactions & processing feelings.
 - ii. **Provide Parent Reminders** of the date, time and goals of visitation.
 - iii. **Prepare Facilitators** with expectations and goals.
- II. **Functional Assessment**
 - a. **Individualized, Strengths-Based Assessment** of behavior change/new skills, needs and supports.
 - b. **Assess safety and risk factors** before, during, and after visit and the impact to case progress strengths.
- III. **Coach**
 - a. **Individualized & Strengths-Based** to foster bonding and parental skills building and reinforce the demonstration of new behaviors and skills, and to make progress toward set goals.
 - b. **Model Expected Behaviors** when necessary to promote learning
 - c. **Create Minimal Disruption.** Keep feedback to a minimum during the family's time together. When immediate feedback it's not necessary for learning or child wellbeing or safety, hold until after the visit.
 - d. **Focus on Children's Needs-** Focus coaching on parents' ability to identify and respond to their children's needs.
- IV. **Debrief**
 - a. **Understand Experiences of All Involved-** Work with facilitator, parents, children and other visit participants to evaluate the success of visits and to share any concerns.
 - b. **Get Parent Perception of Strengths-** Aid parents in identifying the strengths they demonstrated
 - c. **Evaluate Success-** Evaluate the Success of Planned Activities with the Family.
- V. **Adjust**
 - a. **Tracking and Adapting to Support Permanency**
 - i. **Least Restrictive Level-** Chose least restrictive level of visitation.
 - ii. **Permanency Transition-** Transition to less restrictive visitation as parents demonstrate as safety factors are eliminated and risk reduces.
 - iii. **Making Adjustments-** Adjusting visitation to support interaction, bonding, and communication (plan, location, frequency, additional supports, etc.).
- VI. **Documentation**
 - a. **Gather and Document Details** (participants, facilitator, location, duration, level of supervision)
 - b. **Non-Bias Description of What Happened-** Interactions, conversations, reactions, activities, new behaviors demonstrated.
 - c. **Case manager Assessment-** safety and permanency assessment.
- VII. **Follow-up**
 - a. **Document next steps and follow-through-** Referrals, follow-through on commitments, adjusting services/interventions, addressing barriers, providing support, engaging the Child and Family Team, etc.

QUALITY VISITATION



Appendix 2: Developmental Activities for Visits

Age	Developmental Tasks	Developmentally Related Visit
Infancy (0-2)	Develop primary attachment Develop object permanence Basic motor development (sit, reach, stand, crawl, walk) Word recognition Begin Exploration and mastery of the environment	Meet basic needs (feeding, changing, holding, cuddling) Play peek-a-boo games Help with standing, walking, etc. by holding hands, play “come and get me” games Name objects, repeat name games, read picture books Encourage exploration, take walks, play together with colorful, noisy moving items
Toddler (2-4)	Develop impulse control Language Development Imitation, fantasy play Small motor coordination Develop basic sense of time Identify and assert preferences	Make and consistently enforce rules Read simple stories, play word games Play “let’s pretend” games, encourage imitative play by doing things together such as “clean house,” “go to store” Draw together, string beads together Discuss visits and visit activities in terms of “after breakfast,” “after lunch,” “before support,” etc. Allow choices in activities, clothes worn, foods eaten
Preschool/ Early School-Age (5-7)	Gender identification Continuing development of conscience Develop ability to solve problems Learning cause-effect relationships Task completion and order School entry and adjustment	Be open to discussing boy-girl differences; be open to discussing child’s perception of gender roles, read books about heroes and heroines together Make and enforce consistent roles, discuss consequences of behavior Encourage choices in activities Point out cause-effect and logical consequences of actions Plan activities with beginning, middle, end (as in prepare, make cake, clean up); Play simple games such as Candy Land, Go Fish Shop for school clothes together, provide birth certificate, medical records required for school entry, go with child to visit school, playground prior to the first day, accompany child to school
School age (8-12)	Skill development (school, sports, special interest) Peer Group Development and team play Development of self-awareness Preparation for puberty	Help with homework; practice sports together; demonstrate support of special interests, such as help with collections; attend school conferences and activities; work together on household tasks. Involve peers in visit activities. Attend team activities with child (child’s team or observe team together). Be open to talking with child. Discuss physical changes expected; answer questions openly.
Early Adolescence (13-16)	Cope with physical changes Develop abstract thinking Development of relationship skills Become more independent from parents	Provide information regarding physical changes, be positive, such as teaching about shaving, makeup. Plan for and discuss future, discuss “What if?” Be open to discussing relationships, problems with friends, Help learn to drive, assist in finding part-time job and handling Transport to peer activities, include peers in visits.

Late Adolescence (17 and older)	Changes in peer group Separation from family Develop life goals; rework identity Develop intimate relationships	Encourage independence through helping find apartment, applying for a job, thinking through choices, and tolerate mixed feelings about separation. Be open to discuss options “think through” together; share own experiences as a young adult, both successes and mistakes. Be open to discuss feelings, problems and plans.
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Source: Adapted from The Pennsylvania Child Welfare Resource Center. *Pennsylvania Visitation: The Heart of Permanency Planning*, 2017, p 96-97.

Appendix 3: Visit Documentation Guide

The purpose of this guide is to provide information on the type and nature of information that may be included for quality documentation of Family Visits. This guide can be used by supervisors as a training and educational tool to retrain or provide a refresher on quality visit documentation for case managers.

This guide expands upon the information provided in the Documentation Checklist provided through the agency’s documentation training. Once an individual has a proficient understanding of information contained in this guide, the Documentation Checklist can be utilized as a quick review tool to determine if the specific components are present in a documentation.

Tips for Documentation for Visits

- Meeting the Requirements- For agency requirements for documentation, see SC DSS *Foster Care Policy*.
- Narrative Format- The use of narrative format helps clearly illustrate what happened at the visit. Using templates and cutting/pasting often leads to missing and inaccurate information.
- Detailed Account of Pertinent Information- Detailed accounts of conversations between visit participants may be provided when they are relevant for assessment, family dynamics or case progress. Summarize any conversation in which specific details do not provide any greater understanding. Quote language when important for understanding impact or context of the statements made.
- Pronoun Clarity- Pronoun clarity is achieved by clearly identifying which documented participant is being referenced by the pronoun. If possible, minimize the use of pronouns as that is a sure way to reduce confusion.
- Structure- Paragraphs help sequence and break up information for easy comprehension and reference.
- Acronyms/Abbreviations- Use Acronyms/Abbreviations that are approved and do so after the phrase has been spelled out in the initial reference.

Documentation of Unsupervised Visits and Visits Facilitated by Others

When case managers are not directly facilitating visits, obtaining detailed information from all involved parties after each visit is imperative not only for documentation purposes, but to assess parent progress toward goals and to take any needed actions to promote safe and quality visits. All parties include: the child, the parents/guardians, family member(s), person who transported or facilitated the initiation of the visit, and any other individuals that were present. The sooner this information is collected the more accurate and detailed the information will be.

For those visits facilitated by others, **DSS Form 30263: Caregiver/Provider Documentation of Visitation** is available to help guide caregivers and foster parents in documenting visits. Completed forms will supplement other information the case manager gathers from visitation participants. Case managers are responsible for not only documenting all visits in CAPSS regardless of who facilitated the visit but also for using the details collected to guide future work with the family.

Visit Documentation Outline

- Participants, facilitator of the visit, level of supervision, date, and location and duration
- Preparation for the visit
- Account of what happened
- Assessment of permanency, safety and risk
- Parenting Skills/role exercised and behavior change
- Coaching Provided
- Debrief
- Assessment
- Follow-up

Documenting Details of a Family Visit

Important Note: the information below is not intended to be used as a template for documentation. It is designed to illustrate the type and nature of the details necessary to support a global assessment of the family dynamics and progress to inform case decision making and to determine where to focus family support. To further the quality of documentation, this guide can then be used to assess drafted documentation to determine if additional pertinent details are needed. The decision to include details below are based upon their relevancy to the assessment of the family and to the visit being documented.

Participants	Includes everyone present and their relationship to the child(ren)
Date, Location, and Duration	Date- recorded in CAPSS upon setting up documentation Location- type of location in relation to the case, child or parent(s). (ex. child's placement, parent residence, community park, restaurant, etc.) Duration- length of time the visit lasted Participants- include the names of everyone who was present for the visit and their relationship to the child Facilitator(s)- include the name of the person who monitored, arranged, and/or facilitated the visit and their relationship to the child Level of Supervision- describe the level of supervision that was provided
Preparation for the visit	This may include a description of: • Efforts to prepare the parent(s)s, the child or foster parent(s)s for the visit • Engagement of the parent(s) and child in planning and preparing for activities • Coaching provided such as: education, tips and recommendations, modeling, role playing, etc. • Processing emotions and concerns about the visit with participants • Discussing questions and concerns the participants may have • Efforts to prepare the facilitator of the visit
Account of what happened at the visit	Beginning documentation as a free writing exercise allows the writer to more easily account for all that they witnessed, observed, and/or were dictated. Following a template or answering questions may hinder recall. An account of what happened may include: • Conversations • Actions taken • Interactions (verbal and nonverbal) • Coaching Provided
Who participated and in what activities.	This may include a description of: • Who participated in each activity • Level of participation

	• Successes and concerns about the activities to include: impact on bonding and communication, level of enjoyment and interest, how the activity supported parent skill development, etc. • How did it support the family's culture to include family norms and practices
Interactions between participants (level of affection).	This may include a description of: • Summary of conversation • Details of conversation relevant to illustrate strengths, behavior change, and/or concerns • Activities engaged in • How participants responded to one another • How parent(s) identified and met the needs of their children • Facial expressions • Body language • Nature and tone of conversations • Physical interactions between participants and their proximity to one another
Safety/Risk Assessment	This may include a description of: • Parent(s)' progress and behavior change toward addressing unmet safety and risk needs identified • How the parent(s) recognized and responded to the safety needs of the child • Safety or risk concerns that arose during the visit and any actions taken to address them • Statements that the family made about the child's safety and well-being • Changes in the family dynamics or interactions that may impact the child or placement after the visit • Stressors or complicating factors that may be present in the family that affected visitation • An assessment of the child's safety based on outcome of the visit
Extent to which parent(s) exercised role (setting limits, disciplining child, engagement with child).	This may include a description of: • Parent demonstration of their understanding of the child's developmental level and needs • Parent demonstration of realistic expectations of the child • parent(s) response to children's behaviors and emotions.
Any coaching or intervention that took place.	This may include a description of: • modeling, feedback, reminders, tips provided by the facilitator of the visit • interventions that were required to promote positive interactions
How parent(s) and child separated.	• What did the child and parent(s) say to one another at the end of the visit? • What body language, facial expressions, and responses to any gestures of affection did you observe?
What happened after the visit – both the parent(s) and child's reactions.	This may include a description of: • Child's statements about the visit • Child's demeanor, behavior, and emotions • Reports provided by the foster parent(s) on the child's statement and reactions after the visits • Parent's statements about the visit
Describe the debriefing held with the child and/or parent(s)	This may include a description of: • Emotions and concerns discussed • Plans discussed for next visit

	• Parent(s)' and child's experience of visit • Facilitators perceptions of the visit • Desires and wishes for visitation • Parent(s)' perception of their progress and performance in the visit • Parent(s)' statements about their needs for support, coaching and skill building • Barriers to participation, engagement, relationship building or behavior change identified by the parent(s) or child
Permanency/Global Assessment	This may include a description of: • Parent and child strengths • Behavior changes observed in parent(s) as it relates to the Family Permanency Plan goals • The impact of the family's interactions on bonding, communication, parent skill building, parent behavior change, etc. • Parent(s)' ability to identify and meet the needs of the child • The impact of the visit on the child and the parent • Needs or concerns identified by the family, facilitators, and/or case manager • Any changes needed to the supervision, structure or location of the visit to increase relationship building, engagement and positive interactions, to support parent(s) learning and skill building, and/or to address safety and risk concerns • Impact visitation is having on progress toward permanency • Barriers identified to relationship building, engagement, parent(s) skill building, or permanency
Plans for follow-up	This may include a description of: • Support needed for parent(s)' education or skill building • Plan to address any relational, emotional, behavioral concerns that arose • Plan to support the child or parent(s) after visit or before next visit • Plan to engage parent(s), child, and/or foster parent(s) in planning next visit • Plans to engage others in future visits • Plans needed to make visitation changes to promote progress toward permanency • Plans to address any safety or risk issues that arose • Plans to address any barriers identified • Logistical plans for future visits
Missed/Cancelled Visits	This may include a description of: • Describe reason visit was cancelled or not scheduled • Describe all communications made to schedule, arrange, reschedule and/or cancel a visit • Describe efforts to: • schedule visit • reschedule visit for the month or why those efforts did not happen • address barriers to visits • address any underlying issues that may be leading to resistance to visitation • identify, engage, assess non-custodial/absent parents • Plans for concerted efforts toward achieving consistent visitation
Documentation Example <i>Background for Context: DSS began services for Jennifer Lee Samuels for a finding of physical neglect, due to a lack of supervision for Perry Davis. Perry is 5 years of age and has been diagnosed with autism.</i>	

Lee had been using marijuana but has begun drug treatment. She lacked follow-through on services for Perry and had left him unsupervised on many occasions. Lee has also begun attending Perry's therapy to learn how to meet his needs.

This is Lee's second visit with Perry. Information obtained prior to the visit indicates that Lee is engaged in treatment and address the underlying issues that led to the neglect of Perry and demonstrated related behavior changes in the visit.

SUPERVISED VISITATION

Date: 5/19/19, 10:45am

Location: Cherrywood Parks and Playgrounds, Sumter, SC

Duration: 1.25 hours

Participants: Jennifer "Lee" Samuels (mother) and Perry Davis (minor child), Marilyn Hughes (Case Manager(CM))

CM called Lee prior to the visit to discuss the visit. Lee stated that she felt anxious about the visit and how Perry would react to her. CM reassured her that Perry is looking forward to the visit and discussed with Lee what she had learned in her last therapy session. Lee stated that she learned about Perry's sensory needs and stated that she had bought a blanket for him. Lee stated that Perry had always liked going to Cherrywood Park and thought that he would have a good time there. She stated that Perry's dad would not be able to make the visit due to work. **(Preparation for the Visit)**

CM Hughes and Perry arrived at the park for his parent-child visit with Lee. Lee was a few minutes late because her taxi cab took her to a different address. Lee ran to open the playground gate and ran to Perry. Lee was very excited to see her, stating "hey baby" and gave Perry a hug. While playing, Lee asked about the bruises (on his knees) Perry had, CM stated she would ask the foster mother. Perry tried to get Lee's phone out of her jacket pocket. Lee stated no SpongeBob and hid her phone from Perry. Lee brought toys for Perry and they played with them together. Perry did not want to play with the car anymore and reached for the bubbles. Lee opened the bubbles and ran around the playground, allowing Perry to chase and catch the bubbles. Lee opened a snack and sat Perry in her lap while he ate and watched the tennis players on the tennis court. Perry kept asking for SpongeBob and tried to get Lee's phone again. Lee stated to Perry that he could not be on her phone until the very end of the visit, that she wanted to enjoy her time with him.

It began to rain during the visit, so Perry, Lee, and CM went to sit inside of the van. Lee let Perry have her phone to keep him occupied in the van. Lee tried to call Perry's dad, John, but Perry refused to talk. Lee attempted to get Perry to engage in other activities, but Perry refused. Then Lee showed Perry his new blanket, he got excited and started smiling. Lee asked Perry, "Do you not have a soft blanket at home?" Lee tried to take the phone away from Perry, he stated, "No!" Lee asked Perry was he mad at her, and he did not respond. Lee showed Perry some pictures and videos of him and his dad on her phone. Lee stated to Perry that he would look at videos of his dad, but not talk on the phone with him. Lee tried to ask Perry a variety of questions, but Perry kept looking at the phone. Lee stated to Perry he had 5 more minutes on the phone because it was not raining anymore. Lee began singing ABCs with Perry.

CM asked Lee if Perry liked shaved ice, because there was a shaved ice place down the street. Lee stated she was not sure if Perry would like that. CM asked Lee if she wanted to take Perry to McDonalds, and she stated that would be fine. Lee and Perry ate together. CM took pictures of Perry and Lee and sent them to Lee's phone. CM stated it was time for her to get Perry to his foster home to do his home visit. Lee gathered her things and put Perry's items together. Lee hugged and kissed Perry, and Perry began to cry. Lee told Perry she loved him and would see him soon again. CM let Perry see her phone to quiet him down as they left. **(Interactions that took place) (activities and participants) (parents demonstration of parenting role) (parent and child reaction at the conclusion of the visit)**

After the visit CM spoke with Lee and asked her how she felt the visit went. She stated that she was glad to see Perry but wanted to see him for longer. She stated that she wanted to identify more activities to keep him engaged. Lee stated that she plans to leave her phone with CM at the next visit to prevent distraction. CM told Lee that she did well in identifying Perry's needs and redirecting his attention and that she could talk to his therapist and identify activities to plan for future visits. **(Visit Debrief)**

Lee was actively engaged with Perry throughout the visit and responded appropriately to his behaviors. She redirected his attention and focus and set limits. She kept her attention on him at all times. She also brought basic needed items for Perry which she has inquired about prior to the visit. Lee also demonstrated her understanding of her son's specific needs by bringing him a soft blanket similar to one that he had at home. Lee attended Perry's therapy appointments this month and was able to talk about what she learned about Perry's needs as they relate to autism. [\(CM assessment and safety and risk assessment\)](#)

Follow-up: CM followed up on the bruises that Lee was concerned about. Foster parent stated that the bruises happened at day care. CM followed up with the daycare and the bruises were a result of a fall on the playground. CM will reach out to foster parents this week to see how Perry did after the visit. CM will reach out to Lee this week to assist her in planning for their visit next week and to discuss moving to monitored visits. CM will reach out to Perry's father to inquire about his participation in Perry's therapy.

Appendix 4: Considerations before Limiting or Restricting Visits

Parent-child visits are a critical part of permanency planning and of treatment and recovery. Because visits can be so critical to children's well-being, sense of self, and need for attachment and belonging, reducing or terminating visits should be reserved for when the visits pose a safety or well-being threat, and even here, reinstating visits should be re-assessed as circumstances change over time.

Visits can also be a tool for building positive relationships between parents and foster parents, which is always in children's best interest. Shared parenting protects children from feeling torn loyalties and increases the likelihood these relationships will continue no matter what the permanency outcome. However, visits can also be emotionally painful, challenging, and difficult—a reality which is often misused as a reason to limit or suspend visits.

The chart below lists some common reasons to limit or restrict visits, as well as less commonly considered explanations and adjustments to make **before** visits are limited or reduced.

Basis of Request to Restrict Visits	Possible Explanation	Suggested Adjustment/ Response
Child's behavior during visits	Child is not comfortable in visiting environment; child has not seen parent for some time	- Consider activities, snacks, games that might make the child more comfortable; allow the child to bring familiar items with them for the visit. - Consider changing the visit location. - Promote and support regular and consistent visitation. Explain importance of this to all parties.
Child's behavior before or after visits	Child's attachment to parent/ separation anxiety	Increase the frequency and consistency of visits. * Research shows that children's negative visit reactions subside over time when visits are regular and consistent. <i>*A child's physical & emotional safety during visits should always be assessed first.</i>
	Unknown visit transporter or difficult visit transport	- Consider using a visit coach, or someone the child feels comfortable with as a transporter. - Consider changing visit location to minimize child's stress.
	Child's torn loyalties between parent & foster parent	Emphasize to the parent and foster parent the importance of their getting along for the sake of the child; promote shared parenting

		Remind foster parents of their role as facilitator/monitor (there to observe and support but not to replace or judge parent)
Awkward interaction between parent and child	Visiting is not natural; clear expectations & purpose of visits have not been conveyed; visit location may be uncomfortable	- Meet with parent(s) before visits to help prepare, discuss feelings, offer support, and help parent(s) plan for visits in advance with activities, snacks, songs, games. - Explain the purpose of visits: that the parent is “in charge” and should <i>parent</i> as comfortably as possible in this difficult situation (case manager or other visit facilitator is there to observe and support, but not to replace or judge parent). - Consider changing visit location to be more comfortable and “natural;” ask parent for suggested visit locations.
Parent says he/ she is not interested in visits; gives reasons for why the visit shouldn’t happen; or sabotages visits before they happen.	Parent’s underlying feelings of anxiety, fear, embarrassment, anger, feeling incompetent or judged.	- Speak with parent to “unpack” their “why” for not coming to visits—what is this really about? What underlying feelings are driving this? - Emphasize importance of visits <i>to the child</i> and to their reunification, if that is the plan. Is there a supportive person the parent would like to bring with her/him during the visit (at least at first)?

Basis of Request to Restrict Visits	Possible Explanation	Suggested Adjustment/ Response
Parent’s passivity and non-responsiveness during visits	Parental depression; need for parenting support and modeling	- Assess for parental depression and refer for services. - Provide visit coaching to model parenting techniques and support parent to strengthen skills in meeting child’s needs. - Encourage parent to think of visit activities in advance.
Parent waives right to visits; states children not interested or better off without visits	Parental despair / frustration that young child refuses their approaches; or, older children seemed bored, disengaged	- Support parent to patiently build attachment and relationship with children; explain that it takes time and persistence. - Encourage parent to bring a supportive person with them. - If visits are chaotic with multiple children with different needs, consider having some separate visits or helping parent during visits to have alone-time with each child.
	Parental ambivalence about visits; doubting own ability to meet children’s needs; questioning desire to resume full-time care	- With the support of someone parent trusts or who is involved with visits, help parent identify and talk about ambivalence before and after visits; convey that <i>ambivalence and doubt are normal</i>. - Assist parents in identifying children’s needs but also their own strengths as a parent; arrange visits to build on these strengths.
Parent’s or caregiver’s inconsistent visit attendance	Scheduling conflicts	Revise the visiting schedule so as not to conflict with child’s, parent’s or foster parent’s schedule (to extent possible)
	Ambivalence on the part of foster parent (fear of losing the child, anxiety about future, mis-understanding children’s pre/ post-visit behaviors)	- Ask about and try to address foster parent’s concerns. Explain the importance of visiting and reasons behind child’s pre- or post-visit behaviors; offer suggestions for how to minimize these. - Find ways to mediate a more positive relationship between foster parent & parent, including encouraging the exchange of child-focused information.

		Meet with parent to encourage her/ him to recognize foster parent's role in caring for child, see her/ him as an ally, and express appreciation.
Older children state they do not want to visit	Scheduling conflicts or awkward visits	Change visit time; build activities youth is interested in or involved with into the visits; consider involving third party who youth has a relationship with, or who can mediate such as family therapist, facilitator, or visit coach.
	Unresolved anger towards the parent; fear or discomfort re: parent's past behavior, and/ or young person's current living situation	- Encourage parent to invite youth to express feelings. Provide support to parent for problem-solving and reassuring youth. - Suggest alternate or additional ways for youth to communicate with parent—letters, poems, songs; talking to third party while parent is present. - Prepare parent for supportive, youth-focused ways to respond (especially if information shared is painful, arouses guilt or defensiveness in parent). - Emphasize importance of youth's safety in current situation and create safe space for sharing information. - Consider referral for family therapy.

Source: Children of Alcoholics Foundation. Factors to Consider before Limiting, Suspending, or Terminating Parent-Child Visits, Phoenix House, 2006.

Appendix 5: Planning and Conducting Successful Virtual Visits

Planning

- Allowable and Appropriate-** Determine if Virtual Visits are appropriate and allowable under the circumstances
 - Reasons for Virtual Visits
 - In-person visits are infeasible due to geographic distance
 - Health Concerns- communicable illnesses of parents or children
 - Hospitalization or Incarceration of parents or children/youth
 - State or Federal Quarantine Mandates or Recommendations
 - Follow DSS Guidance under these circumstances
 - Enhance In-Person Visits
 - Virtual visits can be utilized to increase contact beyond the required minimum visits for the month
- Teaming-** Work with parents, children, and the Child and Family Team to Plan Virtual Visits
- Teaming-** Work with parents, children, and Child and Family Team to Plan Virtual Visits
 - Agree on Length and Frequency** - Determine the length and frequency of visits based on the developmental level of the child, the child's needs and the availability of all involved parties
 - Determine Virtual Platform** - Agree on the virtual platform to be used and help to provide access to everyone and provide knowledge about how to use the agreed upon platform (ex. Zoom, Skype, Google Duo or Hangout, Facetime, etc.)
 - Plan activities**

- Provide information on the types of activities that work virtually and are developmentally appropriate (see item #8 Activities for examples)
- Ask parents, children and t\ for their ideas for activities. Help with providing ideas as needed.

4. Preparing Parent

- Talk about what will happen, how long the visit will be, and how you will say goodbye.
- Determine what questions parents have and answer them.
- Ask about fears and concerns and help parent come up with strategies and solutions.
- Talk about hellos and goodbyes. For young children, hellos and goodbyes are especially important to provide context and closure. Sesame Street has developed good materials, available in English and Spanish, to help with language to use with young children in foster care or experiencing the incarceration of a parent. The parental incarceration toolkit includes some information about how to talk to children about visits, which may be adapted. (Toolkit can be found at: <https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=115§ionid=17&articleid=285>)
- Help parents plan to have materials at their side – storybooks, musical instruments, their child’s latest artwork or whatever they plan to show the child, so he/she doesn’t lose interest they scramble to find something.
- Talk to parents about practicing looking at the camera – it is tempting to keep your eyes on your own picture, or the images on the screen – but you really make eye contact when you look at the camera and that is better for interactive communication.
- Talk to parents about using the same greeting each time and in the same tone of voice when chatting with infants and toddlers. Infants and toddlers learn to recognize and feel comfortable with a real person on the screen when they hear that same sound each time they see the person. This is important because they often depend more on smell and touch when meeting a person – so they need more visual and sound cues to recognize you on video chat.

5. Preparing Children

- Talk about what will happen, how long the visit will be, and how you will say goodbye.
- Show kids how to hold the camera still if they are using a phone; ideally prop it up somewhere.
- Check for questions and answer in simple, developmentally appropriate ways.
- Ask if they have any activities they would like to do in the visit.

6. Virtual Visit Tips

- Choose a good time of day. Using video chat means children have to sit quietly at times and focus on the screen. Don’t set up for disappointment by picking a time when they are hungry or restless.
- Prepare everyone. Make sure everyone is on the same page.
- Keep visits short and frequent.
- Reduce distractions and noise.
- Try using a tablet or laptop so you can both move around to show different views and different activities.
- Check in afterwards to see what worked, what didn’t work, how participants are feeling about the visit and desires for future visits.
- Plan playful activities and practice them beforehand.
- Video chatting doesn’t have to be a major event. A quick, spontaneous chat can be a fun way for distant grownups and children to feel close to each other. And don’t forget to lean in for a high five or a “kiss” to say hello or goodbye!

7. Babies, Toddlers and Young Children

- **Benefits to Babies and Toddlers-** Video chat isn’t only for the adult’s benefit. Studies show that infants as young as six months are actually emotionally engaged with real-time video chat. Because of the American Academy of Pediatrics’ longstanding “no-screen rule” for babies under age two, parents might be hesitant to expose their babies to screen time even if Grandma is on the other end. However, the AAP recently revised their guidelines, and while they still recommend no screens for babies younger than 18 months, they make one exception: live video chat.

- **Get at eye level.** The caregiver should position the baby so that they can make eye contact with the person on the screen, making it as normal an interaction as possible.
- **Be consistent.** Make video chat a regular event so it becomes part of the baby's routine. Make it seem normal, not over or undervalued, but something that is a regular part of their life.
- **Follow the child's lead.** If the child loses attention while listening to a book, switch to something more interactive. If you're using something mobile, like a phone or tablet, try a change of scenery by moving into another room or even outside.
- **Help Children Adjust-** Help your child adjust for the medium. When young children interact in person, they pick up communication cues from sight, sound, smell, and touch. Since video chat only involves sight and sound, help your child to concentrate on those senses. Repeat questions raised by her far away friend or family member or point out things your child can see and identify.
- **Consider activities for younger kids** such as having parent and child read a book to each other or make up a story together. Have things ready for the child to share. Give kids space.
- **Use a lot of gestures.** Be close to the camera – but not so close that your video partner can't see your hands. Don't be afraid to move.
- **Explain any technical difficulties.** Tell the child why the call dropped, or why the video partner may appear to "freeze" on the screen or not be looking directly at her/him. Explaining these experiences in simple terms helps children better understand both the technology and the interaction. It can also help screen partners adjust factors on their side (like the angle of their webcam) to improve the video chat.
- **Let children take the lead** with the technology as they grow. For example, toddlers can learn how to touch the green button to call or red button to hang up.
- **Give screen kisses.** Give the infant affection through the screen and encourage them to give affection back. Blowing screen kisses is especially helpful if the parent kisses the baby while the person on the screen is blowing a kiss. This helps the baby understand that the interaction is real.

8. Debrief

- **Talk to all Participants to Assess Visits-** Ask questions like "how are you feeling? Want to talk?" Empathize about how hard it is to not be able to visit in person. Reflect on feelings and encourage each participant to share their thoughts on the strengths and concerns about the visit.
- **Plan-**Use the strengths and concerns identified to make/adjust plans for the next visit.

9. Activities

- **Using apps-** Some FaceTime apps have silly games and filters. Classics like telling jokes or riddles, singing songs, finger plays, peek-a-boo, and puppet shows are fun with all ages.
- **Show and Tell-** With the caregiver's help, the child can gather things to show their parent or worker, such as art projects or favorite stuffed animals. Children and adults can "share" a snack over video.
- **Storytelling-** Storytelling is a powerful way to engage children. These do not need to be elaborate, pre-planned stories but can be as simple as an imaginary trip to the park
- **Verbal Games-** For older children (approximately 5 years and up): Verbal games for verbal children can help avoid stale questions. Examples are, Would You Rather, 20 Questions, Two Truths and a Lie, I Spy, and charades. Pencil and paper games such as Pictionary, tic-tac-toe, or Bingo are also fun for older children.
- **Play Peek a Boo-** Keep very young children engaged with you by playing 'peek a boo' – turn the camera away from you, then back to your face – and then sometimes when the camera comes back – you can surprise the kids by showing a book, or toy, or something else that you want to talk about.
- **Snacking Together-** Plan to have snacks available and pretend to share snacks. People on both sides of the screen have the same snack and the adults can pretend to hand it off - camera to camera - to a child's delight
- **Play music and sing** – People on both ends of the camera can hear songs, sing or dance together, and join in with instruments.
- **Social and Interactive-** Make it a social, interactive experience. Try rhymes, songs, dancing, finger plays, and games like hide-and-seek that young children can participate in and enjoy with their screen partner.

- **Read Books-** Read a book to the child while their caregiver on the other side is holding the same book for them to see the pictures or hold your camera so that the child can see the images in the book as you read. Describe the pictures the baby is seeing in detail.
- **Use Props-** the video partner can play with a toy car while the child rolls her toy car. Puppets and stuffed animals also are great props for playing together virtually.
- **Have someone be your hands-** Ask someone to be “hands and heart” of the person on-screen. When the screen partner “tickles” your baby’s tummy, give your child’s tummy a tickle, too. When a caregiver leans toward the screen to “kiss” your toddler, you can give him a kiss on the cheek. By taking this role, you help nurture the relationship between the child and their on-screen friend.
- **Out to Play-** For really young children, the caregiver can follow the child around with the phone to allow the parent to observe the child playing and then interact between activities.
- **Cooking together-** For school age children, a recipe can be chosen to have the child create while the parent instructs or cooks along.
- **Art Project/Coloring-** Parent and child color or create art together and share their creations.

10. Challenges Young Children Face with Virtual Contact

Video Deficit

- Research has shown that young children up to about age 3 have what researchers call a “video deficit.” It means they have a hard time learning from something on a screen. Think about how most young children interact with screens. The people on the screen are often not interactive, and children passively listen to them. It may be news to them that a person on a screen can actually hear them and answer back!
- Some research has shown that back-and-forth conversations with a known person is key to helping kids interact and learn from video. For example, in one study toddlers who were connected with their parent on FaceTime were able to learn a new word for an object they had never seen before, but only if the parent could interact in a back-and-forth manner (for example, waving in real time). If the parent did a taped demonstration, the child didn’t learn. Have you ever noticed that the highly popular children’s TV character Dora the Explorer waits to hear a response? That’s because of expert consultation with researchers who study how children best learn from video!

Language Barrier

- This refers not to different spoken languages, but differences in how adults and children communicate. For young children, play is their native language. Asking questions about how they’re doing may get a response or two, but games and play are a better bet for more sustained interaction.

Distress

- Visiting with someone whom a child is missing can bring up difficult feelings, such as loss or abandonment. In children, this distress often shows itself in behaviors such as silliness, clinging, whining, and acting out.⁴ Research with children of incarcerated parents, who routinely use video visits, tells us that young children are able to interact meaningfully with parents via video visits. Research also indicates that caregivers are key in helping children prepare for visits, stay regulated during the visit, and emotionally regulate afterward.⁵ It is not news to most caregivers that visits with parents can cause distress, even if visits are important for maintaining connection. Given the general anxiety and stress that everyone is feeling in a pandemic, adults need to pay special attention to managing their own feelings, so they can help children manage as well. Expect behaviors and be prepared.

11. Benefits of Virtual Visits- Because of the challenges virtual visits present in engagement and bonding, they should only be used for supplementing of in-person visitation when necessary or available to increase contact and communication. With that said, virtual visitation can have many benefits for families.

- For really young children, technologies like FaceTime, Skype and Google Hangout allow the kind of responsive interactions that are so good for helping babies develop language. When the baby communicates through nods, gestures or expressions, they are able to see that the person on the other end is responding to them. Researchers have found that video chat makes it easier for babies to have back-and-forth communication than regular phone calls.

- Enhance in-person visitation – Virtual visits are opportunities to increase contact between in-person visits, particularly when young children are only able to visit in person twice each month.
- Learning and Development- Research shows that interactive responsive experiences in real time via video chat enhance even very young children’s language learning. This means as long as the person on the other side of the screen is interacting with and responding in real time, they are not only staying connected to your young child but can also have many of the positive impacts of responsive communication.
- Bonding and connection- Virtual visits allow for more frequent contact. This supports parent-child bonding and strengthens attachments.
- Can be facilitated by others – Virtual visits, by nature, provide greater flexibility for facilitation by others.

12. Other Resources for Virtual Visit Tips

- https://www.childwelfare.gov/pubPDFs/factsheets_families_familytime.pdf
- <https://www.pbs.org/parents/thrive/activities-to-make-the-most-out-of-video-chats-with-kids>
- <https://dcs.az.gov/sites/default/files/documents/files/TenTipsforEngagingChildreninVideoCalling.pdf>

Sources: Adapted from Child Welfare Information Gateway. Virtual family time: Tips for families. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, 2020.

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