

# Arizona Department of Child Safety

## VISITATION SUPERVISION CONTINUUM

Research indicates a positive correlation between family contact and family reunification. For this reason, visitation is an important part of Reasonable Efforts when children must be placed in out-of-home care. Beyond this concern, the Department of Child Safety (DCS) orientation is focused towards family reunification as quickly as possible.

Visitation takes on different characteristics as the case moves through the system and the child is getting closer to reunification.

**Initial placement phase:** In most cases, visitation is initially supervised, but in the most natural, family-like setting possible. This way it is easier to observe and collect assessment information, support the parent during the process of interacting with their child and at the same time ensuring the child's safety.

Visitation should focus on allowing natural parent-child interactions such as cooking and eating a meal together, reading stories, cleaning a room, playing a game, etc.

**Central phase:** Visits are planned to achieve case plan goals; and are planned to occur often and increasing over time in frequency and duration. The reunification phase should be initiated when the family has successfully experienced both unsupervised and overnight visits.

**Reunification phase:** Emphasis in visitation planning is on assuring a smooth transition home and assessing services needed to support the family following reunification. During this period, visits should provide maximum opportunity for parent-child contact and for parental responsibility for the child, particularly in areas where problems may have previously occurred. This is also an opportunity for the Child Safety Specialist to evaluate stress points in the relationship between the child and family and to plan for services to help alleviate these stressors.

### Child-Parent Visitation

Carefully planned visitation between parents and their children in temporary care is a powerful family reunification intervention tool. Visitation can help implement many essential family reunification goals, including maintaining the parent/child/sibling relationships; enhancing child and parent self-images; promoting partnership between parents and foster parents; learning and practicing parenting skills; helping family members confront reality; and documenting progress towards reunification goals.

In developing and implementing a visitation plan, the following principles should be followed:

1. The must develop a plan that allows children to have frequent and consistent contact with their parents, siblings, and others who cared for them prior to placement. **Visitation should occur no less than weekly. In most cases, as much visitation as feasible is appropriate.**

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## VISITATION IS THE RIGHT OF A CHILD.

2. Family members should be actively involved in developing visitation plans. Not only does this increase the probability that family members understand and will comply with the plan, but it also assures that visit plans take into account the family members' needs, resources, and concerns.
3. Department efforts shall be directed toward determining a visitation plan in each case that will best meet individual children's and parents' needs and will closely parallel the case plan goals. Visitation plans should address visit frequency, length, location, supervision (if required) supportive services, tasks and activities that allow for the most natural interaction between parents and children as possible. It should be expected that visitation plans may need alterations depending upon changes in the individual case.
4. Visitation plans shall consider information provided by service providers and foster parents concerning the progress of parents and the specific needs of the children.
5. **Visitation plans must never be used as a reward or as a punishment.** Changes in visitation arrangements shall be directly related to the ongoing risk and family assessment.
6. All parties involved shall be made aware of the visitation plans through the development and implementation of a written visitation plan.
7. Conflicts in determining the appropriate visitation plan are inevitable. Consideration should be given to the following:
  - a. Visitation conflicts involving realistic concerns for a child's safety and security should be resolved through weighing this concern more heavily than any other and adapting the Department's resources to address this concern.
  - b. When the **family members' right** to contact conflicts with the needs or preferences of substitute caregivers or service providers, the conflict should be resolved in a way that protects and assures the family members' right to contact.
  - c. When visitation plan options offer varying degrees of support to the case plan, for example with regard to visit length or visit site, weight should be given to the visitation plan that best supports the case plan even when the visitation plan is less convenient or requires additional Department resources.
  - d. When expectations as to who should be included in visits differ, the child's and the parents' preferences should be given priority over those of temporary caregivers or **extended family members.**
  - e. When limited resources create a conflict with any aspect of the visitation plan, every effort should be made to develop or access resources in order to carry out the plan.

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8. Reunification should be recommended when the child has safely completed unsupervised visits in the family's home; overnight visits; weekend visits (or visits lasting several weekdays); and, if at all possible, extended visits (longer than one week). These visits assist the Child Safety Specialist and the family to jointly assess if the changes that needed to occur have actually occurred. .

While we know visitation is critical we also must bear in mind our commitment to child safety. In instances when child safety during a visit is in question, one of the following will occur

- ☞ **Highly Structured/Strict Supervision Because the Family Needs Support and Assistance in Caring for Their Child Safely**
- ☞ **Moderate Supervision**
- ☞ **Relaxed or Intermittent Supervision**

### **Visitation Guidelines for "Highly Structured/Strict Supervision"**

*Presence of Facilitator:* The child may not be removed from the presence of (sight or hearing) the person supporting the visitation. The individual supporting the visitation must be proficient in the language used at the visit; no whispering, no notes, etc. Parent remains in the visit room, while supervisor escorts child to the bathroom, drinking fountain, etc..

*Visit Site:* Must be held in the DCS office or in the therapist's office or in another safe environment.

*Persons Who May be Present at Visits:* Parents, grandparents and siblings only.

*Length of Visit:* 1 Hour Only unless the visit is going well and then it can go longer depending upon the safety assessment of the individual supervising the visit.

*Late Arrivals:* If parent is a few minutes late, consider the reason and seek to find ways to provide the child and parent maximum time together. If parent does not show or call within 15 minutes, child will be returned to foster home. If child arrives late, ensure that the parent is provided the full visit time.

#### **BEST PRACTICE TIP:**

Of course it is important that children and Child Safety Specialists do not wait for extremely long periods of time for the parents to attend a visit. However, ***visits are not and should never be used as a punishment for the child or the parents.***

*Alcohol and Drugs:* If parent's behavior indicates that the parent is intoxicated/"high", the visit is immediately cancelled.

*Child Safety Specialist Fears Parent May Attempt Abduction:* Prior to visit, the Child Safety Specialist alerts visit facilitator and back up (unit supervisor, law enforcement, etc.) Explains consequences to parent(s).

*Parent Attempts Abduction:* Alert back-up for assistance. Do not get into a tug of war with the parent over the child. Call 911, if needed.

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*Parent Successfully Abducts:* Call 911 and the Child Abuse Hotline.

*Loss of Emotional Control by Parent, Upsets Child:* Remove child; try to calm down and give parent another chance; if behavior persists; end visit.

**BEST PRACTICE TIP**

This is a complicated call because it is important for the child to see the loss and grief the parent is experiencing as a result of their being removed. Children need to know that their parents hurt too.

*Inappropriate Parent Behavior:* (Interrogates child, threatens/harasses child; demeans child/spouse/relatives/foster parents/Child Safety Specialist; pumps for information re: other parent/foster home/school location; attempts to discuss case return home, charges, court etc.; extensive use of vulgar language.) Remove parent from room; give verbal warning or stop visit.

**BEST PRACTICE TIP:**

While the questions the parents ask the child may seem inappropriate it is possible that the parent is concerned about the child and this is the only way the parent knows to ensure that the child is safe. Use this as an opportunity to help the parent understand how this behavior may be impacting their child.

**Visitation Guidelines for "Moderate Supervision"**

*Presence of Facilitator:* Child Safety Specialist may delineate degree and specific type of supervisor activity for each individual case.

*Visit Site:* Designated sites outside the office may be recommended. Child must ride with the supervisor, not with parent.

*Persons Who May be Present at Visits:* Parent and others who are designated in writing by the Child Safety Specialist. The total number of visitors should be agreed upon prior to the visit.

*Length of Visit:* Minimum 1 hour.

**BEST PRACTICE TIP:**

Sometimes it takes quite a while for the parent and the child to re-connect and feel comfortable with one another. As such, it is important to seek to make the visits as long as possible to allow this re-connection to occur.

*Late Arrivals:* If parent is a few minutes late, visit will end at designated time. If parent does not show or call within 15 minutes, child will be returned to the foster home. If child arrives late, every effort will be made to provide the full visit time.

*Alcohol and Drugs:* If parent's behavior indicates that the parent is intoxicated/"high", the visit is immediately cancelled.

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*Child Safety Specialist Fears Parent May Attempt Abduction:* Prior to visit, the Child Safety Specialist alerts visit facilitator and back up (unit supervisor, law enforcement, etc.) Explains the consequences to parent(s).

*Parent Attempts Abduction:* Alert back-up for assistance. Do not get into a tug of war with the parent over the child. Call 911, if needed.

*Parent Successfully Abducts:* Call 911 and DCS.

*Loss of Emotional Control by Parent, Upsets Child:* Remove child; try to calm down and give parent another chance; if behavior persists; end visit.

*Inappropriate Parent Behavior:* (Interrogates child, threatens/harasses child; demeans child/spouse/relatives/foster parents/Child Safety Specialist; pumps for information re: other parent/foster home/school location; attempts to discuss case return home, charges, courts etc.; extensive use of vulgar language.) Remove parent from room; give verbal warning or stop visit.

### **Visitation Guidelines for Relaxed and/or Intermittent Supervision, Includes Overnight Visits**

*Presence of Facilitator:* Supervisor may be present for portion of visit.

*Visit Site:* Site is usually the parent's home or other places the parent wishes. Child may usually ride with parent.

*Persons Who May be Present at Visits:* Any person may be present, except those disallowed by CPS.

*Length Of Visit:* 1-2 hours (for the supervised portion).

*Late Arrivals:* If parent is not home or at designated visit site, the Parent Aide/Supervisor shall wait 15 minutes at least, then return child to foster home.

*Alcohol and Drugs:* If parent's behavior indicates that the parent is intoxicated/"high", the visit is immediately cancelled.

*Child Safety Specialist Fears Parent May Attempt Abduction:* Prior to visit, the Child Safety Specialist alerts visit facilitator and back up (unit supervisor, law enforcement, etc.) Explains the consequences to parent(s).

*Parent Attempts Abduction:* If parent is more than 15 minutes late in returning child to Parent Aide/foster parent, then the latter will notify DCS.

#### **BEST PRACTICE TIPS**

In this phase, it is important to consider other factors that might be impacting a late arrival other than abduction. If the parents have been actively involved in visits and in working with the child welfare system then the parent aide or caregiver should not over react to a late return.

*Parent Successfully Abducts:* Call 911 and DCS

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*Loss Of Emotional Control by Parent, Upsets Child:* Remove child; try to calm down and give parent another chance; if behavior persists; end visit.

*Inappropriate Parent Behavior:* (Interrogates child, threatens/harasses child; demeans child/spouse/relatives/foster parents/Child Safety Specialist; pumps for information re: other parent/foster home/school location; attempts to discuss case return home, charges, courts etc.; extensive use of vulgar language.) Remove parent from room; give verbal warning or stop visit.

## **Sibling Visitation**

One of the biggest losses to a child in out-of-home care is the loss of shared history with other family members. Siblings who are placed together are often better able to adjust to placement and be realistic about reunification. If a child is not placed with siblings, all efforts must be made for maintaining these relationships. Structured interviews with more than one sibling as well as unstructured visitation times can aid the children with reunification.

If children are separated, the Child Safety Specialist can ensure that relationships are maintained by arranging frequent visits and shared experiences. With the younger child, more frequent physical contact is recommended. For the older child, less face-to-face contact may be needed but telephone contact and informal visits should occur on a regular basis. Siblings are to be encouraged to provide mutual support to each other.

Foster parents should bring siblings together for visits, therapy, vacations, etc. The sharing of history maintains consistency and support for the children. This assists in adjustment to transitions and in maintaining relationships.

***I deserve to have the same memories as my brothers and my sisters&***

**Jessica**  
**A Former Child in Foster Care**

## **Case-Specific Considerations: The Children**

*Childrens chronological and developmental age:*

- How frequently does this child need to have parental contact to sustain the relationship?
- What is the child's capacity-for self-care and self protection?
- How vulnerable is this child to potentially harmful situations?
- How able is this child to structure his or her own activities?

*Children's Request:*

What is the child requesting in terms of visits?

*Children's Reactions to Visits:*

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- Is the reaction appropriate given the stresses of placement?
- Does the reaction reflect distress related to conflicting loyalties, such as between parents and foster parents?
- Does the reaction reveal problems in the visitation situation?
- Does the reaction reveal problems in the parent-child relationship?

*Children's Developmental Tasks:*

How can visits facilitate parent-child interaction related to the child's current developmental tasks?

*Children's Therapeutic Needs:*

*How can visits facilitate children's progress on therapeutic tasks?*

*Children's Schedules:*

*How can visits facilitate parents' involvement in children's daily routines and in special events?*

**Case-Specific Considerations: Parent and Family Relationships**

*Parents' Behaviors and Abilities Related to Reason for Placement:*

- How can visits promote and support changes necessary for the child to be safe in the parents' home?
- How can visits facilitate assessment of the child's safety in the home?
- How can visits provide an opportunity for the parent to practice/apply appropriate parenting skills?

*Parents' Compliance With Visitation Plans:*

- To what extent have parents complied with visitation plans?
- What is the meaning of non-compliant visitation behaviors? Are the parents fearful that they will not have their children returned and as such are pulling away?
- Are there barriers to visitation that can be eliminated?

*Parents' Past Endangering Behaviors:*

- Is there a history of attempted abduction?
- Have the parents ever attempted to deceive the Child Safety Specialist about an injury that may have occurred during a visit?
- Have the parents ever threatened or attempted harm to child, staff, caregivers, or others during a visit?

*Parents' Request:*

What visitation arrangements are parents requesting?

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*Parents' Reactions to Visits:*

- What reactions -- positive and negative -- are parents experiencing during visitation?
- Are parents able to refrain from expressing their reactions inappropriately in the presence of their children?

*Parents' Schedules and Accessibility:*

How can parents' access to visits reasonably be accommodated?

*Family Relationships and Interactions:*

- Who does the child define as family?
- What relationships are important to maintain or build through visitation?
- What arrangements will minimize stress and conflict among family members during visitation?
- What arrangements will maximize parent-child interaction (as contrasted with parent interaction with others visiting)?
- How can visitation arrangements tap and build upon the family's social support network?

**Case-Specific Considerations: The Foster Parents/Out-of-Home Caregivers**

*Department Support of Foster Parents Involvement in Visiting:*

- What expectations do foster parents have regarding their involvement in visitation based on Department training, the licensing process, and expectations discussed with the Child Safety Specialist?
- What supportive services does the Department provide to foster parents involved in visitation? (E.g. reimbursement for transportation, support groups for problem solving, emotional support)?

*Foster Parents' Capacity to Support Visitation and Reunification:*

- What are the foster parents' attitudes towards family relationships?
- Do the foster parents value the child/parent relationship?
- Can the foster parents appropriately engage in a relationships with the child's parents?
- Are the foster parents able to supervise and support the visits?
- Will the foster parents intervene appropriately and encourage positive parent-child interaction during the visits?
- Are foster parents willing to allow visits in their home?
- Are foster parents willing to supervise visits in their home or elsewhere and document what occurs as requested?
- Are foster parents willing to teach a parent how to provide care for the child?
- Are foster parents willing to transport?

If unwilling to assist with visiting, will foster parents be supportive of other reunification efforts and in what ways?

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*Foster Family's Schedule:*

How can visitation arrangements minimize disruption to the foster family's schedule?

*Impact of Visitation on Other Children in the Placement:*

How distressing are one child's visits to other children in the home? Does the foster parents' support of one child's visitation result in the neglect of other children in the home?

**Developmentally Related Visit Activities\***

<b>Age</b>	<b>Developmental Tasks</b>	<b>Developmentally Related Visit Activities</b>
Infancy (0-12 mos)	Develop primary attachment	Meet basic needs (feeding, cuddling, bathing, protecting)
	Develop object permanence	Play peek a boo games
	Basic motor development	Help with standing, walking by holding hand, play come to me games
	Word Recognition	Name objects, repeat name games, read to child
Toddler (1-3 yrs)	Begin exploration and master of environment	Encourage exploration; child proof home; take walks; play together with colorful, noisy, moving items
	Develop impulse control	Make and consistently enforce appropriate rules
	Language development	Talk together, read simple stories, play word games
	Imitation, fantasy play	Play lets pretend games; encourage imitative play by doing things together such as clean house go to the store

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	Large motor coordination	Play together at a park; assist in learning to ride a tricycle, dance together to music
	Small motor coordination	Draw and color together; string beads together
	Develop basic sense of time	Discuss visits and visit activities in terms of after lunch or before supper
	Identify and assert preferences, sense of self	Allow choices in foods eaten, activities, clothes worn
Preschool/Early school (4-7 years)	Gender identification	Be open to discuss boy-girl physical differences. Be open to discuss child's perception of gender roles;
	Continue development of conscience	Make and enforce rules; discuss consequences of behavior
	Develop ability to solve problems	Encourage choices; discuss problems together
	Learn cause-effect relationships	Point out cause-effect and logical consequences of actions
	Task completion and order	Plan activities with beginning, middle, end (as prepare, make cake, clean up). Play simple games such as Candyland, Go Fish
	School entry and adjustment	Shop for school supplies and clothes together; provide birth certificate, medical record for school entry, go with child to visit school prior to first day, talk with child about school experiences, attend school activities and conferences with teachers
School-age practice (8-12 yrs) demonstrate	Skill development (school), sports, special interest	Help with homework, sports, together, support of child's special interests, such as help with collections; attend school conferences and activities; work on household, yard task together
	Peer group development and attend team play	Involve peers in visits, team activities with child (or observe child's team together)
	Development of self awareness	Talk with child about child's feelings
	Preparation for puberty	Discuss physical changes expected; answer questions openly
Early Adolescence (13-16 yrs)	Cope with physical changes	Provide information re: physical changes; be positive about and help with personal appearance such as teaching about shaving, hair care, make up
	Develop abstract thinking	Plan and discuss future what if
	Development of relationship	Be open to discussing relationships; problems with friends; set clear expectations
	Become more independent of parents	Help learn to drive; assist in finding part-time job and handling money; support school

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		completion
	Changes in peer group association	Transport to peer activities; include peers in visits
Late Adolescence (17-22 yrs)	Separation from family	Encourage independence through helping find an apartment, apply for jobs, think through choices. Tolerate mixed feelings about separation
	Develop life goals, rework identity	Be open to discuss options, think through together; share own experiences as young adults, both successes and mistakes.
	Develop intimate relationships	Be open to discuss feelings, problems and plans.

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