



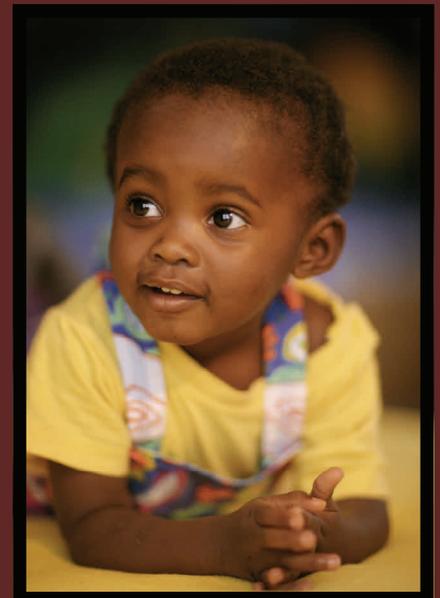
2013 Report to the Pennsylvania State Roundtable

“Visitation is a right, not a privilege”

Chairperson:

Honorable Jolene Grubb Kopriva
Court of Common Pleas of Blair County

Dayna Revay, Child Welfare Administrator
Beaver County Children & Youth Services



Dear Statewide Children's Roundtable Members,

At your direction, the Visitation Workgroup began in 2012 to refine the work of the 2011 Visitation Report, Promising Approaches. You approved the first 9 Visitation Components at the 2012 State Roundtable. Despite our best efforts last year, we could not complete the final component, Oversight. You graciously gave us more time to complete that work. We began the daunting journey by tapping into rich resources such as Judge Lynn Tepper of Florida, Greta Weiss, a former foster child, a parents' focus group, leadership roundtable informal survey and a statewide survey of agencies to determine their present practices. The topic of oversight demanded an in depth discussion and discourse to find our message and voice. I deeply appreciate the determined effort and dedication the work group gave this complex task. I feel very proud to have served with this team of folks who care so deeply to give studied consideration for the common good of children and their families. I must also note the masterful writing of Christy Stanek who listened so closely and gave clear expression to our heartfelt ideas and passion.

We know visitation, more than anything else, highly correlates to reunification and our final component, oversight, when done thoughtfully and carefully, highly correlates to successful visitation. We trust this report and its message helps to shape the practice for the benefit of children, families and community long into the future.

We thank you for your confidence in our work and we thank the brave and clear voice of Greta and many others who found hope that sharing their past struggles would be useful for positive change. May it be so.

Sincerely,

Jolene Grubb Kopriva

Co-Chair

President Judge , Blair County

Dana Revay

Co-Chair

Administrator, Beaver County
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Guest Speaker

Honorable Lynn Tepper
Circuit Judge
6th Judicial Circuit at Dade City, Florida

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“Visitation is a right, not a privilege”

Background

In 2011, the State Roundtable determined that it was necessary to separate the originally combined issues of Incarcerated Parents and Visitation, recognizing that each of these issues required careful exploration and individualized attention. Visitation was given its own Workgroup, along with the following charges to report on at the 2012 State Roundtable:

- I. Approve the creation of a Visitation Guide for distribution at the Roundtable Summit in September
- II. Approve the best practice recommendations around visitation (right to visits, frequency, contact and supervision)
- III. Explore the effects of Act 101 on visitation
- IV. Development of hearing cards and bench cards
- V. Representatives from the Workgroup shall work with the PA Child Welfare Training Program to develop training for the following:
 - i. Visitation Supervisors and transporters for engaging parent and resource parents
 - ii. Resource care agencies in the role of foster parenting (visitation is a part of resource care)
 - iii. Understanding reactions of children and parents before, during and after visits (Agency, Attorneys, Judges and Masters, visitation supervisors and foster parents)
- VI. Approval for creation and distribution of handbooks – child, parent and foster parent

As the newly created Visitation Workgroup formed and explored the 2011 charges, there was rich discussion on how to present best practices for visitation in the most reader friendly manner that would be easily implemented across Pennsylvania’s 67 unique counties. The Workgroup did not want to develop protocols, specific to existing programs or roles within the dependency system, but rather a list of best practice components that would guide each county in the development of their policy and procedures. Therefore, the workgroup decided to adopt a format similar to that seen in Drug Courts, where a component is identified, purpose and rationale listed, and performance benchmarks are identified to allow counties to measure their success.

With “Visitation is a right, not a privilege” as the Workgroup’s motto and overarching theme, the following **Visitation Best Practice Key Components** were developed and approved by the State Roundtable in 2012.

1. Visitation is strength based and empowerment driven.
2. There is a careful assessment of risk and safety to help develop objectives for the

family designed to drive the purpose and goals for the visits. (Visitation Manual p23)

3. Teams, who provide collaborative efforts to strengthen and build families, are present in each County.
4. A creative visitation plan includes clearly identified and communicated roles and responsibilities of all those involved in the visitation plan.
5. Frequency and duration of visits respects the individualized needs of the children and their parents/guardians and the evidenced based value of promoting reunification through maintaining family contact. (Pennsylvania Visitation Manual)
6. The developmental needs of the child and their parents/guardians are individually considered.
7. The location of visits are creatively designed for privacy and interaction only as restrictive as required to protect the children. (Visitation Manual)
8. Effort and planning to manage participant reactions to visits occur both initially and ongoing as part of the visitation plan.
9. Effort and planning to provide all avenues of positive connections to the family and community occur both initially and ongoing as part of the visitation plan.

The 2012 State Roundtable also approved the completed Parent Visitation Handbook, which was distributed to the group. The Workgroup decided that Act 101 was too complex and its effects on visitation too unknown at this time for the Workgroup to take on this charge. Thus, in 2012 the Workgroup was relieved of the charge to explore Act 101 and visitation.

At the 2012 State Roundtable, the following recommendations were presented and approved:

1. The Visitation Best Practice Components be adopted for implementation and application in the child dependency system
2. Further exploration related to visitation oversight occur with recommendations for the best practice component provided to the 2013 State Roundtable
3. The Parent Visitation Handbook be approved as a companion resource to help implement the Visitation Best Practice Components in the child dependency system
4. Continue to work with the Pennsylvania Child Welfare Resource Center or any other entity, to develop training on Visitation Best Practices Components
5. Continue the development of the remaining handbooks charged by the 2011 State

Roundtable – Resource Parent, Child and Youth and present to the 2013 State Roundtable

6. Forward approved Bench Cards to the Bench Book Committee for possible inclusion with the next addendum to the Dependency Bench Book

Progress with 2012 State Roundtable Approved Recommendations

2. Further exploration related to visitation oversight occur with recommendations for the last best practice component provided to the 2013 State Roundtable.

Oversight of visitation needs to be carefully considered so that it takes into account safety and risk assessment, protective capacities and the potential interference of natural interaction and bonding between a child and their family.

The Visitation Workgroup has worked diligently over the past year to put together guidance regarding the final Visitation Best Practice Component, Oversight. Visitation is one of the factors most strongly correlated to reunification, but also is an issue of well-being.

“Professionals and everyone made visits more complicated. I was overwhelmed with everyone’s thoughts about my life and what was best for my life”

~~Youth Ambassador

Before fully addressing Oversight, the issue of risk versus safety must be clarified. It is important for professionals to move away from assumptive thinking to more critical thinking when determining the Oversight of a visit. The Workgroup sought additional assistance to gain insight and knowledge into this issue. The additional insight allowed the Workgroup to challenge its own views, traditional practices and philosophies on when a visit should or should not receive some level of professional oversight.

Following a Peer to Peer conference call, the Workgroup invited the Honorable Lynn Tepper, Circuit Judge, 6th Judicial Circuit at Dade City Florida, to provide insight into how she has made an impact on visitation in the state of Florida. Judge Tepper, shared that after 28 years on the bench, she decided to change her tone to that of the “art of encouragement”. Upon her first interaction with a family who has had a child removed, she states “we are all here to help you reunify.” Judge Tepper requires a visit within 72 hours of removal and requires that parents be notified of school events and activities. Judge Tepper is mindful that a parent’s participation can help a Judge make decisions around parental capacities. Judge Tepper offered the following for consideration as the Workgroup tackled the issue of oversight:

- Change the culture, change the belief system and cut through misconceptions about family
- Success sells: Parents increase participation and decrease resistance when they see their children
- Block time in the docket to change/revise visitation plans rather than waiting for a hearing to be scheduled

- Kids worry about their parents when they are not with them
- When a visit is supervised, what are the feelings of the “supervisor” of the visit toward the parents? Are they skilled to supervise and be unbiased? Are they solution focused?
- Urgent! Frequent! Adaptable!

In addition to Judge Tepper’s thoughtful insight, the Workgroup felt it necessary to include the voice of a child and parent in determining recommendations for level of oversight. The Workgroup accordingly added Youth Ambassador, Greta Weiss, to the Workgroup. Greta is a young woman who spent several years in out of home care. Greta is currently a successful college student, with a promising future ahead of her. Greta provided some of the most thought provoking challenges to traditional visitation practice. Most notable was when she talked about how “unnatural” a supervised visit is for interaction. She shared that as a child she was not sure whether she was allowed to talk to her mother or hug her mother with the professional watching them. Greta was not removed due to any violence or harm done by her mom. She often presented as reserved with the professionals in the room. Most disturbing to the Workgroup was Greta sharing:

“Sometimes it was reported that there were problems when there weren’t. The report claims of me being fearful and intimidated during visits were false. They reported those claims because I didn’t show affection or talk. I wasn’t fearful or intimidated by her (referring to her mother). It was the situation and environment and my worry of what the reaction of the professionals would be if I did something wrong.”

Decisions are often made based on the visitation reports, regardless of their accuracy or potential inclusion of a “supervisor’s” personal perception. Visitation outcomes carry much weight in court proceedings to determine reunification and termination of parental rights. There is concern over the impact of “unnatural” visitation environments that place expectations on how children and parents should interact, respond to one another and generally display their best behavior on a set day and time given by professionals.

Next, the workgroup wanted to hear about visitation from a parent's perspective. Some guest parents were invited to share their experiences. There was one single father who expressed concern that “it is much tougher to prove yourself as a father.” Many shared common themes with their experiences.

- Children in congregate care are routinely required to complete an “adjustment period” before they can begin visits
- Children in congregate care have to earn their visitation privileges
- Parents felt a disconnect with the Resource Parents
- Parents felt at times the Resource Parents were working against them by making false claims to keep their children in care longer. “Foster Parents are possessive of our children.”
- Parents expressed a desire to work with Resource Parents

- None of the parents had Visitation Plans
- All parents expressed visitation time as the most important time when their child is in care.
- Most of the parents had transportation concerns getting to visits
- All parents expressed sensing fear from their children about what they were allowed to say and do during the visit.

“My visit time was the most important time for my family when my child was in care”
 ~~Parent

When asked what would make visitation better, the parents identified a list of solutions. In their words:

1. Professionals should remain professional, work together as a team and follow the Court Order
2. Foster Parents should not be allowed to interfere with our visit, including picking our child up early before the visit ends
3. Don't put men against a different set of laws
4. Increase the relationship between Foster Parents and Parents.
5. There should be consequences for Foster Parents and Group Homes when they don't follow the Court Order.
6. Visits should be our time

“Parents and Foster Parents shouldn't be so disconnected”
 ~~Parent

Finally, the Workgroup created a visitation survey to solicit statewide feedback from counties on types of visitation currently occurring, locations for visitation, services to enhance visitation, use of visitation planning and level of extended family engagement. While results of the full survey can be found in this report under APPENDIX I, some of the results included the following:

- 74.2% of counties said they do not complete a visitation plan with the family, separate from the family's child permanency plan.
- 87.1% of counties practice Family Group Decision Making, which can assist in visitation planning
- 55.6% of visits are reported to occur supervised in the agency or professional setting, while only 3.7% were reported to occur unsupervised
- Only 1-25% of cases are reported largely supervised by kinship, family or friends of family

The Workgroup digested the voice of professionals, children and parents. In addition, the Workgroup reviewed current practices, such as Safety Assessment, Risk Assessment and Concurrent Planning to develop the final Visitation Best Practice Component on Oversight.

Component 10: Careful consideration should be given to the level of oversight that occurs during visits between a child and parent, with the least restrictive oversight provided to allow for the most natural interaction, while ensuring the safety of the child during the visit.

Purpose and Rationale

Positive visits with their children can become the primary motivator for a parent to accomplish the changes needed to safely bring their children home. Traditional practice for oversight of visits has been for professionals to sit in a room, often at the agency, with the parent and child throughout the duration of the visit. The professional supervising the visit would often take notes, draw conclusions based on their observations and present both to the caseworker and court for use during the ongoing assessment and evaluation of the case. Factors that have not been carefully considered through this traditional visitation include the parent and child's inability to interact naturally in this unnatural environment, pressure of behavioral expectations caused by the professional watching and note taking and whether the level of oversight correlated with the severity of the circumstances causing removal.

Even when safety threats necessitate a child's removal, parental capacities may be high enough to ensure a safe visit. For example, the parent's behaviors may not be the source of the safety threat. A child can be removed because the child's behavior, not the parent's behavior, caused the safety threat. Sometimes a child is removed due to environmental factors and not the behavior of the child or parent (i.e. homelessness, utilities turned off). Traditionally, when a child is removed, regardless of cause, the type of oversight provided has been the same.

Further consideration of oversight created a distinction between unsupervised and supervised visitation. The assessment of safety for reunification and the assessment of safety for an unsupervised visit may look very different. When determining whether a visit should be unsupervised or supervised, the safety assessment should determine the safety of the visit, rather than that of reunification. In addition, strong consideration should be given to the parental capacities to ensure safety during the visit. **Because of the inability for natural interaction and conclusions that are drawn from professionals supervising based on this interaction, visits should only be supervised when a safety plan cannot be devised to eliminate specific safety threats that are of concern for the visit.**

There are three likely phases where visitation oversight should be carefully evaluated, reevaluated and considered:

Initial phase- assessment and goal planning

Intermediate phase- parent working to meet the goals

Transition phase- reunification underway and/or accomplished

When determining the level of oversight, the following 6 key operating principles should be considered for all types of cases:

Six Key Operating Principles for Determining Oversight

1. Honor the attachments and bond between the child, parent, siblings and family.
2. Safety and Risk Assessment for visitation occurs, along with an assessment of the parent's protective capacities, to determine the least restrictive type of visitation oversight (see attached restrictive continuum). *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 teams, 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. A parent and/or child's physical, developmental, emotional and cognitive abilities are considered.

To better clarify the differences for unsupervised versus supervised visitation, each were separated to include their general principles, measurable goals and performance benchmarks.

Unsupervised Visitation

When determining best practice for unsupervised visits between children in out of home placement and their parents/caregivers, the State Roundtable has tasked us to challenge our traditional practice and make unsupervised visitation more common at the front end of a child being placed in care, rather than just at time of reunification. The need for the child to maintain connections and suffer the least amount of trauma is foundational to decisions regarding unsupervised visits. Specifically, in addition to safety, bonding and connection with family must be the driving force in making decisions on which the parent, child, family, agency, and Court can all agree.

Safety assessment is key to unsupervised visitation, with an emphasis on the parent's protective capacities. Informal supports in a family's life should be integrated into visits to ensure for safety. A visitation safety assessment and plan with specific measurable goals

"The nice thing about having visits in a family member's home is that if something goes wrong and your parents don't show up, you still have time with your family"
~~Youth Ambassador

should be developed upon a child coming into care, with best practice being the parent, child, and connected family group members determining the plan with the agency. Regular reassessment of the visitation plan should occur routinely until the

reunification goal is achieved. In addition, incorporating routine and predictable sibling and pet visits, when applicable, into the visitation plan will allow the removal from the home to be less traumatic for the child.

When considering risk assessment, accurate and collaborative information about the family situation needs to be brought forth quickly so that a fair determination can occur. Ideally, a family group decision making meeting occurs at the front end of a child being placed so that family can be a key part of sharing information and subsequently establishing a visitation and eventual reunification plan. In that process, the family group conference can ensure for safety while unsupervised visitation occurs. The family and community members are the parent and child's most valuable informal resource. Further, through that process, a determination can be made as to what temporary and permanent resources must be pulled in to support the parent and child so that successful reunification can occur.

"Don't make false assumptions about the child's feelings, sometimes what looks abnormal to you is our normal"
~~Youth Ambassador

Performance Benchmarks (Unsupervised Visitation)

- The parent is clear on what the specific goals for visitation and ultimate reunification are and they can utilize their informal and formal supports to reach the goals.
- The parent possesses the parental capacities to ensure a safe and natural visit in the least restrictive environment.
- A connected family member or kin are included into the visitation plan to offer support during unsupervised visitation.
- Connected family members are used when it is not conducive for the parent to have complete lack of supervision.
- Frequency and location are considered in unsupervised visitation.
- The child has a meaningful voice in the decision making process.
- The visitation promotes a natural environment in which the child and parent feel comfortable interacting.
- The child and parent express satisfaction and comfort with the visit.
- The parent participates in collateral contacts, such as medical appointments, community and school activities to support the child.
- The placement caregiver and the parent collaborate in the best interest of the child.

Supervised Visitation

When considering supervised visitation for parents and children, we do well to remember the Hippocratic Oath "First, do no harm". In most instances, contact between the parent and child will benefit the family. Supervision of parent and child contact can alter the natural flow of contact; therefore **supervision** must have a rational and identifiable need and purpose.

“Supervised visits always come with a level of pressure. I always felt in the middle. Should I say something? Can I hug my mom? Will I make my mom or caseworker angry if I do or say the wrong thing?”

~~Youth Ambassador

Before the agency recommends or the Court orders any supervised contact, an extensive and thoughtful safety and risk assessment with specific measurable goals must occur, preferably by a team which includes the parent and child. The court, agency and team members must assess the protective capacities of each parent to determine whether supervision will disrupt or benefit that particular family.

An incarcerated or drug addicted or mentally ill parent who has bonded with his/her child and who has behavioral, cognitive and emotional capabilities for even just limited periods of time may not need supervised contact. Simple and sometimes creative safety features implanted in the visits can minimize or even eliminate the need for supervision. In fact, the child may be a great motivator for strength building of the parent in an unsupervised safe setting. On the other hand, a parent who has employment, education and acceptable living conditions may need supervised contact if they lack the behavioral, cognitive or emotional capacities to keep the child safe. **It should be “clear and convincing” that a supervised visit is necessary.** Each family has different strengths and needs which requires ample knowledge of the family and context of that family, parent and child. This type of assessment ensures the most safety for the family.

“It was written that there was little bonding and interaction during my supervised visits with my mother. The truth was that we didn’t know how we were supposed to act or what we were allowed to say”

~~Youth Ambassador

Performance Benchmarks (Supervised Visitation)

- A clearly determined need and purpose for supervision is identified
- A visitation plan, developed by a team and driven by the family, identifies specific measurable goals that will provide clear expectations for moving the visit to a least restrictive oversight and to the court to determine reunification efforts or termination of such efforts.
- The goals identified inform the highly suggested supportive style of visit preparation and visit debriefing, which can reduce the stress and increase the security of future family contacts. As the team considers the goals for supervision they may also conclude that simple and sometimes creative safety features implanted in the visits can minimize or even eliminate the need for supervision.

Supportive Visitation

As part of the 2011 State Roundtable charge to develop training that helps to “understand reactions of children and parents before, during and after visits”, the Workgroup thought it best to first develop guidance around supportive family visits. Supportive visitation can be the most significant assistance that a child welfare agency can provide for safe reunification or permanent placement (Beyer, 2008). **For parents who are working toward a reunification goal, supportive visits can stand in lieu of traditional parenting classes.**

The highly individualized and relevant parenting goals provide clear benchmarks for assessing parents’ progress. Parents who learn through support and whose caregiving becomes more sensitive to the child’s needs over the course of multiple visits are demonstrating that reunification is the appropriate permanency goal. In the same vein, when parents are unable or unwilling to make the necessary changes to meet their children’s needs, this is also more readily assessed when visits are supported.

*“Take the child out of the middle”
~~Youth Ambassador*

“Many parents have been debilitated themselves by their own trauma, learning disabilities and poverty, and they are fragile as they ‘start their lives over’ in drug and alcohol treatment, domestic violence programs, and employment. Many have their own histories of abuse, neglect and foster care placement and they are still grieving their own losses which affect them during visits” (Beyer, 2011). Parents often find visits to be a time of emotional upheaval and can become overwhelmed with feelings of pain, sadness, guilt, anger, depression and worry (Smariga, 2007). Mentoring parents to prepare for visits, and learning from them afterwards can help make the pain of visits tolerable so they will return (Beyer, 2008) and continue to make progress toward reunification.

When determined that supportive visitation is necessary, visits should be planned along a continuum of increasingly challenging and stressful situations to help the parent build a positive relationship with the child and develop confidence and competence in parenting (Smariga, 2007). Parents may at first visit with their child in a highly structured situation and progress to unstructured situations where the parent must demonstrate increased responsiveness to their child’s needs, critical thinking, and general parenting ability. For example, initial visits may occur at a time when the child is fed and well-rested, and progress to times when the child is likely to place more intense and prolonged emotional

*“While dads need support too, there shouldn’t be a different set of laws for us”
~~Parent*

and physical demands on the parent. A trained visit supporter will help parents understand and predict their child’s needs, then develop and carry out a clearly articulated plan to meet these needs during visits.

Both supervision and support can be necessary for effective parent-child visits when the child is in care. The goals of each, however, are different. Supervision ensures children’s safety and well-being; whereas support increases parental confidence and competence. While they frequently overlap, they should not be confused as one and the same concept. Supported and mentored visits are fundamentally different from traditional supervised visits. (Beyer, 2008).

The simple 2 x 2 matrix shown below plots the concepts of *oversight* and *support* against each other. This representation shows four categories of visitation, any of which may be determined to best meet the needs of a family, and provides a description of each.

Oversight vs. Support Matrix

	<u>Supervised</u>	<u>Unsupervised</u>
With Support	<p>Child’s safety and well-being are at risk and require supervision. Parent needs support to understand and meet child’s needs, or develop/maintain attachment and connection to the child.</p> <p><i>Ex. Children recently removed due to neglect or abuse. Goal may be reunification or adoption; support is appropriate for either.</i></p>	<p>Child’s safety and well-being are assured and visits may occur without any need for supervision. Parent needs support to refine their ability to understand and meet child’s needs, or develop/maintain attachment and connection to the child.</p> <p><i>Ex. Parent and child transitioning to child’s return home; reunification goal.</i></p>
Without Support	<p>Child’s safety and well-being are at risk and require supervision. Parent does not demonstrate capability to have insight into child’s needs and/or parent’s own need to change their behavior.</p> <p><i>Ex. Visitation solely for the purpose of providing the child with contact with the parent; closely supervised. Reunification is not likely or is not a goal, or parent is pursuing prerequisite treatment goals before parenting can become a priority.</i></p>	<p>Child’s safety and well-being are assured, parent is attuned to and responsive to child’s needs, parent-child bond is strong. Placement not due to lack of parenting ability or protective capacity.</p> <p><i>Ex. homelessness due to job loss; reunification goal.</i></p>

Performance Benchmarks (Supported Visitation)

- Visit plans address the need for both supervision and support as independent considerations, using the *Oversight vs. Support Matrix* as a guide.
- Visit plans impose only the amount of supervision needed to ensure child safety and well-being and further the goals of the family service plan.
- When supervision is deemed necessary, the visit plan specifies the purpose and extent of supervision, and who will provide the supervision.
- Caseworkers, home visitors, family members, resource parents and others who supervise visits have an understanding and knowledge of the child's developmental needs, the child's need for attachment and relationships, how to mentor parents, and knowing when and how to intervene.
- Visit supporters utilize an empowerment and strengths based approach that builds parental capacity to meet their children's needs and address the abuse or neglect that brought the child into care.

Progress on additional 2012 Recommendations

4. Continue to work with the Pennsylvania Child Welfare Resource Center or any other entity, to develop training on Visitation Best Practices Components

In order to enhance visitation, quality training needs to occur statewide to implement a shift in traditional practice, provide education on the State Roundtable report on Visitation Key Components for Best Practice and encourage practice where families can develop the best plan to ensure safe visitation for their children.

The Workgroup, in collaboration with the Pennsylvania Child Welfare Resource Center, has been working on the development of a new visitation curriculum. After review of the current visitation curriculum *209: Visitation Through Reunification*, the Workgroup decided to create an updated training, inclusive of any recent changes to law or bulletins (i.e. concurrent planning). An outline of the curriculum can be seen in APPENDIX II.

5. Continue the development of the remaining handbooks charged by the 2011 State Roundtable – Resource Parent, Child and Youth and present to the 2013 State Roundtable

Due to the extensive amount of time, dedication and effort given to the final component of oversight and the work on the training outline and curriculum, the Workgroup was not able to complete the remaining handbooks and will be recommending their completion for presentation at the 2014 State Roundtable.

6. Forward approved Bench Cards to the Bench Book Committee for possible inclusion with the next addendum to the Dependency Bench Book

The approved Visitation Key Best Practice Components, along with the frequency and duration chart have been forwarded to the Bench Book Committee for review and approval as a Bench Card. The final component of oversight will be forwarded once approved.

Additional Information from the Workgroup – Congregate Care

As a current state focus and consistent theme amongst our guest parents, congregate care has a great impact on visitation. The Workgroup had discussion regarding things to consider so that children in congregate care have equal opportunity for enhanced visitation, reunification and well-being.

1. Remember that visitation is a right, not a privilege
2. Consider logistics such as distance, time of permitted visits, before placing a child in a particular facility
3. Question the level system, including “adjustment periods”
4. Do not allow a congregate care facility to solely determine visitation practices
5. Know whether the group home program will meet the needs of the child
6. Engage congregate care providers in the planning and discussion to enhance visitation

Moving forward, the Visitation Workgroup offers the following recommendations:

1. The Visitation Best Practice Component on Oversight be adopted for implementation finalizing the Best Practice Key Components and application in the child dependency system (Appendix III)
2. Continue the development of the remaining handbooks – Resource Parent, Child and Youth and present to the 2014 State Roundtable
3. The visitation outline be accepted with approval to continue development of the full visitation curriculum, including any possible roll-out regional training sites.
4. The State Roundtable supports a state-wide regional overview training of enhancing visitation through the use of the Visitation Key Best Practice Components, to begin after January 2014.
5. Continue to explore the impact of congregate care on enhancing visitation

PARENT/CHILD VISITATION SURVEY



1. County Name:

	Response Count
	34
answered question	34
skipped question	2

2. Job Classification:

	Response Percent	Response Count
Supervisor/Manager 	25.7%	9
Director or Above 	74.3%	26
answered question		35
skipped question		1

3. Length of Service:

		Response Percent	Response Count
Less than one year		0.0%	0
One to two years		0.0%	0
Two to four years		8.6%	3
Four to nine years		14.3%	5
Nine to twenty years		28.6%	10
Twenty years or more		48.6%	17
answered question			35
skipped question			1

4. Please select the number of cases that have visitation:

		Response Percent	Response Count
0		0.0%	0
1-10		12.1%	4
11-30		30.3%	10
31-50		15.2%	5
51 or more		42.4%	14
answered question			33
skipped question			3

5. What percentage of cases have supervised visitation at the Shelter Hearing?

		Response Percent	Response Count
0%		2.9%	1
1-25%		28.6%	10
26-50%		20.0%	7
51-75%		20.0%	7
76-100%		28.6%	10
answered question			35
skipped question			1

6. What percentage of cases have supervised visitation at the Adjudication Hearing?

		Response Percent	Response Count
0%		0.0%	0
1-25%		14.7%	5
26-50%		17.6%	6
51-75%		26.5%	9
76-100%		41.2%	14
answered question			34
skipped question			2

7. What percentage of cases have supervised visitation at the initial Permanency Hearing?

		Response Percent	Response Count
0%		0.0%	0
1-25%		25.8%	8
26-50%		19.4%	6
51-75%		16.1%	5
76-100%		38.7%	12
answered question			31
skipped question			5

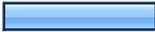
8. What percentage of cases have supervised visitation until the child begins to transition home?

		Response Percent	Response Count
0%		6.3%	2
1-25%		37.5%	12
26-50%		25.0%	8
51-75%		6.3%	2
76-100%		25.0%	8
answered question			32
skipped question			4

9. Select the level of supervision/location primarily used by your agency:

		Response Percent	Response Count
Supervised in agency or professional setting		55.6%	15
Supervised at a relative/kin home		22.2%	6
Supervised in the Community		18.5%	5
Unsupervised		3.7%	1
	Other (please specify)		4
answered question			27
skipped question			9

10. What percentage of visitation cases are supervised in your office?

		Response Percent	Response Count
0%		0.0%	0
1-25%		45.2%	14
26-50%		22.6%	7
51-75%		12.9%	4
76-100%		19.4%	6
answered question			31
skipped question			5

11. What percentage of cases are supervised at a visitation house/center?

		Response Percent	Response Count
0%		29.0%	9
1-25%		38.7%	12
26-50%		19.4%	6
51-75%		6.5%	2
76-100%		6.5%	2
answered question			31
skipped question			5

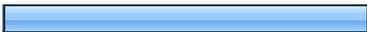
12. What percentage of cases are supervised in the community?

		Response Percent	Response Count
0%		0.0%	0
1-25%		65.6%	21
26-50%		28.1%	9
51-75%		6.3%	2
76-100%		0.0%	0
answered question			32
skipped question			4

13. What percentage of visits occur in a non-kin foster home?

		Response Percent	Response Count
0%		33.3%	10
1-25%		66.7%	20
26-50%		0.0%	0
51-75%		0.0%	0
76-100%		0.0%	0
answered question			30
skipped question			6

14. What percentage of visits occur in a relative/kin home?

		Response Percent	Response Count
0%		9.7%	3
1-25%		54.8%	17
26-50%		25.8%	8
51-75%		6.5%	2
76-100%		3.2%	1
answered question			31
skipped question			5

15. What percentage of visits occur in the child's home of origin?

		Response Percent	Response Count
0%		0.0%	0
1-25%		61.3%	19
26-50%		19.4%	6
51-75%		12.9%	4
76-100%		6.5%	2
answered question			31
skipped question			5

16. What percentage of cases have unsupervised visitation?

		Response Percent	Response Count
0%		3.2%	1
1-25%		54.8%	17
26-50%		25.8%	8
51-75%		16.1%	5
76-100%		0.0%	0
answered question			31
skipped question			5

17. Mark the tools and/or criteria your agency uses to determine the level of oversight for visitation (check all that apply):

		Response Percent	Response Count
Safety Assessment		87.5%	28
Risk Assessment		62.5%	20
Agency Document		56.3%	18
Court Order		78.1%	25
Caseworker discretion		68.8%	22
Supervisor discretion		84.4%	27
Other		15.6%	5
answered question			32
skipped question			4

18. What percentage of cases are supervised by in-house agency staff? (caseworkers, caseaides)

		Response Percent	Response Count
0%		0.0%	0
1-25%		30.0%	9
26-50%		20.0%	6
51-75%		36.7%	11
76-100%		13.3%	4
answered question			30
skipped question			6

19. What percentage of cases are supervised by a paid provider?

		Response Percent	Response Count
0%		19.4%	6
1-25%		38.7%	12
26-50%		16.1%	5
51-75%		9.7%	3
76-100%		16.1%	5
answered question			31
skipped question			5

20. What percentage of cases are supervised by kinship, family, or friends of the family?

		Response Percent	Response Count
0%		6.5%	2
1-25%		77.4%	24
26-50%		12.9%	4
51-75%		3.2%	1
76-100%		0.0%	0
answered question			31
skipped question			5

21. Does your agency have written visitation policies/procedures?

		Response Percent	Response Count
Yes		41.9%	13
No		58.1%	18
answered question			31
skipped question			5

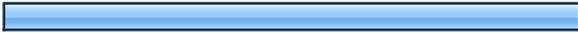
22. Does your agency use the Bridging the Gaps program?

		Response Percent	Response Count
Yes		3.1%	1
No		96.9%	31
answered question			32
skipped question			4

23. Does your agency use the Visit Coaching program?

		Response Percent	Response Count
Yes		32.3%	10
No		67.7%	21
answered question			31
skipped question			5

24. Does your agency use Parent-Child Interaction Therapy (PCIT) for visitation?

		Response Percent	Response Count
Yes		12.9%	4
No		87.1%	27
answered question			31
skipped question			5

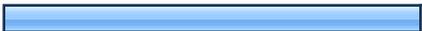
25. Does your agency use some other type of counseling or supportive parenting services during the visit?

		Response Percent	Response Count
Yes		83.3%	25
No		16.7%	5
If yes, please describe			23
answered question			30
skipped question			6

26. Does your agency practice Family Group Decision Making?

		Response Percent	Response Count
Yes		87.1%	27
No		12.9%	4
answered question			31
skipped question			5

27. If yes, what percentage of the Family Group Decision Making Plans include visitation?

		Response Percent	Response Count
0%		3.7%	1
1-25%		63.0%	17
26-50%		14.8%	4
51-75%		3.7%	1
76-100%		14.8%	4
answered question			27
skipped question			9

28. Of the Family Group Decision Making Plans that include visitation, what percentage are adopted by your agency?

		Response Percent	Response Count
0%		0.0%	0
1-25%		23.1%	6
26-50%		7.7%	2
51-75%		3.8%	1
76-100%		65.4%	17
answered question			26
skipped question			10

29. Of those adopted by the agency, what percentage is approved by the court?

		Response Percent	Response Count
0%		3.7%	1
1-25%		22.2%	6
26-50%		7.4%	2
51-75%		3.7%	1
76-100%		63.0%	17
answered question			27
skipped question			9

30. Does your agency complete a visitation plan with the family that is separate from the Child Permanency Plan and/or scheduling letter?

		Response Percent	Response Count
Yes		25.8%	8
No		74.2%	23
answered question			31
skipped question			5

31. Other comments/suggestions regarding visitation:

	Response Count
	13
answered question	13
skipped question	23

Page 1, Q1. County Name:

1	UNION	Feb 27, 2013 1:10 PM
2	Columbia	Feb 20, 2013 8:29 AM
3	Westmoreland	Feb 20, 2013 7:38 AM
4	Franklin	Feb 20, 2013 5:53 AM
5	Lycoming	Feb 18, 2013 5:13 AM
6	Delaware	Feb 8, 2013 7:47 AM
7	Schuylkill	Feb 7, 2013 3:48 PM
8	Butler	Feb 7, 2013 8:11 AM
9	Lebanon	Feb 6, 2013 7:32 AM
10	Montgomery	Feb 1, 2013 2:48 PM
11	Bucks	Jan 31, 2013 8:11 AM
12	Huntingdon	Jan 31, 2013 7:16 AM
13	Susquehanna	Jan 30, 2013 10:22 AM
14	FULTON	Jan 29, 2013 7:00 AM
15	FULTON	Jan 29, 2013 6:57 AM
16	Warren	Jan 29, 2013 6:05 AM
17	Clearfield	Jan 29, 2013 5:23 AM
18	Northumberland	Jan 28, 2013 12:45 PM
19	Mifflin	Jan 28, 2013 9:31 AM
20	Clinton	Jan 28, 2013 9:24 AM
21	Cumberland	Jan 28, 2013 8:54 AM
22	Wayne	Jan 28, 2013 7:15 AM
23	Clarion	Jan 28, 2013 6:57 AM
24	Snyder	Jan 28, 2013 6:37 AM
25	Wyoming	Jan 25, 2013 11:50 AM
26	Indiana	Jan 25, 2013 6:28 AM
27	McKean	Jan 25, 2013 5:44 AM

Page 1, Q1. County Name:

28	Crawford	Jan 24, 2013 12:19 PM
29	Erie	Jan 24, 2013 8:30 AM
30	Venango County	Jan 24, 2013 7:26 AM
31	Venango	Jan 24, 2013 7:08 AM
32	Montgomery	Jan 24, 2013 5:41 AM
33	Northampton	Jan 24, 2013 4:31 AM
34	Lehigh	Jan 24, 2013 4:30 AM

Page 2, Q9. Select the level of supervision/location primarily used by your agency:

1	supervised at a contracted visitation site	Jan 29, 2013 7:00 AM
2	Supervised in the family home if safe and appropriate.	Jan 28, 2013 9:32 AM
3	we use all of the above	Jan 28, 2013 6:59 AM
4	We use all these types of supervision, we usually begin at the office and then move to community and/or home and go supervised to semi supervised to unsupervised.	Jan 24, 2013 12:21 PM

Page 5, Q25. Does your agency use some other type of counseling or supportive parenting services during the visit?

1	For parents with young children the Family Center will do visits with parents while they visit with their children.	Feb 20, 2013 8:32 AM
2	All supervised visitation contracted services, provide parenting, teaching, mentoring and coaching during the visit. After modeling and teaching, the parent's then demonstrate ability to effectively parent.	Feb 20, 2013 7:56 AM
3	ABC visitation program.	Feb 20, 2013 5:56 AM
4	Outreach workers can be involved and utilized parenting programs with the parents.	Feb 18, 2013 5:22 AM
5	Approximately 50% of parents have some of their visits at an agency contracted parent education center where there is coaching of parent-child interaction.	Feb 8, 2013 7:52 AM
6	Contracted provider, Bethanna, provides visitation services that includes parenting, coaching, etc.	Feb 8, 2013 5:51 AM
7	Modeling, one-on-one training for case specific needs.	Feb 7, 2013 8:16 AM
8	Parentworks	Feb 6, 2013 7:47 AM
9	Similar to Bridging the Gap our agency has followed Family to Family practices for many years, allowing interaction between foster and legal families to decrease a child's torn loyalties and to fortify ongoing relationships that support and protect the child.	Feb 1, 2013 2:53 PM
10	in addition to the families visits, the agency's parenting program goes into the home of the parent and the children are present so worker can address parenting issues or compliment the parent on practices the family and parenting worker have agreed upon. This does not take the place of a visit between family and child.	Jan 31, 2013 7:25 AM
11	Agency staff and our contracted staff recently participated in training for the Nurturing Parenting curriculum which is an evidenced-based, family-focused program recognized by SAMHSA's National Registry of Evidence-Based Programs & Practices. A plan is in process to implement The Nuturing Parenting Program in Fulton Co. for in-home and supervised visitation parenting support in the upcoming months.	Jan 29, 2013 7:01 AM
12	Depending on the case needs, parent educators will assist, supervise or attend the visit to gauge parent/child interaction for future training and coaching.	Jan 29, 2013 6:08 AM
13	Through the TLFR grant we use a provider who has an apartment like set up to conduct visits. Their staff supervise the visits as well as coach and model for the parents. The agency was able to expand the amount and length of visits which has been a benefit to the families in the program.	Jan 29, 2013 5:29 AM
14	Foster parent advocacy which is a supportive parenting type of service where the foster parent will do some coaching with the parents during visits.	Jan 28, 2013 12:52 PM
15	Our program is similar to visit coaching. Our intensive reunification provider, FICS, models during visitation. Their philosophy is to do it for the parent, with	Jan 28, 2013 9:37 AM

Page 5, Q25. Does your agency use some other type of counseling or supportive parenting services during the visit?

	the parent, then enter the cheering on phase. They also offer parent education sessions between visits to discuss how things are going, offer guidance, feedback, etc. They offer visitation more often and for larger blocks of time than what our staff is able to offer.	
16	In house parent partner program	Jan 28, 2013 9:29 AM
17	We have developed a program within a local parenting program and started implementation Fall of 2012. The process is similar to Visit Coaching but is not specifically that model.	Jan 28, 2013 8:57 AM
18	The agency Social Service Aides will encourage the parents to implement what they have learned in 1-2-3 Magic and/or other parenting instruction given by the Social Service Aide.	Jan 28, 2013 7:18 AM
19	P.A.T. parent educator often provides supportive parenting services during the visit	Jan 28, 2013 7:01 AM
20	sometimes our Family Preservation Team is involved with the family	Jan 25, 2013 11:53 AM
21	Parent education services	Jan 25, 2013 6:31 AM
22	our visits are supervised by parenters or therapists who conduct their sessions during the visit to best utilize the family's time together, while the visits are supervised. We have found that this helps us to move quicker to semi and unsupervised visitation because the family is learning and growing together.	Jan 24, 2013 12:25 PM
23	Parenting eduaction with various contracted providers.	Jan 24, 2013 4:36 AM

Page 6, Q31. Other comments/suggestions regarding visitation:

1	Our Visitation Coach program is in implementation stage. Our Social Services Aide was promoted to a III and completed training and will begin working with families in March.	Feb 27, 2013 1:22 PM
2	Our county amended our visitation policy, to shift the culture of backing into the minimal requirements of visitation to striving for daily contact and visitation whenever possible. Also, the county is attempting to change the culture of resource parents, from being child centered to being family centered, in developing relationships with the biological parents, and serving as a mentor/coach to support for them (bridging the gap).	Feb 20, 2013 8:03 AM
3	The visitation plan that is developed in the Family Group Decision Making meeting in part of the Child Permanency Plan and thereby approved by the court at all hearings.	Feb 18, 2013 5:24 AM
4	Depending upon where the case is in agency process, and the age of the child, the answers to some of the questions would vary. e.g.--less supervision for teens; more for younger children.	Feb 8, 2013 6:00 AM
5	Question 18 was ambiguous, were you referring to all visits or just supervised visitation	Feb 6, 2013 7:47 AM
6	We have an agency visitation plan document and guidelines for those supervising a visit and completing a summary form.	Feb 1, 2013 2:53 PM
7	FCSC embraces the need for ongoing improvement in our delivery of services, intervention and support to our families. We welcome all available resources and input.	Jan 29, 2013 7:11 AM
8	Our agency is currently working with the ABA on a number of areas and visitation is one of those areas we plan to tackle.	Jan 28, 2013 12:54 PM
9	Please be aware that the %'s marked are educated guesses as we do not specifically keep data on this issue.	Jan 28, 2013 8:59 AM
10	Most of our FGDM do not involve children under the Court's jurisdiction, thus the lower % of cases approved by the Court.	Jan 28, 2013 7:24 AM
11	Note: for question 27, most of FGDM is utilized for in-home cases and transition plans. Only a few are utilized for placement due to family's request.	Jan 28, 2013 6:42 AM
12	Our agency provides weekly visitations for youth in foster care. Youth in group home we facilitate bi-weekly visits although the parents are able to visit weekly	Jan 25, 2013 6:32 AM
13	visitation really depends on the family and their issues, it is very hard to give simple answers to such a complex concept.	Jan 24, 2013 12:27 PM



**209:
Preventing Trauma and Promoting Permanency
and Positive Connections through Visitation**

209: Preventing Trauma and Promoting Permanency and Positive Connections through Visitation

Learning Objectives:

Participants will be able to:

- Identify how their feelings about families and visitation can influence the success of visits.
- Identify how negative perceptions and judgments can impact the outcome for the family.
- Identify means by which a visitation team can be developed.
- State the roles of the visitation team.
- Identify the key components of a visitation plan.
- Explain how to assess the necessary level of visit supervision.
- Explain how to assess the necessary level of visit support.
- Describe how the visitation team assesses visitation plans.
- Identify the 10 Visitation Best Practice Key Components.

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Section I: Introductions

Section II: History and Future of Children in Placement

- **History:** Discuss the historical shift from a focus on using orphanages to house children neglected, abused, and/or abandoned by caregivers, to the use of group homes, to the use of foster care.
- **Future:** Explore the factors (“Three Ps”) that we need to focus on in our efforts to learn from history and move practice forward, and the critical role that visitation plays in these efforts.
 - **Preventing Trauma** (associated with separation and loss)
 - Begin with “tuning in” to loss and separation guided imagery and connect the feelings and reactions participants experience to the feelings and reactions a child experiences when they are removed from their home.
 - Share research surrounding effects of separation and loss based on chronological age.
 - **Permanence**
 - Share research surrounding youth who do not achieve permanence and age out of the system. Review permanency options/continuum.
 - **Positive Connections**
 - Explore the importance of establishing positive connections, including the fact that a positive connection, no matter how small it may be, plays an important role in a child/youth’s life.
- Visitation is a right, not a privilege! Consider Federal Laws, State Laws and State Regulations and how they are consistent with our efforts to move practice in a direction that addresses the “Three Ps”.
 - Adoption Assistance and Child Welfare Act of 1980
 - ASFA
 - PA Code §3130.68 Visiting and Communication Policies
 - Act 101
 - Children in Foster Care Act
 - Fostering Connections to Success and Increasing Adoptions Act of 2008
 - Act 115 of 2010
 - State regulations governing congregate 55 Pa. Code § 3800.32.
 - State regulations governing resource family care 55 Pa. Code § 3700.63(b)(7)
 - Concurrent Planning Bulletin
 - Consider current county policies
- Small group work requiring participants to consider the role of visitation in relation to promoting the “Three Ps”.

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- Introduce Pennsylvania's 10 Visitation Best Practice Key Components which, in addition to the "Three Ps", will be a thread throughout the remainder of the training.

Section III: Tuning in to Feelings about Visitation

- Tuning in to feelings about removal/placement of a child
 - How does our culture influence our feelings?
 - Some decisions are easy regarding removal, some result in internal conflict.
 - Activity asking participants to take time to reflect on times when they have experienced these "easy vs. difficult decisions" and the emotions they experienced.
- Tuning in to feelings about visits
 - Activity allowing participants time to consider an upcoming visit on their caseload and tune in to their feelings about the visit.
- Activity comparing and contrasting the feelings related to removal and the upcoming visit. Also, consider from where those feelings stem, how those feelings might affect the upcoming visit and how participants might manage those feelings.
- Activity tuning in to the feelings of other parties involved in the case and their feelings surrounding visitation, including the child, siblings, child welfare professional, resource caregivers, relatives/kin, caregivers/parents. (Document identified feelings for use in a future activity.)
 - Discuss research surrounding the effects of separation and loss on the caregivers/parents.
- Benefits of visitation
 - Allow participants to explore and share the most positive outcomes they have seen as a result of visitation followed by the trainer sharing benefits of visitation. Tie identified benefits directly to that which participants just tuned in to and connections drawn to how the benefits can help overcome the negatives, just discussed. Additionally, tie the benefits to the purposes for visitation (*i.e.*, "Three Ps").
 - Connect the need to always think about the benefits of visitation when performing our work, to avoid losing sight and to avoid the child and the family losing hope.
 - Remind participants that positive visits with their children can become the primary motivator for a parent to accomplish the changes needed to safety bring their children home.

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Section IV: Family Engagement and Team Development

- Now that we have explored our feelings about, the importance of, and benefits of visitation, we must understand how we set the stage for the benefits of visitation to be realized. The good news is, “we” do not have to do it alone nor should we think we are capable of doing it alone.
- Defining family engagement. There is a variety of models to which county agencies subscribe (*e.g.*, Family Group Decision Making, Family Finding, Family Team Conferencing, *etc.*). Rather than focusing on one or more models, we will consider that which the models have in common.
 - Shared Purpose of Family Engagement Models
 - Commonalities among Family Engagement Models
 - Common Values and Beliefs
- Discuss factors that affect engagement, the components of family-centered practice, the conceptual shifts that occurred to get where child welfare is now with family engagement, and the values that promote family engagement.
- Before moving forward, consider the relationship between the Quality Service Review Practice Performance Indicators and visitation, as well as the manner in which effective family engagement can affect positive outcomes for each Practice Performance Indicator in relation to visitation. This will be done through an activity.
 - 1a: Engagement Efforts
 - 1b: Role and Voice
 - 2: Teaming
 - 3: Cultural Awareness and Responsiveness
 - 4: Assessment and Understanding
 - 5: Long-Term View
 - 6: Child/Youth and Family Planning Process
 - 7: Planning for Transitions and Life Adjustments
 - 8: Efforts to Timely Permanence
 - 9: Intervention Adequacy and Resource Availability
 - 10: Maintaining Family Relationships
 - 11: Tracking and Adjustment
- Establish that, in order to achieve positive outcomes in any of the above areas, it is necessary to engage the family unit. That is, we need to establish a team. Also, without a team, we are unable to
 - Truly empowering the family in the process (Key Component 1);
 - See the whole picture, resulting in an inability to fully assess for risk and safety (Key Component 2);

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- Create a visitation plan that is family centered(Key Component 4);
 - Access all potential visitation locations (Key Component 7);
 - Explore all avenues of positive connections to the family (Key Component 9).
 - (Key Component 10 surrounding options for support and supervision of visits)
- Before we begin to consider ways to establish teams, we must first consider the purpose of the team. Following Pennsylvania Office of Children Youth and Families' (OCYF) best-practice, and having an understanding that the team's purpose can change from meeting-to-meeting and that each member on the team has individual roles and responsibilities, the permanency team's overarching purposes are to:
- Assist in creating the initial Visitation plan;
 - Assess the effectiveness of the visitation plan and appropriate revisions over time;
 - Assist in assessing how visits went and discuss the progress observed and problems identified during visits;
 - Assist in brainstorming changes to the existing Visitation plan;
 - Reveal any new obstacles that undermine the plan;
 - Discuss solutions to those obstacles that result in positive and productive visits;
 - Discuss permanency issues of the child and family (with a focus on the child's permanency goals);
 - Talk about who is doing what by when and how; and
 - Generally speaking, "to promote the development of a comprehensive, realistic plan, including plans for visiting." [Ed. McCartt-Hess, Peg, Ph.D, ACSW. March 1999]
- Define the roles and responsibilities of potential team members *e.g.*, family as defined by family, child, caregivers/parents, child welfare professionals (public and private), resource family members, *etc.*
- Explore ways in which a team can be established and who makes up the team. There are a variety of methods that may be explored based on the various family engagement models utilized across the commonwealth. Ultimately, the family should drive the plan and identify who will make up the team. They may be members of a larger team such as the FGDM team, FF team, *etc.* Additionally there may be professional team members such as providers, GALs, *etc.*, depending on the circumstances.

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Section V: Writing the Visitation Plan as a Team

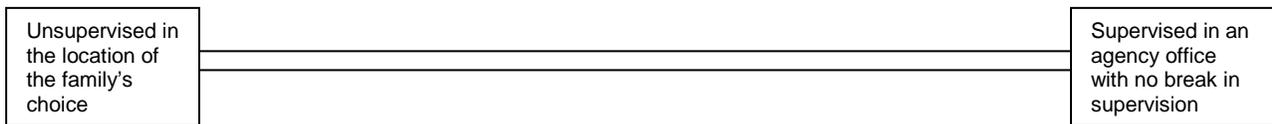
- In previous section, we considered who makes up the child's team, roles of the potential members and the teams overarching purposes. In this section, we will take the next step and explore how we pull the team together to fulfill its responsibilities. This requires team members to come together, functioning in a collaborative manner to develop and maintain/revise visitation plans.
- Discuss attitudes and beliefs necessary to working collaboratively at visitation meetings, including those that are positive to have and those that are negative and need to be avoided. Additionally, discuss the principles that must be focus on to ensure success of the team.
- Discuss meeting coordination, which will require knowledge and understanding of all that we have discussed to this point.
- Discuss meeting facilitation.
- Review components of an effective visitation plan and that which must be accomplished at the meeting. It is important the components be viewed through the lens of the "Three Ps" (*i.e.*, Preventing Trauma, Permanency and Positive Connections) and child safety. When considering Permanency and Positive Connections, we must always consider concurrent planning.
 - How are decisions reached and approved?
 - Are there any non-negotiables?
 - Who?
 - Duration and frequency?
 - Has attachment been considered?
 - Location
 - Is it a natural location for the visit to occur?
 - What will occur?
 - What is meaningful to the child and family?
 - What level of support will be provided before, during and after a visit?
 - Supervised vs. unsupervised and how the decision is reached
 - Who will supervise?
 - What level of supervision is required?
 - Cultural Considerations
 - Visitation plan monitoring, review and revisions
 - *etc.*
- Goals and objectives on a visitation plan must be SMART.
 - **Specific**
 - **Measurable**

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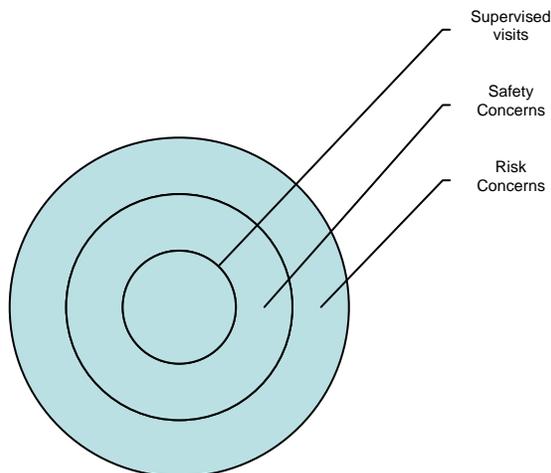
- Action-Oriented
- Realistic
- Time-Limited

Section VI: Visit Supervision

- Sharing the visual depiction of the supervision continuum below, participants will identify where, along the continuum, they believe most visitation plans in their agency fall in relation to supervision.
 - Why do participants believe most of their agency plans fall in that location on the continuum?



- Using the visual below, explain that the entire circle represents all children placed in out-of-home care, the center ring represents the population of children in out-of-home care that truly require visits to fall on the extreme right side of the supervision continuum.



- Explore how decisions are reached surrounding the need for visits to be supervised. Offer the 6 Key Operating Principles for Determining Oversight. Ultimately, the decision comes back to the Safety Assessment and Management Process (SAMP). It is easy to draw the conclusion that, if a Safety Threat was identified that required the removal of a child; the concern rises to the level of requiring visits to be supervised. This conclusion does not take full advantage of the SAMP. The process requires a much more critical level of thinking which can be applied to decisions regarding visitation. Connections should be drawn between Protective Capacities and how they lend themselves to helping reach

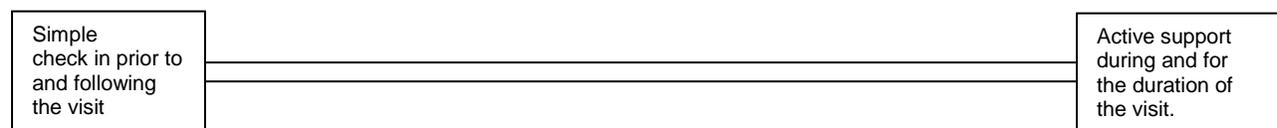
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decisions surrounding supervision. Participants will explore the types of questions they should be asking themselves and information they should be gathering to make the decision and informed and well thought out decision.

- The decision surrounding supervision does not lead to one possible action. There are many actions that can result and those actions are directly informed by the critical thinking process we just considered. It is necessary that all efforts be made that result in the least intrusive approach possible. We should be as far on the left of the supervision continuum as possible, without compromising the safety of the child(ren). Through an activity, participants will explore all of the creative ways they are familiar with, have used or can think of to move toward the left of the continuum (*i.e.*, unsupervised).
- A scenario will be provided which identifies a level of supervision and participants will be asked to, based on the information provided, consider creative and appropriate ways to help move the family toward the left of the supervision continuum. Additionally, participants will be asked to offer ways in which the visits can be used to help positive movement along the continuum. Finally participants will be asked to offer ways in which they can cause movement along the continuum.

Section VII: The Role of Child Welfare Professionals in Supporting Visits

- The level of a child welfare professional's involvement surrounding a visit exists on a continuum, similar to the decision to supervise a visit.



- Early in the training, participants began to explore feelings and reactions to visits. This section will further define feelings and reactions and consider the importance and ways in which child welfare professionals can help family members manage their feelings and reactions.
 - Define the difference between feelings and reactions
- Individual activity asking participants to think back to the best visit they have experienced and the worst visit they have experienced, not simply from their perspective, but also from the perspective of those involved in the visit. This activity will require participants to consider how feelings and reactions to feelings (both personally and by other members of the team) played a role in the positive

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or negative experience. Establish the need to manage feelings and reactions to help increase the likelihood of positive visitation experiences. This need to manage feelings and reactions is not only regarding others, but us as well.

- Revisiting the feelings identified during the tuning in exercise that occurred early in the training, participants should now explore the different reactions that they have seen that they might attribute to those feelings.
- Help participants discover ways to prepare those attending visits by using PREP. (It will be important to consider cultural sensitivity during this portion. It will also be important to include examples of strength-based and solution-focused approaches.)
 - Plan for visiting
 - Reactions to visits are explored
 - Expectations for all parties are outlined
 - Problems are predicted with prevention in mind; and options for handling possible concerns are defined
- Using similar concepts as those used for preparation, discuss how child welfare professionals can check in/prepare with those attending the visit and how they can debrief with those attending the visit following a visit.
 - How to debrief following a missed visit.
- Individual activity allowing participants the opportunity to begin planning how they will prepare those attending an upcoming visit by using PREP.

That which was covered to this point regarding visitation support falls on the left side of the continuum. We will now consider the right side of the continuum.

- Explore the possible reasons for support during visits. The focus of the purpose should always lead back to the “Three Ps” (*i.e.*, Preventing Trauma, Permanency and Positive Connections) and child safety. Offer the steps in the skill-building process.
 - Telling the individual(s) what you are going to teach them;
 - Mirroring the skill for the individual(s);
 - Asking the individual(s) to help you perform the skill;
 - Having the individual(s) perform the skill with you helping where appropriate; and
 - Having the individual(s) perform the skill on their own.
- Demonstrate the skill-building process in a simple activity followed by individual work allowing participants time to identify a family who they believe would benefit from in person supported visitation and outline how they could guide the parent through the skill acquisition process in a supported visit.

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- Offer and explain the components of support during a visit
 - Preparation
 - Instruction
 - Observation
 - Assessment
 - Feedback

- Additional attention will be given to:
 - Observation: Discuss the role of the observer/supporter. This will include monitoring skills, intervention cues and approaches to intervention.

Section VIII: Assessing and Amending Visitation plans

- Gathering visitation meeting feedback. Explore the critical nature of gathering pointed feedback from all parties to a visit. It is the aggregation of this feedback that will allow the team to make informed decisions surrounding revisions to the visitation plan. Offer ways in which this critical feedback can be gathered, including a sample evaluation form that visit participants can complete. Additionally, discuss how this intentional gathering of information can help drive forward progress.
 - Should measure actions;
 - Should measure behaviors;
 - Ensure the ability of everyone on the team to understand it;
 - Must offer the opportunity for positive feedback;
 - Must offer the opportunity for constructive feedback; and
 - Must offer plans for change.

- In addition to assessing the visits themselves, it will be necessary to explore other assessments such as safety and risk to help inform amendments to the visitation plan. Progress related to these assessments will inform decisions relating to all portions of the visitation plan. Also, under consideration should be the child's well-being. How is the child responding to the visits?

- Coordinating and facilitating team meetings for the duration of the child's placement in out-of-home care. Always focusing on the "Three Ps" (*i.e.*, Preventing Trauma, Permanency and Positive Connections) and child safety.
 - In what form should the information be shared with all team members?

Section IX: Session Closing

Pennsylvania Visitation Best Practice Key Components

To support and encourage best practices, Pennsylvania's child dependency system must understand and approach visitation as a right, not a privilege.

1. Visitation is strength based and empowerment driven.
2. There is a careful assessment of risk and safety to help develop objectives for the family designed to drive the purpose and goals for the visits.
(Visitation Manual pg.23)
3. Teams, who provide collaborative efforts to strengthen and build families, are present in each County.
4. A creative visitation plan includes clearly identified and communicated roles and responsibilities of all those involved in the visitation plan.
5. Frequency and duration of visits respects the individualized needs of the children and their parents/guardians and the evidenced based value of promoting reunification through maintaining family contact.
(Pennsylvania Visitation Manual).
6. The developmental needs of the child and their parents/guardians are individually considered.
7. The location of visits are creatively designed for privacy and interaction only as restrictive as required to protect the children. (Visitation Manual)
8. Effort and planning to manage participant reactions to visits occur both initially and ongoing as part of the visitation plan.
9. Effort and planning to provide all avenues of positive connections to the family and community occur both initially and ongoing as part of the visitation plan.
10. Careful consideration should be given to the level of oversight that occurs during visits between a child and parent, with the least restrictive oversight provided to allow for the most natural interaction, while ensuring the safety of the child during the visit.

2013 Visitation Report: Definitions for Reference

Risk Assessment - The Pennsylvania Risk Assessment Model was implemented in June 1996 to assist counties in accurately assessing risk to children in suspected child neglect and abuse situations. The Children, Youth and Families Bulletin titled "Safety Assessment Protocol and Format," states that: "The term risk assessment has become synonymous with the tool used to record the results of the assessment. In some cases it's come to mean *only* the document, but nothing is further from the truth or the intent of the Pennsylvania Risk Assessment Model. Child Welfare Workers are to document the risk factors which must be controlled in order to provide the child(ren) with a safe living environment (2000, University of Pittsburg School of Social Work, 204-3 PA Risk Assessment: A Closer Look at the Summer, A Training Curriculum).

Safety Assessment – The intervention used to control present and impending danger to a child. Interventions include in-home, out-of-home, or combination of both (2008, Safety Assessment and Management Process Reference Manual). The **Adoption and Safe Families Act of 1997 (ASFA)** identifies a child's safety as the paramount concern for child welfare systems. In the Children, Youth and Families Bulletin (3130-98-01), titled "Interim Implementation Guidelines for the Adoption and Safe Families Act of 1997" it states:

All decisions made must be based on the child's safety and well-being. The necessity to provide reasonable efforts to prevent placement or to return a child home hinges on the child's safety.

For each child receiving services, safety must be considered at each step of the case plan and review process whether the child remains home or is in placement. This includes safety considerations and documentation in casework practice and supervision and in the case plan development and review process.

Supervised - Parents and children are in sight and sound distance of an objective person who can ensure the safety of the children and ensure that the visit plan is followed. The family is not allowed "alone" time unless specifically approved. The trained person is responsible to supervise the visit. (Child Welfare Information Gateway, Introduction to Parent-Child Visits, <http://training.childwelfare.gov/oltClassRoom.cfm?jcBT=a&courseID=1&modID=0&unitID=0&pageID=1>)

Unsupervised - Parents and children are allowed time alone from 1 hour to overnight. Children and family have resources available during the visit to call for help. A clear safety plan has been developed and is known by all parties. (Child Welfare Information Gateway, Introduction to Parent-Child Visits, <http://training.childwelfare.gov/oltClassRoom.cfm?jcBT=a&courseID=1&modID=0&unitID=0&pageID=1>)

Mentor – Wise, loyal advisor which comes from Greek Mythology (PA Child Welfare Competency-Based Training and Certification Program, 1999, p. 11)

Protective Capacities – Specific and explicit strengths that manage and control safety threats. These strengths are exhibited cognitively, emotionally and behaviorally by a caregiver (2008, Safety Assessment and Management Process Reference Manual).

Safety Threats – The conditions or actions within the child’s own home that represent the likelihood of imminent serious harm to the child. There are two types of safety threats:

- Present Danger – an immediate, significant, and clear observable family condition (severe harm or threat of severe harm) occurring to a child/youth in the present).
- Impending Danger – refers to threatening conditions that are not immediate obvious or currently active but are out of control and likely to cause serious harm to a child in the near future.

(2008, Safety Assessment and Management Process Reference Manual)

Oversight – How visits should be supervised, monitored, facilitated, or report to the court. (Pennsylvania State Roundtable, 2011).

Relatives - someone related within the first, second or third degree to the parent or stepparent of the child who may be related through blood or marriage and who is at least 21 years of age” (The Fostering Connections to Success and Increasing Adoptions Act of 2008).

Kinship care - The full-time nurturing and protection of a child who is separated from his/her parents and placed in the home of a caregiver who has an existing relationship with the child or the child’s family (2003, Children, Youth, and Families Bulletin #00-03-03). The existing relationship involves one of the following characteristics as defined by the fostering connections to Success and Increasing Adoptions Act of 2008:

- Relative of the child through blood or marriage;
- God parent of the child as recognized through an organized church;
- Member of the child’s tribe or clan; or,
- Significant positive relationship with the child or the child’s family.

The Child, Youth and Families Bulletin define formal and informal kinship care in this manner:

Formal Kinship Care: Situations in which the county agency has legal custody of the child and out of home placement is made with a kinship caregiver who is an approved foster parent by a licensed foster family care agency.

Informal Kinship Care: Situations in which arrangements are made by the parents for the placement of their child with a kinship caregiver.

Visitation Plan – A document prepared in conjunction with the parent and providers to devise a plan as to what visits will look like: assessment of risk, attention to the service objectives, to document the visit frequency, length, location, level of supervision, transportation, activities, conditions, and support services of a visit (Placement Review Committee, 1999).

Least restrictive visitation – The Pennsylvania Code states an identification of the type of home or facility in which the child will be placed and a discussion of the appropriateness of the placement, including:

(i) How the placement setting is the least restrictive—most family-like setting available for the child, consistent with the best interest and special needs of the child.

(ii) How the location of placement is in proximity to the child’s home and will serve to encourage visiting between the child and parents, consistent with the best interest and special needs of the child.

Resources:

Adoption and Safe Families Act of 1997.

Child Welfare Information Gateway, Introduction to Parent-Child Visits, <http://training.childwelfare.gov/oltClassRoom.cfm?jcBT=a&courseID=1&modID=0&unitID=0&pageID=1>

Commonwealth of Pennsylvania. (June 29, 2004). Bulletin 3140-04-05/3490-04-01: Child Placements with Emergency Caregivers. (July 28, 2003).

The Fostering Connections to Success and Increasing Adoptions Act of 2008.

55 PA Code § 3130.61, 3130.63, & 3130.67 . Family Service Plan Requirements and Placement planning.

PA Child Welfare Competency-Based Training and Certification Program. (1999) 521 Coaching for Excellence in Practice Post-Training.

Placement Review Committee, Child Welfare Professionals and Families from across the Commonwealth. (1999). Visitation: Promoting Positive Visitation Practices for Children and Their Families Through Leadership, Teamwork, and Collaboration.

Safety Assessment and Management Process Reference Manual, (2008)

University of Pittsburg School of Social Work, 204-3 PA Risk Assessment: A Closer Look at the Summer, A Training Curriculum, (2000)