



# Report to the Pennsylvania State Roundtable



*“Visitation is a right,  
not a privilege”*

May 2012



**Co-Chairs:**

**Honorable Jolene Grubb Kopriva**  
**President Judge**  
Court of Common Pleas of Blair  
County

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



Dear Statewide Children's Roundtable Members,

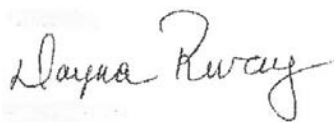
At the direction of the State Roundtable, the Visitation and Incarcerated Parent work group split into 2 separate committees. In late 2011, the Visitation Workgroup began the process of reviewing the work of the 2011 report and refining the promising approaches to visitation, to aid families who encounter the need for visitation and the agencies attempting to serve those families.

For the last few months our committee ambitiously met regularly and worked independently to research nationally and within the Commonwealth of Pennsylvania to identify practices that would help separated families to maintain their connections and improve reunification outcomes that serve the best interests of the family and their community. Our research and philosophies often made for robust discussion. From the divergence of ideas and experience we found common components that we believe will provide evidenced based practices with positive outcomes for families.

The adoption of these components we believe will change the landscape and culture of visitation practices consistent with the other strength- based, family centered practices already under full swing in the welfare revolution in Pennsylvania.

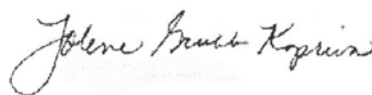
We proudly share our report with you. We thank you for the opportunity to help children, families and their communities who believe in the power of the family to make positive change with appropriate assistance.

Sincerely,



Dayna Revay

Co-Chair



Jolene Grubb Kopriva

Co-Chair

# Visitation Workgroup

## Co-Chairs

Honorable Jolene Grubb Kopriva  
*President Judge*  
Court of Common Pleas of Blair County

Dayna Revay, LSW  
*Administrator*  
Beaver County Children and Youth Services

## Members

Robert Alsko, Esq.  
*Guardian Ad Litem Beaver County*  
Taylor & Alsko

Maryanne Burger  
*Director*  
Blair County Children, Youth and Families

Eleanor Bush, Esquire  
*SWAN Senior Legal Services Training  
Specialist*  
Family Design Resources, Inc.  
Statewide Adoption and Permanency  
Network prime contract  
Diakon Lutheran Social Ministries in  
partnership with Family Design Resources,  
Inc.

Jackie Clouser  
*Founder and CEO*  
Kids First

Errone Cody  
*Program Director*  
Justice Works Youth Care

Deborah Mock  
*Practice Improvement Specialist*  
Pennsylvania Child Welfare  
Resource Center

Richard Saylor  
*Director*  
Lycoming County Children and Youth  
Services

Lisa Swaminathan, Esquire  
Philadelphia County

Denise Stitt  
*Regional Program Representative Supervisor*  
Office of Children, Youth and Families

Betsy Van Nest  
*Social Service Aide III*  
Blair County Children, Youth and Families

Catherine Volponi, Esquire  
*Director*  
ACBF Juvenile Court Project  
Allegheny County Parent Advocates

Melissa Zakraysek, M.S.  
*Regional Program Representative*  
Office of Children, Youth and Families

**Administrative Office of Pennsylvania  
Courts/Office of Children and Families in  
the Courts**

Christy Stanek, MSW  
*Judicial Program Analyst*

Lynne Napoleon, MS  
*Judicial Program Analyst*

Elke Moyer  
*Administrative Associate/Graphic Designer*

Sandra Moore, MSW  
*Administrator*

# **“Visitation is a right not a privilege”**

## **Background information regarding the Visitation Workgroup**

The Visitation Workgroup has taken many shapes in the past few years. Originating out of a preliminary Fatherhood Report presented to the State Roundtable in 2010 and where that group had begun discussion on father visitation, a recommendation was made that stated the following:

*“Because the issues with visitation are not limited to fathers, we recommend that the workgroup continue and be expanded to thoroughly examine and identify the issues surrounding visits, to develop best practices and make recommendations with respect to the frequency of visits for both parents, the quality of the visits for both parents (including the incarcerated parents), the location of visits, sibling visits, grandparent’s visits with others and supervision of visits.”*

This recommendation was accepted and the Visitation and Incarcerated Parents Workgroup was formed. This group began to explore all areas of the charged recommendation coming out of the Fatherhood Report. As information was being explored, it became clear that the two issues of Visitation and Incarcerated Parents were big enough to be explored separately. There were dynamics specific to Incarcerated Parents that needed individualized attention, careful thought and purposeful planning. As such, at the 2011 State Roundtable, it was recommended that the group separate into two workgroups – Visitation as one and Incarcerated Parents as the other. In addition, the following recommendations were made specific to Visitation:

1. Approve the creation of a Visitation Guide for distribution at the Roundtable Summit in September
2. Approve the best practice recommendations around visitation (right to visits, frequency, contact and supervision)
3. Explore the effects of Act 101 on visitation
4. Development of hearing cards and bench cards
5. Representatives from the Workgroup shall work with the PA Child Welfare Training Program to develop training for the following:
  - a) Visitation Supervisors and transporters for engaging parent and resource parents.
  - b) Resource care agencies-the role of the foster parent (visitation is a part of resource care).

- c) Understanding reactions of children and parents before, during and after visits (agency, attorneys, judges and masters, visitation supervisors and resource parents)
6. Approval for the creation and distribution of handbooks – child, parent, resource parents and youth.

While most of the recommendations were approved, there were areas that needed further information gathering. Specifically, the State Roundtable did not approve the best practice recommendations in their entirety. There were questions regarding frequency and age appropriate guidelines, as well as additional questions regarding oversight of visits.

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 in the unique 67 Pennsylvania counties. The workgroup did not want to develop protocol, specific to 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 local 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.

The workgroup believes the issue of oversight will require a philosophical shift in many counties, one that will challenge professionals to revisit the question asked years ago during early Family Group Decision Making implementation, “do you believe in the power of family to keep their children safe.” With such an important shift ahead, the workgroup would like to continue work on this component and postpone any presentation to the State Roundtable regarding the issue of “oversight/supervision” of visits. This issue is complex and requires additional workgroup examination. As such, the workgroup is holding its recommendations to the 2013 State Roundtable Meeting.

In addition to identifying best practice components, the workgroup created a parent visitation guide, which will be distributed at this year’s State Roundtable. The workgroup has also had discussion regarding the previous charge of exploring Act 101 and believes that the Act is much more complex than the visitation workgroup can address at this time.

In closing, the workgroup has worked diligently through the end of April 2012, showing both passion and dedication to the importance of visitation. The workgroup believes that visitation best practice components, found throughout this document, will not only begin the philosophical shift mentioned above, but also greatly affect the children and families in Pennsylvania by expediting the achievement of Pennsylvania’s Mission and Guiding Principles.

## **Pennsylvania Visitation Best Practice Key Components (Forward)**

**“To support and encourage best practices, Pennsylvania’s child dependency system should understand and approach visitation as a right, not a privilege.”- Pennsylvania Visitation Workgroup**

Out-of-home placement is a devastating event for a child and the entire family. The trauma of separation can affect a child’s cognitive, emotional, and behavioral well-being. The effects can last a lifetime. Separation is traumatic for parents as well; it can affect their overall ability to function. In most cases, the parent-child relationship must be preserved in order for children and parents to achieve optimal functioning.

Visitation preserves and develops the attachment between the parent and the child. Visitation provides an opportunity to improve and establish a healthy parent-child relationship; provides the opportunity to help the child manage the impact of separation from the family and community; provides the opportunity for ongoing assessment; and provides the parents with the opportunity to learn, improve, develop, and practice parenting skills.

Even children who will not reunify with their parents may benefit from visitation with their immediate and extended family. Visitation can help these children reestablish a relationship with their family, understand safety/risk factors that may still exist, understand caregivers’ capacity for change, or recognize their own needs versus their family’s needs.

Well-settled court decisions establish that parents have a constitutionally-protected interest in the care, custody, control and management of their children. *Santosky v. Kramer*, 455 U.S. 745 (1982). The courts have also recognized that parents and children **share** a vital interest in preventing the erroneous termination of their relationship. When the state removes children from their parents, constitutional protection extends to visitation, because visitation is the mechanism for parents to maintain a meaningful relationship with their children.

Pennsylvania case law strongly protects parents’ interests in visitation with their children who have entered placement. In *In re Rhine*, 310 Pa. Super 275, 456 A.2d 608 (1983), the Pennsylvania Superior Court announced that courts and child welfare agencies may not suspend parents’ visitation with a child who has been adjudicated dependent unless the party seeking to limit the visitation proves, by clear and convincing evidence, that visitation poses a “grave threat” to the child. In order to conclude that a “grave threat” exists, the court must find that “there are no practicable visitation options that permit visitation and protect the child.”

Despite this strong clinical and legal foundation, Pennsylvania visitation practices have too often focused on providing a bare minimum of parent/child interaction. Courts and

agencies have too often allowed resource constraints, provider agency convenience, and unchallenged assumptions about children's best interests to justify limits on visiting. Federal courts have actually accepted the "minimalist" approach as constitutionally adequate, as long as visitation policies and procedures abide by "professional standards." See *Winston v. Children and Youth Services of Delaware County*, 948 F.2d 1380 (3d Cir. 1991) (agency policy adhered to minimum visitation permitted by state regulations and allowed opportunity for parents to request increased visitation; therefore, policy did not represent departure from accepted professional judgment, practice, or standards).

The Visitation Workgroup believes that professional understanding of the importance of visitation has moved well beyond the minimal approach the court found acceptable 20 years ago in *Winston*. Federal and state laws and regulations offer some of the building blocks necessary to raise the bar on visitation practices. For example,

- Although the Department of Public Welfare regulations still permit a minimal visitation frequency of once every two weeks, they also affirmatively require county children and youth agencies to "provide the opportunity" for visits between parents and children "as frequently as possible." 55 Pa. Code § 3130.68. Courts and agencies have the responsibility and opportunity to shift their emphasis to the affirmative requirement.
- The recently-enacted Children in Foster Care Act requires children in placement be provided with "permission to visit and have contact with family members, including siblings, as frequently as possible," consistent with their service and permanency plans. 11 P.S. § 2633 (10).
- The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 requires agencies to make reasonable efforts to provide frequent visitation to separated siblings. 42 U.S.C. § 671(a)(31).
- Act 115 of 2010 incorporated and refined the above Fostering Connections requirements by amending the Juvenile Act to require visits between separated siblings at least twice a month. 42 Pa. C.S. § 6351(b.1), (f)(11).
- State regulations governing congregate care provide that the child has a right to visit with family at least once every two weeks. 55 Pa. Code § 3800.32.
- State regulations governing resource family care prohibit using denial of visitation as a form of punishment. 55 Pa. Code § 3700.63(b)(7).

The Visitation Workgroup recommends adoption of the key components described in this report to raise the bar on visitation practices. If adopted and implemented across the Pennsylvania child dependency system, these key components will establish a new level of professional standards to guide practice, protect children, promote strong families, promote child well-being and provide timely permanency.



## 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. Visitation planning includes a careful assessment of risk and safety to the child. (Visitation Manual)
3. Teams, who provide systemic collaboration, focus on identifying visitation best practices and plans in order to strengthen and empower families.
4. A creative visitation plan is family centered and includes clearly identified and communicated roles and responsibilities of all those involved in the visitation planning.
5. Frequency and duration of visits respects the individualized needs of the child and their parents/guardians and the evidence based value of promoting reunification through maintaining family contact. (Visitation Manual)
6. The developmental needs of the child and their parents/guardians are individually considered.
7. The location of visits is creatively designed for privacy and interaction and only as restrictive as required to protect the child. (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.



## **Component 1: Visitation is strength based and empowerment driven.**

### **Purpose and Rationale**

To be successful, the foundation of visiting practices for children, youth and families must engage all members in a respectful and strength based manner. Instinctively, those working with families must believe people can change and most importantly have hope for families served by child welfare professionals. Quality visitation must inspire and provide hope, growth, and support for families. (Pa. Child Welfare Values & Principles, 2011; Mission and Guiding Principles for Pennsylvania's Child Dependency System, 2009).

When children are removed from their home, it is critical that children and families continue to have access to the evidence/strength based practices that promote engagement, empowerment, self-reliance and interdependence while connecting children to not only family members but other supports (siblings, friends, relatives, coaches, and teachers). These practices also address grief and loss issues that must be addressed to promote and achieve the goals of Protecting Children, Promoting Strong Families, Promoting Child Well-Being and Providing Timely Permanency. These practice models may include but are not limited to: Family Group Decision Making (FGDM); Family Development Credential (FDC); grief and loss counseling; Family Finding (FF) and Quality Visitation practices.

### **Performance Benchmarks**

- Agency visitation policy and practices support and encourage “families” to take charge of their visitation plan through decision making planning practices such as Family Group Decision Making (FGDM) .
- Visits are planned and structured based on the needs of the child, including both immediate family members and also those people identified by the child and family with whom they have positive connections.

## **Component 2: Visitation planning includes a careful assessment of risk and safety to the child (Visitation Manual).**

### **Purpose and rationale**

The planning of effective visits requires careful assessment of risk and safety. Planning for safe visits requires both an initial assessment of risk and safety and an on-going assessment of a family's protective capacities, concerns and progress. A careful assessment of risk and safety must be completed prior to the development of the initial visitation plan. A plan that takes a preventative approach and addresses issues of risk and safety will increase the likelihood of a positive safe visit. The risk and safety assessment can help guide the type of oversight, frequency, location and activities that are needed to ensure the least restrictive visitation setting is provided to ensure a meaningful quality visit.

## Performance Benchmarks

- Assessment of families' strengths, needs, and concerns, as they relate to visitation planning, begins immediately upon the initial placement outside of the home and continues as an ongoing process.
- The family risk and safety assessment identifies information essential to addressing the question, "What must change, in order for the effects of child abuse/neglect or other concerns that led to the child's placement to be addressed, and for the risk of maltreatment to be reduced or eliminated?" (Visitation Manual)
- The agency and the court consider the child's risk and safety, the family's needs and resources, with consideration of previous attachments in all visitation plans.
- Oversight is only used where it meets a specific documented need for ensuring the safety of the child and/or family, which cannot be met by any other creative planning.

**Component 3: Teams, who provide systemic collaboration, focus on identifying visitation best practices and plans in order to strengthen and empower families.**

### Purpose and rationale

Under the Federal Adoption and Safe Families Act of 1997 (Public Law 105-98) (ASFA), children's well-being refers to factors other than just safety and permanency. Well-being is achieved when families have the capacity to provide for the educational, emotional, physical and mental health needs of their children or when families are receiving the supports and services needed to adequately meet the needs of their children. Typically, no one agency or organization can provide the broad reaching support often needed by children and youth or their families. To be most effective and comprehensive, the formulation of an effective visitation plan, must be driven by the family and may involve the efforts and support of a wide range of agencies, professionals, and other service providers. An attitude of "whatever and whomever it takes," to develop and implement a plan should prevail.

As emphasized by Warsh, Maluccio and Pine (1994), "extensive collaboration and teamwork are required in family reunification practice – teamwork involving the child, parents and other family members, foster parents, teachers, social workers, parent aides, legal and judicial personnel and other service providers" (p. 33). Through collaborative teamwork people who see different aspects of a situation can explore their different perceptions and search for solutions that reach beyond their own limited visions to a common vision of what is possible. Typically teams who collaborate effectively make better decisions and create more effective plans than any one person could develop alone.

In the context of planning for the stability and the future of children in care, collaboration has been defined as the process of all concerned parties actively sharing in examination of a child's and family's needs and qualities, reaching a decision regarding the most appropriate plan for a child, working together to implement that plan, taking joint responsibility for what occurs, and evaluating the outcome (Maluccio, Pine & Olmstead, 1986).

Collaboration and teamwork require that appropriate members have been identified and formed into a working team that shares a common "big picture" understanding and long-term view of the child/youth and family. Team members must have sufficient knowledge, skills and cultural awareness to work effectively with the child/youth and family. Members of the team will have a pattern of working effectively together to share information, plan, provide, and support any needs of the child/youth and family.

Team functioning and decision making processes should be consistent with principles of family centered practice and empower the family to drive the team. The family should first be offered a Family Group Decision Making conference to allow the family conference plan to drive any systemic teams in what is in the best interest of the child and family. Unity in effort and commonality of purpose apply to team functioning. A Family Group Decision Making conference is recognized as the best possible team to develop a visitation plan for the family.

### **Performance Benchmarks**

- The family has been offered a Family Group Decision Making conference to create their visitation plan.
- Team members include all available family members, the county caseworker, any provider of services to the child or family, health care providers, educational partners, Guardians ad litem and Parent Attorneys/Advocates and anyone else that the family feels would provide a support to their visitation needs. (QSR protocol)
- Team members demonstrate a commitment to a common goal, as developed by the family. (Visitation Manual and QSR protocol)
- Team members approach service provision as proactive rather than reactive. (Visitation Manual)
- Team members demonstrate an appreciation of other's potential contributions. (Visitation Manual)
- Team members display an attitude of acceptance and a flexible mindset. (Visitation Manual)

- Plans are developed and driven by the family to meet the diverse, individualized needs of each child/youth and their family, including what will be done, by whom, when, where, and how. (Visitation Manual)
- When service gaps are identified, team members work together to secure and realign needed resources to fill the gap and provide the service.

**Component 4: A creative visitation plan is family centered and includes clearly identified and communicated roles and responsibilities of all those involved in the visitation planning.**

### **Purpose and rationale**

Families should be offered a Family Group Decision Making conference to develop the best visitation plan possible that meets the individual needs of the child and family. Creative plans reflect attention to the family’s traditions, culture and ways of celebrating milestones, such as birthdays. Visitation plans should always be developed with the family. In most cases, the parent-child relationship must be preserved in order for children and parents to achieve optimal functioning.

Research tells us the development of a written visitation plan for each parent and child is positively associated with increases in parents’ visiting frequency and successful reunification (Visitation Manual). Extended family members, private agency caseworkers, and other service providers may also have information and responsibilities that warrant their participation in the development of the visitation plan. Visitation plans should reflect a balance between the need to protect children, the need to support the parents in building their protective capacities and the need to ensure meaningful quality time for the parent-child bonding.

### **Performance Benchmarks**

- The family creates and revises the visitation plan, with support from additional family and professionals as needed. The family has been offered Family Group Decision Making as a process to create the visitation plan.
- The roles and responsibilities of visitation team members are clearly defined.
- Reasonable efforts have been made to reduce, and when possible eliminate, all obstacles to visiting, such as difficulties with transportation, work and treatment schedule.

- The visitation plan is written in language that allows and promotes increases in visitation.
- The plan is supportive of the permanency goal for the child.
- The plan incorporates activities that provide opportunities for family progress on service goals, as well as activities for service providers to assess the family's growth.
- Courts determine initially whether visitation can be done safely and if so ensure that it begins as promptly and as frequently as possibly (Pennsylvania Dependency Benchbook and Resource Companion).
- Visitation progress is always assessed at court reviews with reports and testimony regarding visitation, in order to inform the court of the family's progress and continued recommendations for visitation (Pennsylvania Dependency Benchbook and Resource Companion).
- The visitation plan is coordinated with all other plan documents and/or court orders and is changed as the needs of the families' change and the goals are attained or changed.
- The visitation plan includes:

- **Purpose**
- **Expectations/Conditions**
- **Location**
- **Frequency**
- **Duration**
- **Persons permitted to participate**
- **Team members roles and responsibilities**
- **Transportation**
- **Oversight requirements**
- **Creative activities permitted**

**Components 5: Frequency and duration of visits respects the individualized needs of the child and their parents/guardians and the evidenced based value of promoting reunification through maintaining family contact.**

**Purpose and rationale**

Frequent visitation between children removed from their home and those who were caring for them has shown to have many benefits to the child, family and system involved. “Research has shown that children are not only more likely to be reunified with their parents if they have early and frequent visitation, but will suffer less trauma in the meantime” (Pennsylvania Dependency Benchbook).

One thing we know is that often children removed from their home suffer from feelings of abandonment and loss when separated from those whom they love, their school, friends, community and important personal things that have special meaning. Essentially, they are taken away from the people, places and things that have defined who they are and where they belong. Visitation helps to reduce the pain of this separation by encouraging the child’s parental bonding and attachment (Pennsylvania Dependency Benchbook). Visitation is an opportunity for reconnecting and reestablishing those relationships that help the child’s emotional well-being (Hess & Proch 1988).

Frequent visitation also impacts a child’s educational well-being. Fanshel and Shinn (1978) found that children who had frequent visitation showed significantly higher scores in their developmental progress, specifically verbal and nonverbal IQ scores. They also found that these children had less negative behaviors in the classroom than those children who visited less frequently. The frequent visitation often reduced classroom hostility, defiance, disagreeableness and emotional tension.

In addition to the child’s well-being, increased frequency helps the parents or caretakers feel more positive towards the placement, due to reduced worries about their child while out of their care (Jenkins & Norman, p. 247). More frequent visitation keeps the parents involved and included in their child’s life; thereby continuing to motivate the parent to increase protective capacities and positive behaviors to ensure their child’s safety in the home. Increased frequency of visitation not only correlates with expedited reunification, but also reduces the number of days in care (Mech, 1985).

Finally, visit frequency and duration should take into account the age and needs of the child. Young children are more vulnerable to separation trauma and should be provided with more frequent visitation (Pennsylvania Dependency Benchbook, Pennsylvania Child Welfare Best Practice Standards). Developmentally, infants begin to show a preference of one or two caretakers within the first few months of life. Throughout the months to follow,

infants will demonstrate this bond behaviorally through cries and protest of those unfamiliar. Therefore, an infant and toddler should see the parent at least every two to three days (Smariga, 2007, Dependency Resource Companion).

There is little research that speaks to duration of visitation; however, Judge Leonard P. Edwards'(2003) literature, in the Judicial Oversight of Parental Visitation in Family Reunification cases, recommends that the frequency and duration of visitation should be measured by the child and family's developmental needs and not the agency's capacity or convenience. It is critical during the infancy, toddler and early latency years, when the development of self-identity and personality are occurring, that duration and frequency needs to be strongly considered. An hour or even a few hours a week is not enough to maintain the attachment and bonding that needs to occur (Edwards, 2003).

In contrast, as children get older they develop a need for independence, they become involved in activities and school sports and their social network becomes very important. For older children, duration of the visit becomes more important than the frequency. Understanding child development and its impact on visitation is especially important as children grow. For example, older youth may at times be more interested in activities related to peer groups, social outings, employment, etc. than parental visitation. This is normal and developmentally appropriate behavior seen in many children not just those in the dependency system. Edwards (2003) points out that it is normal for children in their late teens to have brief and infrequent visitation and professionals should not misread this as a lack of bonding.

Visitation duration should allow parents/guardians to experience small success and increase through overnight and weekends, until finally the child can safely return home (Smariga, 2007). Frequency and duration should be considered based on the developmental needs of the child and parents/guardians. Finally, as with other benefits of engaging the extended family and kin, visitation frequency and duration can be enhanced through the use of family connections. These connections allow for assistance with hosting the visit, providing transportation and even keeping the child close to their home and community.

As mentioned in the other components, the family can address frequency and duration planning through family engagement decision making processes, such as Family Group Decision Making, when developing their visitation plan. Frequency and duration can be challenging on children when placement locations are far away, as the child is in the car for long periods of time and older children often are pulled out of school and activities. Efforts to keep the child's placement proximity close to their home of origin become essential considerations when planning for increases in frequency and duration. By allowing the extended family and kin to be engaged in the development of how best to increase the visitation frequency and duration, traditional barriers such as lack of staff to transport more frequently and limited professional space to hold additional visits, will be eliminated.



## Performance Benchmarks

- The family, extended family, kin and community are engaged through family empowered decision making processes, such as Family Group Decision Making, to allow the family to develop the best possible plan for increasing visitation frequency and duration.
- Performance benchmarks, shown in **APPENDIX I**, as a guide to enhancing frequency and duration as a visitation best practice component, are considered in the initial and ongoing visitation planning.

### **Component 6: The developmental needs of the child and their parents/guardians are individually considered.**

#### **Purpose and rationale**

Visit planning should be based upon the needs of the child and family and not on the convenience of agency personnel. Child development principles should become the starting point for any analysis of how frequent visitation should occur, how long it should last, where it should take place, and who should be present. (Edwards, 2003)

For each child, the chronological age and the developmental age may differ. This is especially true of children who have been subjected to abuse, neglect, trauma and loss. Because each child's development, needs and abilities are unique, it is not possible to provide specific "rules" for age-related visiting. Some generalizations, however, are possible based on what we know about children's age and developmental needs.

The children's current developmental tasks, including social, physical, emotional and intellectual development, should be considered in planning visits. Developmentally related visit activities for young children are provided in the attached *Figure 1: Developmentally Related Visit Activities* (Hess & Proch, 1988). Also according to Hess & Proch, visit activities for older children and adolescents should reinforce children's school-work and other interests. Certain parenting behaviors support adolescent development, such as setting firm but flexible limits, communicating positively about the adolescent's changing appearance, and supporting the adolescent in making decisions about his or her future.

Parents may need assistance in thinking through which visit activities are developmentally appropriate, of interest to the child, and suitable to the length, timing and location of the

visit. Helping parents focus attention on their children’s developmental needs when planning for a visit helps parents to develop reasonable expectations of their children. It also helps them to assess their own skills and abilities as a parent and reflect upon their choice and use of parenting strategies. It promotes positive relationships between children who get the parenting support they require, and parents who gain confidence and competence. All these factors are essential to successful reunification.

**Figure 1: Developmentally Related Visit Activities (reprinted from Hess and Proch: Family Visiting in Out-of-Home Care: A Guide to Practice)**

<i>Age</i>	<i>Developmental Tasks</i>	<i>Developmentally Related Visit Activities</i>
Infancy (0-2)	Develop primary attachment Develop object permanence Basic motor development (sit, reach, stand, crawl, walk) Word recognition Begin Exploration and mastery of the environment	Meet basic needs (feeding, changing, holding, cuddling) Play peek-a-boo games Help with standing, walking, etc. by holding hands, play “come and get me” games Name objects, repeat name games, read picture books Encourage exploration, take walks, play together with colorful, noisy moving items
Toddler (2-4)	Develop impulse control Language development Imitation, fantasy play Small motor coordination Develop basic sense of time Identify and assert preferences	Make and consistently enforce rules Read simple stories, play word games Play “let’s pretend” games, encourage imitative play by doing things together such as “clean house,” “go to store” Draw together, string beads together Discuss visits and visit activities in terms of “after breakfast,” “after lunch,” “before support,” etc. Allow choices in activities, clothes worn, foods eaten

<p>Preschool/Early School-Age (5-7)</p>	<p>Gender identification</p> <p>Continuing development of conscience</p> <p>Develop ability to solve problems</p> <p>Learning cause-effect relationships</p> <p>Task completion and order</p> <p>School entry and adjustment</p>	<p>Be open to discussing boy-girl differences; be open to discussing child's perception of gender roles, read books about heroes and heroines together</p> <p>Make and enforce consistent roles, discuss consequences of behavior</p> <p>Encourage choices in activities</p> <p>Point out cause-effect and logical consequences of actions</p> <p>Plan activities with beginning, middle, end (as in prepare, make cake, clean up); Play simple games such as Candy Land, Go Fish</p> <p>Shop for school clothes together; provide birth certificate, medical records required for school entry; go with child to visit school, playground prior to first day; accompany child to school</p>
<p>School-Age (8-12)</p>	<p>Skill development (school, sports, special interests)</p> <p>Peer group development and team play</p> <p>Development of self-awareness</p> <p>Preparation for puberty</p>	<p>Help with homework; practice sports together; demonstrate support of special interests, such as help with collections; attend school conferences and activities; work together on household tasks</p> <p>Involve peers in visit activities</p> <p>Attend team activities with child (child's team or observe team together)</p> <p>Discuss physical changes expected; answer questions openly</p>

## Performance Benchmarks

- Visit planning is based on the needs of the child and not on the convenience of the agency.
- Parents receive assistance, when needed, in thinking through which visits activities are developmentally appropriate, of interest to the child, and suitable to the length, timing and location of the visit.
- Parents receive support to assess their skills, abilities and choices of the parent in the context of their child's developmental needs.

**Component 7: Location of visits are creatively designed for privacy and interaction and only as restrictive as required to protect the child (Visitation Manual).**

### Purpose and rationale

Successful visitation begins upon a child's entry into placement. There are several factors that contribute to the success of the visitation, one being the location of the visit. If reunification is a permanency goal, children in out-of-home care should be placed as near to their home of origin as possible to allow frequent visitation to occur (Hess, 2003; PA Child Welfare Practice and Standards; Smariga, 2007; Pennsylvania Department of Public Welfare, 1999 - relating to visiting and communication policies).

Traveling long distances to visits is inconvenient for everyone involved and is hard on young children (Smargia, 2007). Young children (0-6 years old), who must sit in a car seat for a long period of time, arrive at the visit cranky or sleepy, which detracts from the quality of the visit. Older children (7-18 years old) may be more understanding, but may exhibit a similar disposition if the visit location is a long distance. A strong correlation exists between quality, frequency and success of both the family interaction and visit location (Smargia, 2007).

Visitation needs to be planned and purposeful and held in a least restrictive home like setting whenever safety and risk will not be jeopardized. The visitation plan, as developed by the family, should consider location options such as a community setting, the home of extended family and kin and whenever safely possible, the child's home of origin. Visitation location in the agency should only be used when the safety threat is severe enough that it cannot be mitigated by any other means.

## Performance Benchmarks

- Visits occur in an environment that ensures safety.
- The location of visits permits privacy and interaction and is only as restrictive as required to protect the child, based upon documented safety threats.
- Visits are located in the parents' home unless there are documented safety reasons not to do so.
- Creativity in selecting visitation location reflects the broad range of activities that parents and children might participate in together that foster the well-being of the child. Visit locations may include relative/kinship homes, the resource parents' home, parks, restaurants, family centers, recreational activities, school events, locations of family rituals or celebrations, to name a few guiding examples.
- Visits located in the agency office only take place when all other best practice options have been exhausted or if requested by the family.

**Component 8: Effort and planning to manage participant reactions to visits occur both initially and ongoing as part of the visitation plan.**

### Purpose and rationale

“Each visit of a child in out-of-home placement begins with a reunion and ends with another separation, which in most cases continues until the next reunion which begins with the next visit. It can be expected that the parent-child attachment and the reactions to reunion and separation shape the interactions during each visit, as well as interactions over time.” (Visitation Manual)

The experience of visiting can surface expression of many intense and painful emotions on the part of children and parents. Many of these reflect a normal reaction to the abnormal situation of separation of family members through the placement of a child in care. Therefore, all family members involved in visiting may be expected to have emotional reactions associated with separation, intensified by the ambiguity of whether and when the separation will end. (Visitation Manual)

Resource families, agency staff and other members of the team supporting visitation are frequently exposed to the high intensity emotions of the children and parents. This exposure can stir up deep feelings of sadness, anger, fear, anxiety and helplessness. Too

often, in an attempt to help, resource families and professionals misinterpret these reactions as indicating a poor attachment/bond between the child and parent rather than a normal emotional response to the stress of separation. This misinterpretation can lead to a professional response that “rescues” children from further emotional reactions, thereby missing an opportunity to address these emotions and in so doing strengthen the child/parent bond.

Anticipating and managing the reactions that family members, resource parents, agency staff, and service providers have to visiting is an essential component of effective progressive visitation. Persons involved with family visits often assume that the problems of visiting are best managed by reducing the frequency and duration of visits. Unfortunately, this simplistic solution may exacerbate the problem. As with the initial visitation plan, ongoing decisions regarding changes should be individualized and made only after careful assessment.

**Reactions to visits:** The chart below summarizes emotions and other factors that children, families, and other team members supporting visitation may see or experience, along with potential accompanying behaviors (Visitation Manual).

<u>Participant</u>	<u>Emotions, Other Contributing Factors</u>	<u>Behaviors</u>
<b>Child</b>	<ul style="list-style-type: none"> <li>• Chronological age</li> <li>• Developmental age</li> <li>• History of trauma and loss</li> <li>• Ability to attach to caregiver</li> <li>• Number of consistent caregivers over time</li> <li>• Length of time with caregivers</li> <li>• Existence of chronic/toxic stress</li> <li>• Existence/lack of coping mechanisms</li> <li>• Conflicting loyalties</li> <li>• Visit location, frequency &amp; duration</li> <li>• Placement/connection with siblings</li> </ul>	<ul style="list-style-type: none"> <li>• Crying</li> <li>• Regression</li> <li>• Constant worrying</li> <li>• Verbalization of feelings of guilt or blame</li> <li>• Expressing fear of the parent</li> <li>• Anxiety in advance of visits</li> <li>• Defiance following visits</li> <li>• Refusal to visit</li> <li>• Nightmares</li> <li>• Self-mutilation or suicidal ideation</li> </ul>

<b>Parent</b>	<ul style="list-style-type: none"> <li>• Pain of reunion and separation</li> <li>• Unresolved or chronic grief and loss</li> <li>• Guilt or shame</li> <li>• Anger</li> <li>• Ambivalence about parenting skills</li> <li>• Feelings of helplessness</li> <li>• Self-esteem issues</li> </ul>	<ul style="list-style-type: none"> <li>• Showing up at visits intoxicated</li> <li>• Missing visits without notification</li> <li>• Pressuring children</li> <li>• Maltreating child during visit</li> <li>• Not adhering to own treatment plan</li> <li>• Making unrealistic promises to child</li> <li>• Ignoring child during visit</li> <li>• Behaving aggressively toward participants/members of visiting team</li> </ul>
<b>Team member</b>	<ul style="list-style-type: none"> <li>• Sadness</li> <li>• Anger</li> <li>• Fear</li> <li>• Anxiety</li> <li>• Helplessness</li> </ul>	<ul style="list-style-type: none"> <li>• Detachment, avoidance</li> <li>• Judgmental or aggressive approach to parents</li> <li>• Decisions to limit frequency or duration of visits</li> </ul>

## Performance benchmarks

- Agencies, courts and service providers recommend and/or approve changes in visitation plans only after exploring the meaning of parent's and children's reactions to visits, including exploring questions/issues such as:
  - Is the child's reaction normal given the stresses of placement, including separation from the parents?
  - Does the child's reaction reflect distress related to conflicting loyalties?
  - Does the child's reaction reveal problems in the visiting situation, such as insufficient structure or planned activities that the child does not desire?
  - Does the child's reaction indicate problems in the parent-child relationship that require therapeutic intervention?
  - Does the parent's behavior indicate confusion about visitation arrangements?
  - Does the parent's behavior result from obstacles such as lack of child care for children at home, transportation issues, or work schedules?
  - Does the parent's behavior indicate ambivalence about parenting or reunification?
- When assessed as appropriate, the agency implements visiting standards of practice that are empowering, empathetic, responsive and involves active parenting, such as the Visit Coaching Model, to help support the parent and child's reaction to visits.

**Component 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.**

### Purpose and rationale

One of the four Guiding Principles for the Child Dependency System of Pennsylvania states as follows:

*All children have the right to live in a strong family that provides a safe, nurturing and healthy environment in which to be reared, as families are the primary source of the protection and nurturing of children.*

Any out-of-home placement requires attention to this guiding principle. Families and children experience out-of-home placement as a devastating and traumatic event. Trauma created by separation can affect a child's cognitive, emotional and behavioral well-being,



which could cause effects that last for a lifetime. The trauma of separation can affect the overall ability of parents to function as well. (2011 Visitation report pg. 5)

In most cases, to achieve optimal functioning of a family, the parent-child and sibling relationship must be preserved in some fashion. Sibling relationships are often the strongest bond children have in a family unit. Planning for visitation therefore must involve effort to respect and maintain the family connections in a fashion that ensures safety and continuing contact. Visitation designed with these principles in mind provides the following (2011 Visitation Report, pg. 5) :

- i. Opportunity to improve and establish a healthy parent-child and sibling relationship
- ii. Opportunity to help the child manage the impact of separation from the family and community
- iii. Opportunity for ongoing assessment
- iv. Opportunity for parents to learn, improve, develop and practice parenting skills

Beyond positive connections with family, children in out-of-home placement need to create and/or maintain positive connections with their community. The research of Kevin Campbell clearly establishes that all children need numerous positive connections to develop and grow in a healthy manner and reach their full potential. Children benefit when visitation planning encompasses positive family connections as well as attention to build and/or maintain positive community connections. All children have a strong need to “belong” to both a family and a larger community.

In addition, an essential element of visitation planning involves assessing the individual interests of each child and finding small groups or interest communities that can help each child explore their talents and gifts. For healthy families these connections come naturally through parents who themselves have community connections and value opportunity for child growth and competency development through these activities and organizations. The planning for many children in out-of-home Placement must help families see and value the need to create these types of connections and bonding with a larger community such as various sports, art activities (e.g. dance, drama, music), scouting, after-school programs, church activities and many others.

When agency services eventually end, the creation of ongoing community connections for the family can provide a strong sense of belonging that benefits all families and children. It provides the link to help families receive healthy beliefs and clear standards from these community groups and organizations and develop a sense of purpose and affirmation from others with similar interests and goals (Social Development Strategy, Hawkins and Catalano). Families can benefit from objectives outlined in family service plans that give time and attention to this goal for children and families.

To summarize, visitation improves successful outcomes when it includes effective planning for the maintenance of positive connections for families and intentionally builds positive connections for the family in the larger community. These goals need not occur in a mutually exclusive fashion, but rather can occur simultaneously for even greater results to build strong families that can provide a safe, nurturing and healthy environment.

### **Performance Benchmarks**

- Early identification of any positive connections for the child, parents and siblings through Family Finding and interviews with the family to find existing supports. This protocol precedes any out-of-home placement, as it may prevent the need for any placement of the children.
- Existing network of support is incorporated and respected: The family, through motivational interviewing, is helped to identify possible positive connections within the community.
- Visitation plans identify the responsible party (caseworker, provider or other) who will help the family meet objectives.
- Visitation plans identify positive connections for each family member and sets a timeline for building at least 5 positive connections for each family member.
- Agency has a collective map of community resources, such as daycare centers, family resource centers, recreational sites, and other community resources, by geographic location to help facilitate the discussion and selection by families of possible positive connections. Ongoing efforts to ensure maps are kept current.
- Hearing Officers and Judges raise and/or facilitate the discussion of positive connections at each hearing.
- Agencies collaborate with community resources to have handy reference capability through brochures, videos, mentors and/or visits.
- Agencies develop or adopt interest inventories for children and adults to help families explore their individual talents or interests that can connect them to their community.
- Positive connections in the community are sensitive and designed to consider cost, location, gender, race, ethnicity, culture and age.

**Moving forward, the Visitation Workgroup offers the following recommendations:**

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 draft Bench Cards to the Bench Book Committee for possible inclusion with the next addendum to the Dependency Bench Book
7. Relieve workgroup of the previous charge to explore Act 101 and visitation

*This report is respectfully submitted under the leadership of the Visitation Co-Chairpersons, with dedication and collaboration of the workgroup members.*

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## Frequency and Duration Guide for Visitation



Infants and Toddlers 0-3	Preschool 3-5	Children 6-9	Children 10-12	Children 13-17
<p>The first visit occurs within 72 hours of the removal of a child from the parents/guardians</p> <p><b>Infants and toddlers have a minimum visitation of 3 times per week. More frequent visitation is considered for infants and toddlers, due to their developmental need to secure attachment and bonding with caretakers in the early months and years of life. (Smariga, 2007, Dependency Resource Companion).</b></p> <p>Visitation frequency addresses, through the development of a visitation plan, beginning at the shelter hearing and included in the shelter order</p>	<p>The first visit occurs within 72 hours of the removal of a child from the parents/guardians</p> <p>Children have a minimum of weekly visitation. More frequent visitation is considered when possible</p> <p>Visitation frequency addresses, through the development of a visitation plan, beginning at the shelter hearing and included in the shelter order</p> <p>The frequency of the visitation is progressive and reviewed at every hearing</p>	<p>The first visit occurs within 72 hours of the removal of a child from the parents/guardians</p> <p>Children have a minimum of weekly visitation. More frequent visitation is considered when possible</p> <p>Visitation frequency addresses, through the development of a visitation plan, beginning at the shelter hearing and included in the shelter order</p> <p>The frequency of the visitation is progressive and reviewed at every hearing</p>	<p>The first visit occurs within 72 hours of the removal of a child from the parents/guardians</p> <p>Children have a minimum of weekly visitation. More frequent visitation is considered when possible</p> <p>Visitation frequency addresses, through the development of a visitation plan, beginning at the shelter hearing and included in the shelter order</p> <p>The frequency of the visitation is progressive and reviewed at every hearing</p>	<p>The first visit occurs within 72 hours of the removal of a child from the parents/guardians</p> <p>Children have a minimum of weekly visitation. More frequent visitation is considered when possible</p> <p>Visitation frequency addresses, through the development of a visitation plan, beginning at the shelter hearing and included in the shelter order</p> <p>The frequency of the visitation is progressive and reviewed at every hearing</p>
<p>The frequency of the visitation is progressive and reviewed at every hearing</p> <p>When possibly to safely do so, parents are encouraged to attend collateral contact activities, in addition to their traditional visits (i.e. medical appointments)</p>	<p><b>Consideration is given to preschool schedules</b></p> <p>When possible to safely do so, parents are encouraged to attend collateral contact activities, in addition to their traditional visit (i.e. preschool meetings, programs)</p>	<p><b>At this age, consideration is given to children becoming involved in school activities and sports. As such, it may be necessary to consider an increase in duration when an increase in frequency will disrupt those activities enjoyed by the child.</b></p> <p>When possible to safely do so, parents are encouraged to attend collateral contact activities, in addition to their traditional visit (i.e., sports, educational planning meetings)</p>	<p><b>Duration, over frequency, is more strongly considered at this stage as children become more independent and collateral activities become more socially important.</b></p> <p>When possible to safely do so, parents are encouraged to attend collateral contact activities, in addition to their traditional visit (i.e., school programs, sports)</p>	<p>Duration, over frequency, is more strongly considered at this stage as children become more independent, collateral activities become more socially important and <b>the older teenagers may obtain employment.</b></p> <p>When possible to safely do so, parents are encouraged to attend collateral contact activities, in addition to their traditional visit (i.e., school activities, community activities, job searches)</p>

**\*All bolded information highlights individualized needs for that age group**

### Transitioning Youth ages 18 – 21 Years:

- Visitation during this stage should be at the discretion of the transitioning youth.
- Consideration should be given to the cognitive and developmental needs of the youth that would require additional planning and oversight.