

Chapter 4 - Services to Children

26. Family Visitation and Contact

Maintaining family contact and regular visitation is the single most important factor in supporting a child's attachments to his or her parents, siblings and other family members and can lessen both the child's and the parents' anxiety about the child being placed in substitute care. Frequent high-quality visits support parental engagement and motivation for change. A visit and contact plan that meets the child's developmental and attachment needs and allows for frequent contact between the child, siblings and members of his or her family must be created for every child in substitute care. This plan must be in the best interest of the child and must develop or enhance attachment with the child's family, including siblings. The visitation plan is created to reduce the trauma to the child associated with being removed from the home. The visit and contact plan is part of the case plan, receives priority when reunification is the permanency plan, and is developed through an assessment of the needs of and risks to the child.

One of the best predictors of successful reunification is the frequency and quality of visits between a child and his or her parents. When reunification is the goal, the visit and contact plan should include progressively increased parental responsibility for the daily care of the child. See [Appendix 4.15, Principles of Good Visitation Practice](#). When reunification no longer is the goal, a visit and contact plan can help family members understand and accept the alternative permanency plan. Whatever the goal, visits strengthen and maintain family relationships, enhance a child's well-being, and affirm the importance of parents in the child's life.

Visitation is an interactive face-to-face contact between a child and his or her parents, siblings or other family members. It is separate from counseling, therapy, assessments, case reviews, family meetings or court hearings. Visitation can be supplemented with other types and means of contact such as phone calls, letters, email, pictures, and gifts. This contact should be allowed and encouraged unless the child's or others' safety or well-being may be compromised.

A. Visit and Contact Plans

Procedure

Involve the parents in planning for visits. It is also important to invite the child's substitute caregivers, the child and other relevant people (e.g., the child's attorney, CASA, therapist or relatives) to participate in planning for parent-child contact. This planning process begins when a child is first removed from the parent's home.

- Prepare a visit and contact plan when a child first enters substitute care or by the time of the first court hearing, whichever is first. When working with parents on developing a visit and contact plan, explain their rights regarding visits and what they can expect prior to, during and after visitation, and

explain the importance of visitation to the child. The visit and contact plan must explain the reason for supervision if supervision is required. The plan includes the names of the person(s) with whom a child may have contact and the description of the contact with each person that includes:

1. Type, time, frequency, length, location, supervision and safety considerations.
 2. Do not list addresses or telephone numbers on the visitation plan when doing so may put others at risk of harm (e.g., domestic violence or restraining orders) or when doing so would violate confidentiality.
- Schedule the first visit within a week of the child's placement in substitute care, preferably within the first 48 hours of the child entering care. If this does not occur, document the reasons why in a case note in the electronic information system.
 1. The visit and contact plan is a part of the case plan. The Visit and Contact form CF 0831 may be filled out by Department staff or the caseworker. It must be approved by the caseworker if completed by Department staff. The caseworker must consider several factors in the development of the visit and contact plan:
 - a. The ongoing safety plan. (What are the safety issues, both physically and emotionally for the child in interacting with the parent?)
 - b. The child's permanency plan. (Has the department moved to a permanency plan other than reunification?)
 - c. The unique developmental and attachment needs of the child (e.g., frequent contact is critical to maintaining attachment to the parents).
 - d. The family's culture, traditions, language and norms and how to support and incorporate those considerations into visits.
 - e. A child's school schedule (which should not be disrupted for visitation, if possible).
 - f. The best interests of the child.
 - g. Any orders of the court regarding visitation with a child's parents or siblings.
 2. If supervision is required, the visit and contact plan must clearly explain the reason for supervision. Some reasons to require supervision during visits include: to protect the child from harm, manage child safety, or to provide therapeutic visitation. The reasons must be specific to the family's and child's needs.
 3. A visit and contact plan that prohibits visits with family members must clearly state the reasons for the prohibition and the circumstances, if any, under which the department would begin or resume contact.
 4. Reasons to prohibit visits include:
 - a. When there is reason to believe the acts or omissions of a parent or guardian would result in child abuse or neglect during a visit;
 - b. The safety of a child or young adult cannot be managed by supervision;
 - c. The visit does not meet the best interests of the child or young adult;
 - d. A court order prohibits visits.

5. Visits cannot be canceled solely due to the act or omission of a parent that is unrelated to the safety or well-being of a child during a visit.
6. If visits between a child and a parent do not occur for any reason, visits between siblings not placed together should continue to regularly take place unless the child's safety or well-being would be compromised during a visit.
7. The Department will support foster parents in prioritizing visits between siblings placed separately when doing so is safe and in the best interest of a child.
8. Discuss with the foster parent the different reactions a child may have to visitation with his or her parent (including feeling happy, confused, sad and angry) and that the child may not be able to express feelings with words, but with behaviors (such as regression, depression, bad dreams, aggression, or irritability as well as other acting out behaviors). Explain that this is normal and not a reason to terminate or limit visits.
9. Explain to the foster parent the benefits of frequent visitation: promotes healthy attachment, establishes and strengthens parent-child relationship, eases pain of separation and loss for the child, helps motivate parents to make changes, allows parents to learn and practice new skills.
10. Ensure the visit and contact plan is written in a language the family can understand.
11. Address any specific needs of the family during visitation, such as cultural or language-specific needs.
12. Explain to the parents what might happen if they do not attend visits and explain the known or anticipated reasons for ending a visit, such as for safety reasons.
13. Plan for contact other than visitation such as phone or email contact, letters, pictures and contact during other family activities such as school or church events, family gatherings, or doctor or dental appointments.
14. Address the barriers to visitation such as transportation, health conditions, or arranging child care for a child's siblings.
15. Consider the parents' work or treatment schedules in the development of the visit and contact plan.
16. Consider safety concerns for the child and others. When necessary, take special measures for a child and non-offending parent when domestic violence has occurred and there is an active restraining order, there are limited contact requirements through a divorce decree, or there is no order or court action, but there have been domestic violence or other safety issues between the parents. These measures may include separate visitation schedules, safe drop-off and pick-up locations, or special safety plans for unplanned contact.
17. Address in the visitation plan reasons for canceling or rescheduling a visit (e.g., safety issues) and what may happen if a parent does not attend a scheduled visit.
18. Include a timeframe for regular review and revision of the visit and contact plan. This review must be a part of the 90-day case plan review.

B. Supervision Levels and Documentation

Procedure

Visitation and Contact Plan

- The visit and contact plan should utilize the least restrictive level of visitation that can meet the safety needs of the child.

Levels of supervision include:

1. **Unsupervised Visitation:** The parent is demonstrating increased protective capacities and decreased diminished protective capacities. Safety threats are managed, and the child feels comfortable visiting with the parent. Unsupervised visitation should be considered as a natural transition to the return home process as conditions for return are close to being met. Document with whom, when and where unsupervised visits are occurring on the ongoing safety plan and the visit and contact form (CF 0831).
2. **Monitored Visitation:** Parent is demonstrating mostly enhanced protective capacities, and diminished protective capacities are decreasing. The child is comfortable visiting the parent. Safety threats can be managed. These visits may be supervised by DHS staff or other approved safety service provider. There may be specific rules regarding location and supervision of the visit. Group visitation may fit in this category.
3. **Supervised Visitation:** Safety threats exist or are currently being assessed, and there is a vulnerable child. The parent may need assistance in establishing a parent/child relationship. The child may need reassurance of a third party. This may occur at the beginning of a case or when a termination of parental rights petition has been filed. Supervision requires that the visit be:
 - a. Supervised in a DHS office or in the community.
 - b. Supervised by DHS staff or approved safety service provider.
 - c. Supervised within sight/sound.
4. **Intensive Supervision:** This highest level of supervision is only appropriate on high-risk cases or when there are significant child well-being issues. Examples might be: threat of abduction, threat of coercion of testimony, or a fearful child. Intensive supervision requires that the visit be:
 - a. Supervised by DHS staff or another approved professional.
 - b. Supervised in secure environment.
5. **Therapeutic Visitation:** This level of supervision is clinical and requires a higher skill level of intervention by a professional. Therapeutic visitation may be necessary to facilitate attachment, child well-being, transition, or other relationship dynamics. The professional must confirm they are comfortable managing child safety during the visit.
6. **Supplemental Contact:** Supplemental Contact should occur in addition to a regular visitation plan. The type of supplemental contact should match safety threats and vulnerability of the child. Types of enhanced contact include:
 - a. Hands-on visitation during a structured or facilitated class.

- b. Email and phone.
- c. Parent participating in medical appointments, school activities, holiday celebrations, etc.

Documentation of Visits:

- Each visitation contact between a parent and a child and between the child and his or her siblings must be documented in the DHS electronic information system. The documentation must include who participated in the visit, the date and the location of the visit, and what occurred during the visit. This information may be submitted to the court.
- When someone other than department staff is supervising the visit, ensure the person supervising the visit provides feedback of the impact of the visit on the child no more than seven days after the visit has occurred. This feedback must be documented in the DHS electronic information system.

During the CPS Assessment:

- Visitation will likely begin at a supervised level during the initial CPS assessment to assist in determining the needs of the child, protective capacity of the parents, and understanding parent-child dynamics. The caseworker can move to a less restrictive level of supervision at any point during this assessment period once safety and well-being are assured.

C. Questions to Determine Supervision Levels and How to Move Between Supervision Levels

Procedure

- Visit and Contact Plans are meant to be case specific and are an important part of the case plan that need to be reviewed regularly. Visits should occur in both the least restrictive environment and level of supervision that can be implemented while still meeting the child's physical and emotional safety needs. Visitation plans are meant to be fluid and should become less or more restrictive as the case plan moves along. As the parent demonstrates increased protective capacities and decreased diminished protective capacities, the level of supervision should decrease as a natural transition to the return home process. If no progress is being made, the supervision plan may not change. Progress does not determine whether a parent has the opportunity for visitation services. Questions to consider when determining the appropriate level of supervision:
 1. Do safety threats still exist to warrant the current level of visitation?
 2. Can safety threats be managed in a less restrictive way that would be safe and appropriate?
 3. Is the child comfortable during visits?
 4. Does the level of visitation match the permanency plan?
 5. Have the parents been consistent in following the current visitation plan?

6. Do the parents understand visitation expectations?
7. Have relatives/kith/other natural supports been explored as visitation supervisors?
8. Have more normalized environments, other than the DHS office, been explored?
9. Can visitation time be extended or more visits added?
10. Can the current visitation schedule be supplemented in any way?

D. Safety Service Providers (SSP) and Visitation

Procedure

- Arrange supervised visitation with a DHS-approved Safety Service Provider (SSP) when required to address safety concerns for the child.
 1. In these circumstances, a DHS-approved third party (SSP) is included in the visit to protect the emotional and physical safety of the child.
 2. Make the arrangements for the SSP, provide the parameters of the visit, and provide the instructions to the SSP for visit parameters, special considerations, and any observation and documentation requirements. Ensure that the person supervising the visit receives a copy of the visit and contact plan, understands the dynamics of the individual family, the purpose of the supervision, and will comply with the safety plan.
 3. Continue supervised visits only if they are required to manage child safety.

E. Assessment of non-DHS employees as Safety Service Providers for visitation supervision

Procedure

- There are times when it may be appropriate to have a non-DHS employee supervise a visit. This may be the foster parent/relative caregiver, other relatives, other individuals known to the family or a DHS volunteer who have been approved by DHS to be a Safety Service Provider (SSP). In assessing the appropriateness of the person as a Safety Service Provider to supervise visitation, consider:
 1. Whether the SSP's viewpoint toward the child is appropriate and realistic.
 2. If the SSP understands what the threats are and accepts them as existing, serious and concerning.
 3. If the SSP possesses the knowledge, skills and motivation necessary to perform the action or service being asked of him or her in the safety plan and the visit and contact plan.
 4. If visits occur at the SSP's home, the safety and appropriateness of the home.
 5. Whether the SSP has the ability to and will intervene in the visit, if necessary, and understands when intervention would be necessary.
 6. Whether the SSP has the ability to provide objective and accurate information about the visit.

7. Whether the SSP has the ability to and will complete the documentation required within the required timeframe.

F. Special Visitation Considerations

- Federal regulations apply to ICPC cases and the length of visits. Consult with the central office ICPC coordinator regarding parameters of interstate visits for a placement governed by ICPC.
- Arrange for a child to visit with extended family members or other important people in his or her life (e.g., a sibling, teacher, coach, pastor, rabbi or neighbor) to maintain a child's connection to family, culture and community. Maintaining a child's connections with significant people in his or her life is important to the child's well-being.
- Ensure the family and other visitation contacts are documented in the case notes, and include the following information:
 1. The date, time, length and location of the visit
 2. Who attended
 3. Activities that occurred during supervised or structured visits
 4. Missed visits and reason(s) the visits were missed
 5. Interrupted or visits that were ended early and reason(s) why they were interrupted or ended
- There are special considerations for visitation when a parent is incarcerated. [Appendix 4.16](#) provides guidance to the caseworker when arranging visitation with a parent who is incarcerated or in custody.
- The caseworker is responsible for planning and evaluating the visitation between parents and their children. [Appendix 4.17](#) provides questions to guide planning and evaluating of family visits.

Support of the visitation process:

Family visitation can be stressful and awkward for both the child and his or her parents. Visits at the DHS office may trigger a trauma response in both parents and children. Family members may struggle with what to say and do during visits.

There are many things a caseworker can do to support and enhance the visitation process:

- Take time to talk with parents, children and young adults about places where they would feel comfortable having a visit. Consider planning visits in a park, library, church or other public setting outside the office. Consider occasions when visits can occur in the family home.
- Suggest the parents bring books, toys and/or games to the visit. Parents who do not have books can check them out from the library. Ask parents if they mind recording themselves or having someone help record them as they read to or interact with their child. This can be played again by the child throughout the week.
- Encourage the family members to share family traditions, cultural rituals and special celebrations

together. Eating often is a fond family ritual, and sharing food is enjoyable for everyone.

- Use visitation times to celebrate child and family accomplishments.
- Take and share pictures.
- Ask if the parent would like to sleep with a favorite blanket or piece of clothing and give it to the child at a visit. The smells of home and familiar items can provide a sense of connection and comfort when the parent is not with the child.

The Supervisor's Role

- Review the case plan, including visitation and contact plans.
- Consult with the caseworker when issues or concerns arise.
- Support creative thinking regarding increasing the number of people who can supervise visits, where visits take place, and supporting family traditions and culture.
- Ensure the level of supervision is appropriate.
- Explore possible caseworker bias around appropriate behavior and expectations in visits.
- Support the caseworker's efforts for frequent contact between the child and his or her parents and between siblings.

Forms and references

Case Plan in OR-Kids

CF 0831 Visit and Contact Form

Legal references

Interstate Compact on the Placement of Children

ICPC Regulation No. 9. Definition of a Visit

OAR 413-040-0250, Travel Arrangements and Reimbursement for Transportation Expenses

OAR 413-010-0170, Rights of Children and Young Adults

OAR 413-010-0170, Rights of Relatives

OAR 413-200-0301, Standards for Certification of Foster Parents and Relative Caregivers and Approval of Potential Adoptive Resources

OAR 413-040-0005, Developing and Managing the Case Plan

I-I.2 Narrative Recording

OAR 413-070-0860, Types of Visit and Contact Plans