

26. Family visitation and contact

Maintaining family contact and regular visitation is a service to children. Visits preserve 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. A visit and contact plan that meets the child's developmental and attachment needs and allows for frequent contact between the child 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 meet the best interest of the child and 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, visiting strengthens or maintains family relationships, enhances a child's well-being, and affirms 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, e-mail, pictures, tapes and gifts. This contact should be allowed and encouraged unless the child's or others' safety or well-being may be compromised.

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A. Visit and contact plans

Procedure

- Involve, at a minimum, the parents, child's substitute caregivers, the child and other relevant people (e.g., the child's attorney, CASA, therapist or relatives) in planning for parent-child contact. This planning process may begin when a child is first removed from the parent's home.
- Prepare a temporary Visit and Contact Plan when a child first enters substitute care or at the time of the first court hearing, whichever is first. When arranging a Visit and Contact Plan explain the rights and expectation of visitation, and explain to the parents the importance of visitation to the child. The Visit and Contact Plan must explain the reason for supervision if supervision is required. A temporary 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. A copy of the temporary Visit and Contact Plan (CF 0831A) is provided for parents, the child, the substitute caregiver, siblings, legal guardians or other interveners granted visitation by the court.
 2. Do not list addresses or telephone numbers on this visitation plan when doing so may put others at risk of harm (e.g., domestic violence or restraining orders).
- 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 for the non-occurrence in FACIS case notes.
- Develop an ongoing Visit and Contact Plan (CF 0831B) within 30 days of the date the child enters substitute care.
 1. The ongoing Visit and Contact Plan is a part of the case plan and should be developed by involving the child whenever appropriate, the child's parents, the substitute caregiver, and others involved in the development of the case plan as appropriate. In developing the Visit and Contact Plan, the caseworker must consider several factors:
 - a. The time, frequency, length and location of the visits.
 - b. The on-going safety plan (what are the safety issues, both physically and emotionally for the child in interacting with the parent).
 - c. The child's permanency plan (has the department moved to a permanency plan other than reunification).

- d. The unique developmental and attachment needs of the child (e.g., for very young children, frequent contact is critical to maintaining attachment to the parents).
 - e. A child's school schedule (which should not be disrupted for visitation if at all 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 explain the reason for supervision. Reasons to require supervision in a family visit include to protect the child from harm, manage child safety, or to provide therapeutic visitation.
 3. A Visit and Contact Plan that prohibits visits with family members must state the reasons for the prohibition and the reasons, if any, under which the department would begin or resume contact.
 4. Reasons to prohibit visits include:
 - a. When there is reason to believe a parent or legal guardian's acts or omissions would result in child abuse or neglect during a visit.
 - b. The child's safety cannot be managed by supervision.
 - c. The visit does not meet the best interests of the child.
 - d. A court order prohibits visits.
 5. Visits should not be cancelled solely due to the act or omission of a parent that is unrelated to the safety or well-being of a child.
 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 safety or well being would be compromised.
 7. Foster parents should be encouraged to make visits between siblings placed separately a priority, if 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 parent to make changes, allows parents to learn and practice new skills.
 10. Ensure the Visit and Contact Plan supports the ongoing safety plan.

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11. Ensure the Visit and Contact Plan is written in a language the family can understand.
12. Explain to the parents the consequences of failing to attend visits and explain known or anticipated reasons for ending a visit, such as health or safety reasons.
13. Plan for contact other than visitation such as phone or e-mail 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, the child's health condition, or arranging child care for a child's siblings when a child visits alone.
15. Address the parents' work or treatment schedules.
16. Address 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., illness or safety issues) and consequences if a parent does not attend a scheduled visit.
18. Address any specific needs of the family or visitation, such as cultural or language-specific needs.
19. 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. Visitation Levels

Procedure

- Initial/Temporary Visitation Plan

Supervised

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.

- Ongoing Visitation Plan

Once the ongoing visitation plan is developed, the least restrictive level of visitation that can meet the safety needs of the child is developed.

1. Unsupervised Visitation

The parent is demonstrating increased protective capacities and decreased diminished 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. When visitation is unsupervised, visitation notes are not required.

2. Monitored Visitation

Parent is demonstrating mostly protective capacities and most diminished capacities are decreasing. Child is comfortable with parent. Safety threats can be managed. These visits may be facilitated by DHS staff or other approved supervisor. Documentation may be required. 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 when a termination of parental rights petition has been filed. Supervision requires that the visit be:

- a. Supervised in DHS office or community.
- b. Supervised by DHS staff or approved person.
- c. Supervised within sight/sound and documented.

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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, fearful child. Intensive supervision requires that the visit be:

- a. Supervised by DHS staff or other approved professional.
- b. Supervised in secure environment.

5. Therapeutic Visitation

This level is clinical visitation that 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 issues.

6. Enhanced/Supplemental Visitation

Enhanced Visitation should occur in addition to a regular visitation plan. The type of enhanced visitation should match safety threats and vulnerability of the child. Types of enhanced supervision include:

- a. Hands-on visitation class.
- b. Email, phone, and journals.
- c. Parent participating in doctor appointments, school activities, holiday celebrations, etc.

C. Special visitation considerations

Procedure

- Arrange supervised visitation when required to address safety concerns for the child.
 1. In these circumstances a designated third party is included in the visit to protect the emotional and physical safety of the child.
 2. Make the arrangements for the designated third party, provide the parameters of the visit, and provide the instructions to the observer for visit parameters, special considerations, and any observation and documentation requirements. Ensure that the person supervising the visit receives a copy of the Ongoing Visit and Contact Plan, understands the dynamics of the individual family, the purpose of the supervision, and will comply with the ongoing safety plan.
 3. Continue supervised visits only as long as they are required to manage child safety.
- 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 teacher, coach, pastor, rabbi or neighbor) when meeting a child's best interests to maintain a child's connection to family or community. Maintaining a child's connections with significant people in his or her life is important to the child's well-being.
- Visits between a child and a person unrelated to the child may be considered when the child has a significant relationship with that person and visiting meets the safety and well-being needs of the child.
- 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).
 5. Interrupted or terminated visits and reason(s).

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- 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 in prison.
- 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.

D. Assessment of non-DHS employees used 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. In assessing the appropriateness of the person as a visitation supervisor consider:
 1. Whether the person's viewpoint toward the child is appropriate and realistic.
 2. If the person possesses the knowledge, skills and motivation necessary to perform the action or service being asked of him or her.
 3. If at the individual's home, the safety and appropriateness of the home.
 4. Whether the individual has the ability to intervene in the visit, if necessary, and understands when intervention would be necessary.
 5. Whether the individual has the ability to provide objective and accurate information about the visit.
- When using a non-DHS employee to supervise a visit, consider having the supervisor use the DHS form "Visitation Observation Report" to document the visit.

E. Questions to determine supervision levels and how to move between visitation levels

Procedure

- Visit and Family Contact Plans are meant to be case specific and be an important part of the case plan which is reviewed regularly and occurs in both the least restrictive environment and level of supervision which 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 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 should remain more restrictive. Progress should never determine whether or not a parent has the opportunity for visitation services.
 1. Do safety threats still exist to warrant the current level of visitation?
 2. Can safety threats be managed in a way that less restrictive visitation 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 been explored as visitation supervisors?
 8. If DHS visits are in the office, have more normalized environments been explored?
 9. Can visitation time be extended?
 10. Can the current visitation schedule be supplemented in any way?
- 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.
- Each visitation contact between a parent and a child and between the child and his or her siblings is documented in FACIS case notes. The documentation includes who participated in the visit, the date and the location of the visit. This information is captured on the Visit Information form (310V) and submitted as a report to the court with the case plan (333a).



Family visitation can be stressful and awkward for both the child and his or her parents. Office visits are in an unfamiliar building with unfamiliar surroundings. Family members may struggle with what to say and do.

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

- *Consider planning visits in a park or other public setting outside the office. Consider occasions when visits can occur in the family home.*
- *Suggest the parents bring books to the visit. Parents who do not have books can check them out from the library. Use a tape recorder as the parents read to their child. This can be played again by the child throughout the week.*
- *Bring games or other age-appropriate toys.*
- *Encourage the family members to share food 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 the parent to sleep with a favorite blanket or piece of clothing and give it to the child at a visit. The smells of home 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.
- Ensure supervised visits are used only when necessary.
- Support the caseworker's efforts for frequent contact between the child and his or her parents and between siblings.

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Forms and references

Forms

- CF 333A
<http://dhsforms.hr.state.or.us/forms/databases/FMPRO>
- CF 0831A
<http://dhsforms.hr.state.or.us/forms/databases/FMPRO>
- CF 0831B
<http://dhsforms.hr.state.or.us/forms/databases/FMPRO>
- CF 261
<http://dhsforms.hr.state.or.us/Forms/Served/CE0261.pdf>
<http://dhsforms.hr.state.or.us/Forms/Served/CS0261.pdf> (Spanish)
- CF 310V (in FACIS)

Legal references

Federal law

- Interstate Compact on the Placement of Children (and refer to 413-040-0280(3)(g) and regulation #9 Definition of a Visit)

ORS/OAR

- I-A.4.1 Rights of Children
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a41.htm
- I-A.4.5 Rights of Relatives
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a45.htm
- II-B.1 – Certification Standards for Relative Caregivers, Foster Parents, and Pre-Adoptive Parents
http://www.dhs.state.or.us/policy/childwelfare/manual_2/ii-b1.pdf
- I-B. 3.1 Developing and Managing the Case Plan
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b31.pdf
- I-I.2 Narrative Recording
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-i2.pdf
- I-E.3.5 Visit and Contact Plans
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e35.pdf