



Visitation/Family Access Guidelines



A Practice Model For Social Workers



Community Services Department
Child and Family Services Division
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In most families, children attach to their parents through emotional bonds. Such attachment is basic to a child's life, providing a secure emotional base for the child to build relationships later in life.

So essential is this attachment to a child's well-being, that in addition to local child welfare commitment to strengthening families, Federal and State government representatives travel the country measuring child welfare systems' ability to ensure families have enhanced capacity to provide for their children's needs. Specific performance items related to this outcome include social worker visits with children, with parents, and children's access to their siblings and other important people in their lives.

The guidelines include visitation and contact with children who remain in their own homes along with children placed in out-of-home care. The terms "visitation", "parenting time", and "family access" are used throughout these guidelines to describe parent-child, kin, and other relative contacts. Visits and parenting time are defined as face-to-face contact between the social worker, the child, and parents, the child and their parents, and the child and their siblings. Family access may involve kin, relatives, and other important people in the family's life. Other forms of contact include telephone calls, letters, and exchange of gifts, videos, and photographs between family members and significant others.

The following guidelines are not intended to serve as a rigid blueprint for practice nor are they intended to establish a legal standard to which professionals must adhere, unless the action described is required by State or Federal statute or rule. Rather, the guidelines provide a model of desirable professional practice.

The primary audience for this practice model is our Child and Family Services staff and community partners. It is hoped that parent/ child/ foster parent-specific visitation materials will be created at a later date.

Many individuals contributed to this Guide. Their time and suggestions are greatly appreciated. Special recognition is extended to our work group members who provided excellent information, thoughtful guidance, and examples during the discussion and research phase of this project:

Child and Family Services Division Social Workers: Candis Astolfi, Kirsten Huus, Mary Kivi, Rebecca Sprenger and Sue Whitcomb; Family Access Center Coordinator: Lori Byrne; Family Foster Care Parent: Faith Thornburgh; and Quality Assurance Specialist: Belinda Krenik.

"Thank you" to Barbara Wuertz for sharing her creative design talents and adding finesse to our final product. We greatly appreciate the generosity of Peg Hess, Toni Cavanagh Johnson, and Wendy Haight for permitting the inclusion of their work, and contributions of their colleagues where noted, to enhance this practice guide.

We offer this Guide as an opportunity for social work staff to enhance their practice with children and families.

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Visiting and family access interactions are opportunities for growth in learning. There is no expectation of perfection. “Visiting is how social workers ensure children are safe and that their evolving needs are being met. Visits allow the social worker to continually assess children’s emotional, physical and social well-being”

(Minnesota Department of Human Services, RP TIPS, May 2004, p. 2). In addition, visits, parenting time, and other family access activities provide valuable opportunities to (MN DHS Bulletin #03-68-04, April 24, 2003, pp. 9-10) :

- establish and/ or strengthen the parent-child relationship;
- help parents become involved in the child’s

- school, church, or community activities;
 - help parents gain confidence in looking after their child and meeting the child’s needs;
 - identify and assess potentially stressful situations between parents and their children; and
 - evaluate the family’s progress towards goals.
- Although this Guide addresses social worker visits in the family’s home when children live with their parents, much of the information pertains to family access or parenting time when one or more of the children are placed in out-of-home care. In an effort to help social workers with non-placement cases, only, find their way through the Guide, the phrase (APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY) will appear when necessary.

Home Visits When Child(ren) Remain in the Care of their Parents

The home visit is a basic tool of child welfare services. Observations and interactions experienced during these times provide valuable information to be considered in establishing rapport and creating service goals and case plans.

Berg and Kelly (2000) assert: Home visits offer a unique way to learn quickly about a client’s lifestyle, and this allows us to take advantage of being in the center of activities as they occur, an opportunity that is missed when workers stay in their offices and the client comes to the office. Being in the client’s natural environment helps to assess what is available and what is lacking, but also to take advantage of what is there and not there. For example, pictures of the children or the family members, award ribbons the children earned, signs of creative activities such as an afghan on the couch, children’s drawings hung on the refrigerator door with magnets, house plants, attractive placements on the table, and so on can be used as a way to break the ice and acknowledge the client’s competencies and successes. (p. 67)¹

Many of our social workers conduct visits to children and their families in their own homes. Efforts are made to engage others who are present in the home. Some times families have friends living with them

temporarily and these individuals may be doing caregiving. Workers can, with the client’s permission, include these friends as resources. Opportunities to observe boundaries and emphasize the importance of support networks

¹A request for permission to reprint this content has been submitted to W.W. Norton & Company, awaiting response as of 11/ 01/ 04. Complete citation of material is located in the References Section of this document.

exist in these situations.

At other times, social workers have to distinguish between occasional visitors, transient household members, and new, more permanent household members. Collecting information about temporary household members and determining their impact on a child's safety may be necessary tasks. If it is determined the individual will be a member of the household for the foreseeable future, then a decision can be made about whether or not to provide services or refer them to other community services.

Service plans have different documentation formats, depending on what type of service is being provided. Currently, there is not a specific area for documenting worker visit activity for non-placement cases. Social workers may describe their plan for contacts with child and family in the tasks/ steps associated with the actions needed to achieve the goals created with the family. For a child receiving targeted case management services, at least one child-specific goal related to the child's medical and/ or school needs must be included in the service plan.

Other recommended visit-related, best practice elements to include in service plans are:

- ✓ description of the connection between the service plan goals and purpose of the social worker's visits within the context of the reason we're involved, (safety and well-being outcomes for non-placement cases);
- ✓ visit frequency; see "Frequency of Visits Between Worker and Child" section on pages 14—16 for additional guidance;
- ✓ whom to contact if a visit needs to be canceled.

For child protection services non-placement cases, plans should be reviewed quarterly with the family.

If the family's case remains open for service longer than 180 days, the social worker and the family should jointly review the progress toward achieving the child's and family's goals and modify existing goals if necessary. A review should also be conducted prior to the 180 days if significant changes occur or the family requests a review.

Case plan review timeframes vary for other child welfare and children's mental health, non-placement cases. Social workers should consult with their supervisor for clarification if confused about expectations and/ or requirements in this area.

Documentation of social worker visits with parents, child, and other kin/ relatives is done in our Social Services Information System (SSIS). Contacts must include the following items to meet targeted case management requirements:

- ✓ identify child by name;
- ✓ type of contact (method: face-to-face);
- ✓ date of service;
- ✓ location of contact;
- ✓ name of provider/ agency and person providing service – should connect with list in "relevant person" field;
- ✓ nature/ extent of services with regards to service plan goals; how was the visit consistent with the child's needs and addressed the case plan goals of safety, family stability, and well-being, including at least one child-specific, targeted case management goal; and
- ✓ name and relationship of the contact person to the child (when contact was not with the child).

Further training on targeted case management documentation requirements is under development.

Visits When Child(ren) are Placed in Out-of-Home Care (APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

We also work with families whose child(ren) are living with other caregivers as a way of ensuring their safety and well-being. “The primary purpose of visiting is to allow children to preserve relationships with people who are important to them.” (Hess and Roch, 1988, p. 2)²

Children in care who are visited frequently by their parents are more likely to have high well-being ratings and to adjust to placement than are children less frequently or never visited. Children who are more frequently visited are more likely to be discharged from placement, and to experience shorter placement time in months. (Hess, 2003, p. 2)

Our social workers receive training from the Minnesota Child Welfare Training System (MCWTS), including content on the importance of parenting time and other forms of family access for children separated from their loved ones. The following learning points, from the Core 104 Session: Separation, Attachment, and Reunification, further emphasize the importance of visits between parents and their children in placement (Handout #7, 2001, p. 1):

- Without visitation, the parent/ child relationship can deteriorate. Both parent and child may

“It is better for a child to have coped with real parents that may be flawed, who bring a mixture of love and rejection, than to reckon with fantasy parents.”

– Lorie Lutz, National Resource Center for Foster Care and Permanency Planning

become emotionally detached. Once this has occurred, successful reunification is extremely difficult.

- Frequent contact can reduce the negative effects of the separation for the children.
- Seeing the parent during visits reduces the child's fantasies and fears of “bad things” happening to the parent, and can often help older children eliminate self-blame for the placement.
- Visits communicate the agency's belief in the family as important to the child, and to the worker, which further supports family involvement and timely reunification.
- Casework activities during visits reinforce the provision of services to the family as a unit, which further strengthens the family system, including the child in placement.

In addition to the importance of visiting described above, specific benefits of visiting for children in long-term foster care include (Hess, 2003, p. 3):

- to help children who are about to age-out of the system or who are likely to return to their biological family try to re-establish a relationship with their family, understand the safety and risk factors that may still exist in the family, and understand their parent(s)' capacity or lack of [limited] capacity to change.
- to give children the opportunity to develop skills to recognize threats to their safety, protect themselves, and monitor their own emotions, reactions, and behaviors as they near adulthood, and
- to help a child recognize his or her own needs versus the family's needs and to help a child recognize his or her feelings of loyalty and obligations to that family.

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Benefits of visiting for children with the permanency goal of adoption include (Hess, 2003, p. 3):

- to offer an opportunity for a child and birthparent(s) to express good-bye to each other, recognizing that a child may eventually reconnect with his or her biological family;
- for the parent to accept, demonstrate, and/or communicate responsibility for the behavior that is preventing the child from being able to return to his or her own home; and
- for the parent to send the child a supportive message to move on to a new permanent family.

(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

A written visiting plan is a powerful tool and shapes a parent's visiting pattern. Hess (2003) asserts:

The plan serves as an agreement between the agency serving the child in placement and the child's family. It clarifies the structure of visiting, logistics, necessary tasks, and the roles and responsibilities of placement caregivers, family members, and agency staff. A written plan reassures children and their families that the agency is invested in protecting family relationships. It also identifies possible consequences should the plan not be adhered to. (p. 4)

The State of Minnesota requires written visitation plans when children are placed in out-of-home care. A visitation plan must be developed for the parents or parent or guardian, or other relatives defined in [Minnesota Statute 260C.007, subdivision 27](#), and siblings of the child, if the children are not placed together in the residential facility. Visitation must be consistent with the best interests of the child during the period the child is in the residential facility, [MN Stat 260C.212 subd 1\(c\)\(5\)](#).

When a Plan for Visitation/Contact Must Be Developed

Although it may take more time to clearly define the most reasonable and best goals with a family, Minnesota Statute requires a written Out-of-Home Placement Plan, which includes the child's Visitation/ Contact Plan, to be prepared within 30 days after the child is placed by court order or by the voluntary release of the child by the parent or

parents ([MN Stat 260C.212, subd 1](#)).

A separate out-of-home placement plan, which includes the visitation/ contact plan, is needed for each child in care, including individual plans for children who are part of a sibling group.

An out-of-home placement plan required under section 260C.212 shall be filed with the court within 30 days of the filing of a petition alleging the child to be in need of protection or services under section 260C.141, subdivision 1, or file with the petition if the petition is a review of a voluntary placement under 260C.141, subdivision 2 (below):

Except for a child in placement due solely to the child's developmental disability or emotional disturbance, when a child continues in voluntary placement according to section 260C.212, subdivision 8, a petition shall be filed alleging the child to be in need of protection or services or seeking termination of parental rights or other permanent placement of the child away from the parent within 90 days of the voluntary placement agreement.

Research on parental visiting of children in foster care indicates a strong relationship between the development of a visiting plan and actual visitation by parents. Social worker attitudes and behaviors that express encouragement for visiting also have a positive influence on parent visitation (Center for Advanced Studies on Child Welfare, 1997).

Researchers found that case plans specify visiting in accord with agency policy, and that parents visit in accord with case plans. If there is no schedule for visits, parents do not visit. But if there is a schedule, parents tend to keep it, especially if they were involved in making the schedule (Hess and Proch, 1988, p. 8).³

It is important to keep in mind that visits often start before a case plan or out-of-home placement plan are written. Our Concurrent Permanency Planning social workers create hand-written visitation calendars with families that are updated every two weeks.

Some times parents are unclear about how to participate in parenting time or are unsure of their ability to do so. It is the social worker's responsibility to empower parents through the planning process, identify the barriers, and work through the obstacles. Supervisory or other decision-making consultation forums are resources to assist social workers in working through these types of challenges.



• Development of Visitation/Contact Plans

The out-of-home placement plan is to be developed jointly by the social worker and the parents or guardians, and in consultation with the child's guardian ad litem, the child's tribe if the child is an Indian child, the child's foster parent or representative of the residential facility, and, where appropriate, the child (MN Stat 260C.212, subd 1(b)).

The plan must be signed by the parent(s)/ guardian(s), child when appropriate, guardian ad litem, tribal representative, if applicable, social worker, or probation officer (MN Stat 260C.212, subd 1(b)(3)). Foster parents must be fully informed of the plan and provided with a copy (MN Stat 260C.212, subd 1(d)). Although foster parents' signatures are not required, obtaining their signature is strongly recommended as a best practice.

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“There is a preferred visiting plan in every case that will best meet individual children’s and parents’ needs and closely parallel the service plan... Reaching for the ideal in a plan does not deny the realities that may affect implementation; but assuming that the preferred or ideal plan can never be implemented guarantees that we will fall short of our standard.” (Hess and Proch, 1988, p. 12)⁴



Family involvement strategies such as Family Group Decision Making (FGDM) and Case Planning Conferences also provide forums in which visitation plans are developed. Utilized more commonly in child protective services, children’s mental health services and adolescent behavioral health services, these strategies bring together immediate family members, their extended family and support systems, and their relevant services providers involved to share the information and resources available for the family to develop visitation plans based on specific considerations regarding child safety, child development and special needs. The family and their extended system of support is the enduring membership available to the child through time and the preservation of safe connections and attachments are of paramount importance.

Content of Visitation/Contact Plans

The newest version of Minnesota’s Social Services Information System (SSS, V3.8, is scheduled for release in January 2005. The items below preceded by a “✓” are the required fields in the new Out-of-Home Placement Plan that are relevant to the Visitation/ Contact Plan:

- ✓ date the plan starts;
- ✓ persons to be present/ included in visits, (parents, siblings, grandparents, kin/ other relative);
- ✓ visit frequency;
- ✓ arrangements for monitoring or supervision, if any, if visits will be supervised, identify the supervisor.
- ✓ visit location;
- ✓ transportation arrangements;
- ✓ date the plan will be reviewed;

- ✓ names of parents or guardians involved in jointly making the plan;
- ✓ names of persons social worker consulted with in developing the plan;
- ✓ signatures of persons participating in plan development; and
- ✓ date of the planning meeting.

Other Requirements:

For a child receiving targeted case management services, at least one child-specific goal related to the child’s medical and/ or school needs must be included in the service plan. Further training on targeted case management requirements is under development.

The Council on Accreditation (COA) for Children and Family Services states children have a right to visit their family in their family’s

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home. If this is not occurring, we must document the reasons why not in the case file (COA Standard G1.4.01, 2001, p. G1-7). This can be done in the “Other consideration about visitation” section of the SSS Out-of-Home Placement Plan - Visitation/ Contact Plan.

The following are recommended best practice elements to include in the “Other consideration about visitation” section, whenever possible:

- ✓ description of the connection between case goals and purpose of visits as they pertain to the risk to the child or youth and within the context of the reason(s) we’re involved, (Example: Risk statement “Child or youth may be emotionally hurt by disrupted attachments,” or “Family access allows for time with parents and siblings to maintain attachment.”);
- ✓ include plans for other forms of contact between family members. Other forms of contact may include telephone calls, letters, emails, exchange of photographs and video tapes; assess the need for censoring and/ or monitoring the method and content of these contacts. See Council on Accreditation Standard on page 18 for further information;
- ✓ identifying contact information regarding the family members and others relevant to the visiting plan, including whom to contact if a visit needs to be canceled;
- ✓ date, visit length, and start and end times of visits;
- ✓ if specific times are not set up, state who is responsible for arranging the visits, including who will initiate the calls for visits;
- ✓ visit activities; when parents are expected to perform certain tasks, this should be clearly stated in the plan, (example: bring diapers, meal, or snacks);
- ✓ negotiated and/ or required visit conditions (example: physical and verbal boundaries; gifts, toys, exchange of information such as notes, documents; call in advance to confirm intention to keep a visit appointment; to remain sober throughout the visit; to refrain from promising at each visit to take the child home at the end of the visit; to refrain from using physical discipline; or to refrain from bringing other persons to the visit without advance agency approval);
- ✓ agency services to support visiting, (clarification of who is responsible for transportation, financial assistance to the parents which may include child care for children who are living at home and/ or gas money);
- ✓ procedures for handling problems with visitation;
- ✓ plan for handling emergency situations; and
- ✓ list any persons prohibited from the visit.



The Review and Revision of Visitation/Contact Plans

Out-of-home placement plans, which include visitation/ contact plans, must be reviewed and modified any time a child’s placement changes, and every six months until the child returns home or custody is awarded to a relative or an adoption is finalized. This review is

accomplished through an Administrative Review or Court Review Process.

In addition to the formal, six month required review, child protection services placement case/ out-of-home placement plans should be reviewed quarterly. Child welfare and children’s mental

health placement cases are subject to the six month review requirement, too. However, expectations about more frequent reviews of the case/ out-of-home placement plan vary. Social workers should consult with their supervisor for clarification if confused about expectations and/ or requirements in this area.

In addition, social workers providing Alternative Response services review all plans every three months.

Good practice requires that, as the child's and family's situations change or the family requests a review the visitation plan is revised. Some visitors may be added to or eliminated from the plan. There are some situations that may trigger a review of the visitation plan before the six-month mark, such as a parent's absence from visits or a child's reaction to visits. Parents must be notified of any changes in the visitation schedule.

“The extent of the parents' [cooperation] with the visiting plan must be considered in visit arrangements. [Limited cooperation] may be examined at two levels: the actual behaviors and the meaning of the behaviors. Depending on the persistence and meaning of the [limited cooperation], a social worker's response may differ. For example, parents might not cooperate with a plan for weekly visits at home, often not being there or always being late when the child is brought for the visits. This behavior might indicate an inability to keep track of the visit schedule, ambivalence about visits in the home and family reunification, worry about their own ability to care for or protect the child in the home, reaction the pain of being separated from the child, disinterest in the child's return, and so forth. Each explanation suggests different actions for social workers to take.

The reasons for [limited cooperation] with visit arrangements should always be explored. The lack of compliance might be due to problems with money, transportation, or child care; inability to tell time; changes in parents' work schedules; discomfort with the degree of responsibility given to them for the child's care; or simply misunderstanding of the arrangements. Eliminating such obstacles should always be tried before visit arrangements are modified. (Adapted from Hess and Proch, 1988, p. 41)⁵

If parents frequently absent themselves from visits, make unrealistic promises, or exhibit other destructive behavior during visits, the following should be considered (MOWTSCore 104 Handout #7, 2001, p. 3):

- A parent's [absence] from a scheduled visit will be less disruptive to the child if

the visit can be conducted within the context of the child's normal daily activities, in the foster home or another [natural] setting.

- Visits can be held in the home of a relative; the child still visits with family and friends even if the parent does not attend.

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- Regular conferences between the parent, the foster parent, the social worker, the supervisor, and appropriate others can address the parent's absence from visits.

There are times when a child may become excessively upset either prior to or after a visit with the parent (MCWTS Core 104 Handout #7, 2001, pp. 3-4):

- Normal feelings of loss and separation may be reactivated by seeing the parent and may be expressed in emotional distress or behavioral acting out.
- The child may be anxious and fearful when with the parent; their time together may be stressful.
- The child may experience loyalty conflicts after having visited with the parent, and may need to reject the foster caregiver upon return to the foster home in order to continue to feel loyal to the parent.

The social worker should fully assess the reasons for the child's distress and, if appropriate, revise the visitation schedule accordingly (MCWTS Core 104 Handout #7, 2001, p. 4):

- If the child becomes upset during visits due to feelings of separation and loss, the frequency of visits should be increased rather than decreased.
- If the child is anxious because the child is not comfortable with the parent, increasing contact, perhaps with social worker involvement to ease the discomfort, is useful.
- If loyalty conflicts contribute to the child's distress, the social worker can reassure the child that it is OK to care for both their family and their foster family.
- If the child appears to be fearful and reticent to visit with the parent, the worker should encourage the child to talk about their fears, and reassure the child that the worker will insure their safety. Visits should be supervised and monitored.



• Documentation of Visitation

Because visiting is an essential element of the agency's service to families, accurate records must be maintained regarding the visit plan and its revisions, the family's involvement in visiting, and the visit-related services provided.

Although all persons providing visit-related services may have direct observations to record, social workers must be clear where and by whom the agency's official records of each child's visits are maintained. The Council on Accreditation for Children and Family Services, Inc. (COA), requires documentation of contact with families in case

records within 24 hours of contact. Given the significant direct service and other documentation demands on social worker's time, their ability to comply with this standard is limited. Social workers should enter their case contact and case notes within 72 hours of contact with their clients, whenever possible.

Documentation of social worker visits with parents, child, and other kin/ relatives is done in our Social Services Information System (SSIS). Contacts must include the following items to meet targeted case management requirements:

- ✓ identify child by name;
- ✓ type of contact (method face-to-face);

- ✓ date of service;
- ✓ location of contact;
- ✓ name of provider/ agency and person providing service – should connect with list in “relevant person” field;
- ✓ nature/ extent of services with regards to service plan goals; how was the visit consistent with the child’s needs and addressed the case plan goals of safety, permanency, and well-being, including at least one child-specific, targeted case management goal; and
- ✓ name and relationship of the contact person to the child (when contact was not with the child).

Further training on targeted case management documentation requirements is under development.

Other recommended best practice elements to include in documentation, (see Job Aid in

Appendix A for sample documentation sheet

- ✓ actual visit participants;
- ✓ actual visit frequency;
- ✓ length;
- ✓ location;
- ✓ problems or difficulties occurring in visits;
- ✓ why visits did not occur;
- ✓ observed visit interactions, including positive outcomes;
- ✓ whether social worker visited with child alone or with others present, (Children’s Research Center, 2002, MN SDM High and Intensive Contact Service Standards, p. 26 and COA (2001), Foster and Kinship Care Service Standard, p. S21-13); and
- ✓ whether the visit was planned or unplanned (Minnesota Child and Family Services Reviews, April 2004, p. 48).

Recommended Visit-Related Naming Conventions for SSIS Time Reporting

When doing New Contact/ Activity Reporting in SSIS, please use a common statement within the purpose line to indicate a client visit:

<u>Full Description</u>	<u>Acronym</u>
Worker Visit with Child	WVC
Worker Visit with Mother	WMM
Worker Visit with Father	WVF
Mother’s Visit with Child	MVC
Father’s Visit with Child	FVC
Sibling Visit	SV
Family Visit	FV
Worker Visit with Client’s Significant Other (not father figure)	VSO

Remember to be consistent in which type of naming convention you use. You cannot use “Worker Visits with Child” on one contact and use the acronym “WVC” on another. You need to use one or the other every time. This will allow you to quickly filter/ retrieve only those contacts you’re interested rather than having to manually sort through all of the possible visit-related contacts.

Olmsted County Technology Training Coordinator. Naming Conventions Best Practices Sheet, October 2004

Who May Participate in Visits

(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

The visitation rights and responsibilities of the parents, guardians, and other relatives must be addressed to determine if visitation is consistent with the best interest of the child. Minnesota Rules, Chapter 9560.0603, subpart 4 (G).

The assessment should identify parents, grandparents, siblings, and other relatives or adults in a surrogate parental role with whom the child has an established and significant relationship to the extent that loss of the relationship would cause substantial harm to the child and the preservation of the relationship would otherwise be in the best interest of the child. This can include former foster care parents.

A genogram may be a helpful tool in identifying potential visitors and taps the family's expertise in

this area. In the case of children in care who are eligible for adoption, visitation or parenting time with adoptive parents or others who are going to be important in the child's life may also be part of the plan.

The court may specify who may or may not visit. In most cases, parental visits have priority. When expectations as to who should be included in visits differ, the child's and the parents' preferences should be given priority over those of substitute caregivers or extended family members. If significant differences of opinion exist between the family and social worker regarding who should be included in visits, supervisory or group consultation should be sought to determine if the requested visitation is consistent with the best interest of the child.

Given the consistent research findings documenting the relationship between visit frequency and positive outcomes for children, it would be concerning if our policies were silent on the critical issue of visit frequency.

Frequency of Visits between Worker and Child

Minnesota Rules offer guidelines for minimum contact standards between social workers and families receiving child protective services. MN Rules, 9560.0228, subp 4 reads, "When a child remains in the home while protective services are being provided, the child protection worker shall meet with the family at least monthly."

Quality of visit considerations include conducting more visits if a child's emotional, physical and social needs warrant them.

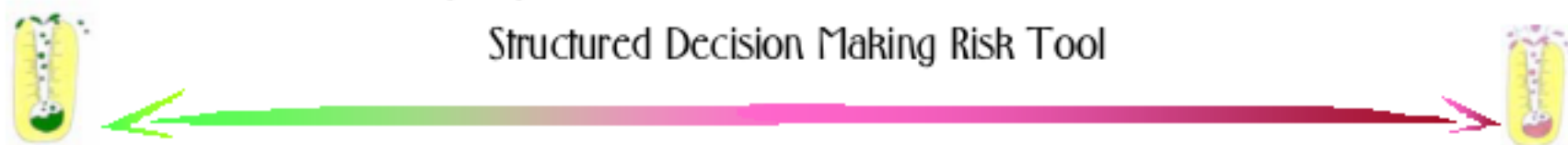
Currently there are no legislative requirements regarding how soon a social worker should see

a child to begin case management services. We are working on agency expectations which will be shared when they are available and published in the next version of this Guide. In the meantime, social workers should continue to make contact as quickly as possible, especially when a child is separated from family members.

Frequency of visits is based on many factors such as level of risk, presenting issues in the case or current circumstances in the child's life. The following family service standards

apply for social workers using Minnesota’s Structured Decision Making (SDM) Risk Tool in the child protection service area (Children’s Research Center, 2002, State of Minnesota CPS Structured Decision Making System: Policy and Procedures Manual, pp. 26-27):

Ongoing Worker Minimum Contact Service Standards
Structured Decision Making Risk Tool



Risk Level	Low	Moderate	High	Intensive
Parent/Caregiver and Child Contacts	<ul style="list-style-type: none"> > One face-to-face per month with parent/ caregiver and child > One collateral contact. 	<ul style="list-style-type: none"> > Two face-to-face per month with parent/ caregiver and/ or child > Two collateral contacts. 	<ul style="list-style-type: none"> > Three face-to-face per month with parent/ caregiver and child. Contact may be together or separate. > Three collateral contacts. 	<ul style="list-style-type: none"> > Four face-to-face per month with parent/ caregiver and child. Child contacts must be separate. > Four collateral contacts.

Additional Considerations

Contact Definition. During the course of a month, each parent/ caregiver and each child in the household shall be contacted at least once.

Designated Contacts. The ongoing worker/ supervisor/ service team may delegate face-to-face contacts to providers with a contractual relationship to the agency and/ or other county/ city agency staff. However, the ongoing worker must always maintain at least one face-to-face contact with the caregiver and child per month as well as monthly contact with the service provider designated to replace the ongoing worker’s face-to-face contacts.

Note: Contacts made by someone other than the child protection worker must have supervisory approval and be incorporated into the treatment plan.

For families served through our Adolescent Behavioral Health Unit, social workers are expected to visit with youth within 72 hours of placement. Subsequent visits should be scheduled as needed to provide support for the transition home, promote the relationship between youth and social worker, and to encourage progress on

Social Service Plan Goals. Under no circumstances shall these visits be scheduled less than once a month. When a youth is placed out-of-county, a face-to-face contact is required at least once every three months. Regular phone calls can be instrumental in promoting growth and change when distance is a barrier.

Social Workers providing services through our Children's Mental Health Resource Center (CMHRC) have contact with their clients two to four times per month. At times, families are also working with case aides or other social workers providing in-home therapy whose involvement may increase a family's contact with CMHRC staff to eight times a month. Frequency will depend on the needs of the child and their family. A Child and Adolescent Functional Assessment Scale (CAFAS) tool is used to measure of the child's functional behavior across eight different domains. The score can be used by a supervisor to determine the numbers of hours per month likely to be spent with a family and help distribute caseload activity.

Families are served on a voluntary basis through our Family Support Services Programs. Occasionally, child protection services are also involved. In this instance the frequency of visits would be determined by the two social workers involved. Most commonly, Family Support Services social workers determine their visit frequency by using their

professional judgment regarding the client's needs, goals, and willingness to meet with the social worker. In some areas, public health nurses are also visiting and providing services 1 to 3 times a month. Most of their cases fall into the Low and Moderate SDM Risk Assessment Range. Visits occur more frequently when the families first begin receiving services. Consultation for visitation topics is available through regularly scheduled supervisory and group forums.

To claim Child Welfare Targeted Case Management under Medicaid, there is a requirement for one face-to-face contact per month with the child or a relevant person if the child is in the same county as the worker (DHS RPTips, May 2004, p. 2). For children or youth placed outside of the county of financial responsibility there must be at least one contact per month and not more than two consecutive months without a fact-to-face contact (MNDHS Bulletin #00-16-1, May 1, 2000, Attachment D, p. 2).

Frequency of Visits between Parents and their Child (APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

Frequency of visits between parents and their child in foster care should correspond with the child's age and development, and be consistent with the child's permanency goal. Special efforts should be made to include both the child's mother and father in visitation planning. In some cases, this may require the development of separate plans.

What is attachment? Is it the same as bonding?

Bonding refers to what happens between an infant and caregiver during a relatively short period of time—the warm, close feelings a parent experiences in the first hours and days of the infant's life. Bonding is basically one-sided—the parent's experience with her/ his new infant.

In contrast, attachment is a mutual, reciprocal relationship in which the child is an active, knowing partner. It is a relationship that develops gradually during the early months and years of a child's life. (Farrell Erickson, 1998, p. 6).

Best practices indicate family access is unlimited and starts as soon as possible. Daily visits with the parent (s) and other family member(s) will be encouraged. “For most children, it is recommended that visits with their parents occur at a minimum of two or three times a week. . . . For infants and preschool children, several visits a week will be necessary to maintain the parent-child relationship. In general visits will increase in frequency during the transition to reunification” (MN DHS Bulletin #03-68-04, April 24, 2003, pp. 9-10).

Importance of Frequent Parenting Time

If an attachment bond is to be maintained between parents and their children in out-of-home care . . . a once a month visitation time frame is not advised. Because physical proximity is the key goal of the attachment system for infants and toddlers, and availability is the goal for other children, how could children of any age possible maintain an affectional or attachment bond with a parent her or she visits every 30 days with no other contact? (Kuehnle and Ellis, 2002, p. 69)



Frequency of Visits between Child and Siblings

(Some aspects of this section may have applicability to social workers working with families who have children remaining in the home and one or more additional children placed in out-of-home care.)

It is necessary to keep in mind the needs of the child in the context of their sibling relationships. Minnesota Statutes and Rules affirm the importance of placing siblings together, if this is in the child (ren)’s best interest, and facilitating visitation when placement together is not possible.

Our Department of Human Services offers the following guidance regarding frequency of visits between siblings in foster care (MN DHS RPTips, July 2004, p. 2):

Visits between siblings in foster care should be frequent and correlate with children’s ages, development and nature of their sibling relationship. Sibling visits may be achieved concurrently, with visits that occur between the children and their parent(s). However, sibling visitation should not be reliant on successful implementation of visits between parent(s) and

children. Special effort to plan for visits between siblings, distinct from visits between children and parents, may be necessary in some cases.

Our agency can help maintain sibling relationships by (adapted from MN DHS Bulletin #03-68-04, p. 8):

- Assigning one social worker for the sibling group.
- Securing a placement in the home neighborhood or school district.
- Scheduling regular and frequent visits among siblings.

- Engaging the family, including children, in the development of written visitation plans.
- Educating foster and adoptive parents on the importance of sibling relationships and how to actively facilitate a sibling relationship by helping to maintain contact.
- Scheduling joint therapy sessions.
- Encouraging shared vacations.
- Promoting sharing of childcare providers/ babysitters.
- Scheduling activities together, including special events and cultural celebrations.
- Using video conferencing when distance creates a barrier for face-to-face visits.
- Providing current photos of brothers and sisters to each child.
- Having siblings do life books together.
- Acknowledging and celebrating each sibling's birthday.
- Actively encouraging family access during worker visits.
- Providing flexible visitation locations and schedules.

Social Worker/Divisional Staff

(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

Our social workers carry the primary responsibility for assuring that the visitation/contact plan is developed, implemented, and revised as needed. Parenting time and family access are high priorities.

Legislated responsibilities underscore these priorities by requiring social workers to:

- ✓ prepare a written Out-of-Home Placement Plan, which includes the child's Visitation/Contact Plan, 30 days after the child is placed in a residential facility by court order or by the voluntary release of the child by the parent or parents ([MN Stat 260C.212, subd 1](#)).
- ✓ develop a written visitation plan for the parent(s) or guardian, or other relatives defined in [Minnesota Statute 260C.007, subdivision 27](#), and siblings of the child ([MN Stat 260C.007, subd 5](#)).
- ✓ jointly prepare the plan with the parent(s) or guardian of the child and in consultation with the child's guardian ad litem, the child's tribe, if the child is an Indian child, the child's foster parent or representative of the residential facility, and, where appropriate, the child ([MN Stat 260C.212, subd 1\(b\)](#)).
- ✓ obtain signatures on the plan of the parent(s) or guardian, child when appropriate, guardian ad litem, tribal representative, if applicable, and social worker or probation officer ([MN Stat 260C.212, subd 1\(b\)\(3\)](#)). Although foster parents' signatures are not required, obtaining their signature is strongly recommended as a best practice.

- ✓ fully inform foster parents of the provisions of the case [Out-of-Home Placement/ Visitation-Contact] plan and provide them with a copy after the plan has been agreed upon by the parties involved or approved or ordered by the court ([MN Stat 260C.212, subd 1\(d\), paragraph 2](#)).
- ✓ give notice to the parent(s) or guardian the consequences to the parent and the child if the parent fails or is unable to use services to correct the circumstances that led to the child's placement ([MN Stat 260C.212, subd 4 \(4\)\(b\)\(4\)](#)).
- ✓ provide or arrange for unsupervised or supervised visits as determined necessary by the court ([MN Stat 260C.201, subd 5](#)) or consultation resources.
- ✓ meet privately with child to assess his/ her feelings and wishes regarding visits (Children's Research Center, 2002, MN SDM High and Intensive Contact Service Standards, p. 26 and COA, (2001), Foster and Kinship Care Service Standard, p. S21-13); and
- ✓ help parents plan visit activities. Some parents may need additional guidance, for example, a parent may need to learn the range of time to offer snack or meal and type of food to offer (not chips and candy);
- ✓ inform foster parents of experiences occurring during a visit that may affect the child's behavior;
- ✓ provide or arrange for transportation of the child, family or friends to the visit, if needed;
- ✓ assist with child or adult care, housing, or meals;



Additional Agency/ Best Practices Expectations:

(the following actions may or may not be required by statute or rule. Specific references were not available at the time this Guide was published. However, they are duties

commonly performed by our social workers and should continue unless directed differently by administrative or supervisory personnel)

- ✓ discuss with parents a recommendation to change or suspend visits;
- ✓ discuss absence from visits/ parenting time with parents to determine the cause;
- ✓ discuss changes needed to make visits more satisfactory with parents, foster parent or residential care provider, child, and appropriate professionals and design a plan of action to correct situations when needed;

- ✓ clarify documentation expectations for foster parents, especially when working with new providers.
- ✓ ask for picture identification if parents or others involved in family access activities are not known to us.
- ✓ provide parent, foster parent, and others involved with information about how to reach them in an emergency: work cell phone number (have phone with them and charged), back-up worker's name and number, supervisor's name and number, and Intake Crisis Worker's number (507.281.6248) for after hours and holiday assistance.

Other Agreements:

Family foster care social workers and foster parents sign an Agreement Between Foster Parents and Placement Agency at the time of licensure and relicensure, which states:

A child's foster parents and the agency supervising the child's placement in foster care share responsibility for the care of that child and must

work together to make sure that the standards and policies set forth by law and the Commissioner of Human Services are met. To accomplish this, the foster parents and the agency each need to understand... what they may expect of one another (MN DHS Form 139, 1999, p.1).

Some foster parent expectations of our agency are met by our family foster care social workers. Other expectations are to be met by the social worker providing direct services to the child and their family.

- ✓ when requesting a foster home from our child placement coordinator, describe what might be expected of the foster parents in accommodating the requirements of the child's visitation plan [as much known information as possible]. This will help the prospective foster parents make an informed decision before placement as to the suitability of their home for a particular child (MN DHS Form 139, 1999, p. 1(4)(D));

This information is especially critical when there is a family contact planned and the child experiences an unplanned change in placement

or is going to be receiving relief care in another foster home. Everyone involved must have a clear understanding about when, where, and how the parenting time or other family access will occur during this time.

- ✓ explain the importance of visitation in maintaining the child's bond with the child's family and how the foster parents' mentoring and support of visitation can aid the permanency plan (MN DHS Form 139, 1999, p. 1(13));
- ✓ establish a visitation plan for the child and the child's family that takes the foster parents' life style and plans into consideration and that clearly sets out the schedule of visits so that the foster parents can plan accordingly (MN DHS Form 139, 1999, p. 1(14));
- ✓ review the visitation plan periodically with provision being made for the foster parents to contribute their observations and ideas (MN DHS Form 139, 1999, p. 1(15); and
- ✓ help the foster parents understand how the visitation plan will affect them and help them resolve any problems created by the visits (MN DHS Form 139, 1999, p. 1(16)).



Multiple Staff or Service Providers Involved with the Child

In some cases, multiple staff and service providers are involved with children and their families. The case plan may delegate some face-to-face contacts, to other staff or to providers with a contractual relationship with the agency, to augment worker visits. However, these visits are not a substitute for worker visits with the child (MN DHS RPTips, May 2004, p. 2).

Shared responsibilities between the other service providers and us include:

- ✓ clearly defining roles and responsibilities for the agreed upon services related to parenting time, worker visits, and family access to other family members and/ or significant others, (transportation arrangements, case plan and service contact documentation expectations, etc.;

- ✓ wrapping supports around the family to ensure frequent and quality visitation; and
- ✓ securing appropriate signed releases of information so parties know if there's a change in permanency goals or other service plan goals, which may affect the visits.



Parents

Parents can demonstrate their “willingness, confidence, and capacity⁶⁷” during parenting time with their children and social worker home visits by:

- ✓ ensuring the emotional and physical safety and well-being of his or her child;
- ✓ ensuring the social worker’s safety during home visits by arranging for a signal to let worker know if there is some one in the home who may exhibit risky or dangerous behavior;
- ✓ having the child available during scheduled home visits;
- ✓ ensuring visits are drug and weapon free;
- ✓ not allowing unauthorized visitors to be present during visits;
- ✓ calling as soon as possible if unable to participate in visits as planned;
- ✓ when transporting their child, have a valid driver’s license, car insurance, and car seat appropriate to child’s size.



(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

- ✓ taking the parental role during interactions with his or her child;
- ✓ planning an activity to participate in with the child during visits, which may include bringing or providing food, diapers, special toys or games;
- ✓ responding to direction from the visit supervisor when parenting time is supervised;
- ✓ following the pre-established guidelines and rules for parenting time, (example: having good boundaries – verbal and physical, topics discussed, questions asked, approval of toys, pictures, letters, gifts, etc., and respecting agreed upon start and end times;
- ✓ being responsible for their child(ren) during parenting time. This includes: spending the scheduled time with child(ren), picking up, making and cleaning up after meals; and
- ✓ providing their own transportation whenever possible

⁶⁷The willingness, capacity, and confidence of service recipients regarding any plans for action are indicators of safety and danger. A parent might be willing to undertake a certain course of action and be confident it will make a difference, but have no capacity to undertake the plan because of a lack of resources or support. Andrew Turnell and Steve Edwards, “Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework” (New York: W.W. Norton & Company, Inc., 1999), pg. 79.



Foster Parents

(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)



Foster parents are essential partners in maintaining connections between children in out-of-home care and the people who are important to them. Among the many responsibilities foster parents agree to accept upon licensure and relicensure, the

following are visit-related and highlighted for the purposes of this Guide:

- ✓ No withholding of basic needs...including but not limited to...family visits ([MN Rules 2960.3080, subp 8\(A\)\(4\)](#))...or no restrictions on a child's communications beyond the restrictions specified in the child's treatment plan or case plan, unless the restriction is approved by the child's case manager ([MN Rules 2960.3080, subp 8 \(A\)\(7\)](#));
- ✓ following the visitation and communication plan for the foster child's case plan [usually contained in the child's Out-of-Home Placement Plan] which was developed by the [County] and child's parents, or required by court order. In the absence of a case plan or court order regarding visitation, the license holder must work with the placing agency and the child's parents to jointly develop a visitation plan ([MN Rules, 2960.3080, subp 9](#));
- ✓ respecting the importance to the child of the child's family and make every effort, as recommended by the [County], to keep alive the child's relationship with the family (MN DHSForm 139, 1999, p. 2 (4));
- ✓ respecting the importance of the visitation plan, complying with its requirements and being willing to make reasonable adjustments to family plans to accommodate visitation (MN DHSForm 139, 1999, p. 2 (5));
- ✓ maintaining continuous contact with the [County] regarding matters of significance to the adjustment and welfare of the child including reporting behavior, problematic or otherwise, that would help the [County] understand the child's current emotional and behavioral state (MN DHSForm 139, 1999, p. 2 (16));
- ✓ keeping information about the child and the child's family confidential and to discuss it only with appropriate agency staff members or other professionals designated by the agency (MN DHSForm 139, 1999, p. 2 (17); and
- ✓ assuring that the social worker and child have opportunities to meet alone when indicated (MN DHSForm 139, 1999, p. 2 (18)).

Additional Best Practice Recommendations for Foster Parents:

- ✓ being actively involved in visits, modeling healthy parent-child interactions and teaching child care, if agreed to as part of the plan;
- ✓ providing the child with emotional support even when the contacts with his parent and siblings are disrupting or confusing to the child;
- ✓ documenting the child's behavior after a visit, if requested by social worker or preferred by foster parent;
- ✓ having the child ready for each contact, including having clothing packed for overnight visits;
- ✓ providing transportation or a place to visit when negotiated as part of the plan;
- ✓ comforting and reassuring a child or responding in other ways that are helpful to a child following a visit, such as encouraging the child's open expression of feelings about visiting;
- ✓ notifying social worker of any unplanned contacts between the child and the parent, or between the foster parent and parent;
- ✓ speaking positively about the parents to the child or to others; and
- ✓ discussing their own reaction to visiting arrangements with the social worker, not the child or parents.

Careful Consideration of Foster Family's Schedule Supports Child's Well-Being

“The visit plan must also take the foster family's schedule into account. If a foster parent is expected to comfort a child following a visit, the plan must assure that he or she is home when the child returns from a visit, rather than have the child returned by a parent or a volunteer at a time when it is known that a foster parent will not be home and older child or someone else will be receiving the child. Similarly, visit beginnings and endings should not be scheduled at times that will be highly disruptive for the foster family, such as the family's regular dinner hour.

Visits on holidays or during vacation periods require particularly thoughtful advance planning in order to minimize confusion for the child and disruption to the foster family. When possible, visits to the child's home should be scheduled to begin and end at natural transition points, such as at the end of the school day before Thanksgiving rather than during Thanksgiving morning, to ease the separation for the child and decrease disruption for the foster family.” (Hess and Roch, 1988, p. 53)⁷

Foster families are invaluable community resources. As in other important relationships, there are ways to strengthen this partnership beyond doing what is “required”. For experienced foster parents, acknowledgements of their skills and supports may be all that they need. For others, the following considerations may be helpful:

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- At times, foster parents are the ones to receive the phone calls from an upset parent, grandparent, or other relative questioning why their visits have been limited or stopped. Foster parents appreciate suggestions from workers on how to respond in this situation.
 - When appropriate, a child's foster family may be involved in the actual move from one home to another. This helps the foster parents' children see where their foster siblings will be living and may ease the child who is moving feelings of loss.
- Foster parents may also appreciate additional suggestions from our agency on how to promote a relationship with the child's parents. These may include (adapted from Lutheran Community Services Northwest, Training Tape Handout, p. 1):
- Take and pick up the child from visits as often as possible; meet face to face.
 - Talk about the child's likes, dislikes, daily activities, etc.
 - Exchange photographs, gifts, etc.
 - Allow the parents to give [pre-approved] gifts.
 - Give the parents photographs, artwork, schoolwork or allow the child to give such items.
 - Take photographs at visits or videotape.
 - Complete a photo album/ life book together.
 - When safe, go together to the zoo, park, or other events (school, etc.)
 - Go to doctor/ therapist appointment together; inform the parents of time, place, etc., (if this is expected, clarify with social worker if needed).
 - Dress the child, if young enough, in clothes provided or selected by the parents.
 - Get permission for hair cuts, pierced ears, etc.
 - Refer to child's parents as Mom and Dad.
 - Avoid promises/ conflict; always refer the parents to the social worker for questions foster parent cannot answer.
 - Be honest, respectful and kind, regardless of what is believed about what the parents have done.
 - Write letters, send photographs if there is no direct contact with the parents, either because they are not allowed to visit or cannot/ do not.
 - Do not change the child's given name; respect the name given by the parents; ask if the name has special meaning such as the child being named after family member/ friend.
 - Find common interests and experiences.



Relative Caregivers

(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

When relatives care for children in cooperation with our agency, many of the responsibilities listed under the foster parent section will apply. However, these individuals may have been the ones to report concerns about the child's safety and well-being, which led to the child being placed outside of their home. Kinship caregivers may be especially challenged when the child is upset or acts out after visits. They may need extra support from our social workers in order to encourage parenting time and maintain appropriate boundaries.



Certain components of visitation such as legal requirements are easy to describe and research. The concept of “quality” of visits is highly valued and even evaluated during internal and external case reviews. Quality is associated with excellence. However, there is limited guidance available on this aspect of visitation and family access. We know that frequency and consistency of visits can impact the quality of visits. What follows is an attempt to introduce additional factors and suggestions that can influence the quality of parenting time, visitation, and other family access experiences.

Cultural Sensitivity and Cultural Competence

Culture includes race, religion, ethnicity, family values, lifestyle, family composition, customs, values and beliefs. The family itself is the most important source of information about its unique characteristics, historical roots, and cultural values (Berg and Kelly, 2000, p. 282).⁸

Culturally competent workers can help families to have a positive experience in planning and participating in parenting and other family access time by:

- ✓ Respecting the client’s perspective.
- ✓ Listening well enough to learn about people who are different from themselves.
- ✓ Avoiding judgment from bias, stereotypes, or cultural myths.
- ✓ Asking the family to explain the significance culture has for them, especially regarding family traditions, child rearing and discipline practices, spiritual beliefs and traditions.



Culture is a significant factor in every child’s life. It is important to explore the child’s and their family’s cultural makeup even if there are no perceptible differences.

Some of the following questions may be helpful in thinking about how to approach a culturally different family (Berg and Kelly, 2000, pp. 282-283):⁹

What types of discipline does the family consider to be appropriate?

Who usually is involved in child care responsibilities? Extended family? Informal kin?

What methods does this family use to solve its problems? How does it communicate?

How are cultural beliefs incorporated in the way this family functions? How does the family maintain its cultural beliefs?

What family rituals, traditions, or behaviors exist?

⁸ A request for permission to reprint this content has been submitted to W.W. Norton & Company, awaiting response as of 11/ 01/ 04. Complete citation of material is located in the References Section of this document.

"When working with families who have children in out-of-home care, I find it very helpful to ask parents to share their cultural resources or links to those resources. For instance, one child's Mom had videos the family watched together to celebrate the Sabbath on Saturday night. She was willing to share the videos with the foster family.

In addition, a family's dietary practices and preferences are important factors to ask about, i.e., no shellfish is eaten by family members. I have also learned families may report practices, only to discover later that they haven't implemented the practice or preference themselves. Exploring the reason behind a request or stated preference creates opportunities to discuss culture, identify barriers to practices, and possible negotiation of how and when to implement the practices and beliefs."
- Olmsted County Social Worker

Perspectives of Individuals Involved in Visits

Interpersonal issues that may impact visits include (Haight et al, 2001, p. 26):

- ✓ [Parents']feelings of grief, trauma, and rage surrounding the presence of social services and/ or forced separation from their child; the complexities of leave taking; parents' uncertainty and discomfort within limit setting and discipline during [parenting time].
- ✓ Parents may require support in resolving these feelings about their children's placement before they may benefit fully from necessary services. In addition, they may need coaching and support in dealing with the psychological and interpersonal complexities of visiting such as dealing with

transitions – "hello and good-bye" and setting limits.

- ✓ Social workers dilemmas surrounding their multiple, and sometimes conflicting, roles of supporting, monitoring and assessing parents. Workers may require education to successfully juggle their roles.

(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

- ✓ Foster parents' difficulties in preparing children for visits and responding to some children's intense and problematic responses to visits. Caregivers may require education and training to adequately support children in these situations.

Preparation for Visits

Social workers may find it helpful to prepare for each visit by outlining the issues to discuss with the child. These may be as simple as how the child did on an exam – to tryouts for a school play. It may be about visits with a parent, a court hearing or how the child feels about continuing mental health therapy appointments. During the visit the social worker observes the child's behavior and documents this in case notes. Any new or unresolved issues are noted and discussed during the next visit (MN DHS RPTips, May 2004, p. 2).

⁹A request for permission to reprint this content has been submitted to W.W. Norton & Company, awaiting response as of 11/01/04. Complete citation of material is located in the References Section of this document.

(APPLICABLE TO OUT-OF-HOME PLACEMENT
CASES ONLY)

The goal of parenting time is to have a positive parent-child experience. Social workers can help parents prepare for this by (California Professional Society on the Abuse of Children [CAPSAC], 1997, p. 9):

- assisting them in using encouraging statements with their child, such as “You did a good job.” “Wow, you are learning new things.” “Great.” “I am proud of you.” “You are taking turns nicely.”
- discussing bringing toys, which will evoke positive memories.
- planning some games or activities which the child will enjoy doing.
- encouraging them to being open to any feelings their child may share.
- asking them to be supportive of the person taking care of their child. Suggestions for what to say at the end of the visit might be helpful: “Have a good time with _____ . I will see you in _____ days.

Social workers may also need to prepare parents for a range of possible reactions from their child when they are together. A child’s confusion or sadness at being separated from their parents may be demonstrated through angry or controlling gestures.

Those transporting children to and from parenting time and other family access activities can influence the quality of the visit in the following ways (CAPSAC, 1997, p. 10):

- what they say to the child prior to turning him or her over to the person directly involved in

the visit can assist the child to feel safe and secure. It is helpful to say something like, “This is Sally (if person is unknown to child such as a visit supervisor), have a good time. She will keep you safe during your visit. I will see you _____ (give location) after the visit.”

- dropping off and picking up the child on time.
- allowing the child to talk about the visit. Avoid questioning that makes the child uncomfortable.

Our Volunteer Driver Program is a valuable resource. Arranging for a volunteer to transport children to and from visits can make a significant difference in how quickly and how often families have access to each other. However, the child’s needs should determine who is the best person to provide transportation and related-support services. Because of the intensity of, or limited information about, a case situation, social workers may provide transportation at first and arrange for a volunteer, foster parent, or trusted individual to provide transportation at a later date.

Persons supervising the visitation also have an important role in contributing to the quality of the experience and should (CAPSAC, 1997, p. 11):

- Encourage positive interaction between the child and visiting party.
- If the parent has problems controlling the child’s behavior or setting limits, assist the parent. Every attempt should be made not to embarrass the parent in front of the child. Some instruction may need to be given to the visiting party after the visit.
- Be aware of visiting person trying to bribe the child with gifts or special things promised in the future.
- Be aware of signals to child which may be

reminiscent of things from past interactions which told the child how to act. A nod of the head, finger pointing, winking, staring, glaring, body posture, etc.

- If the child experiences undue discomfort during the visit, which is not decreasing, take the child aside and try to determine any needs the child has. If the anxiety continues and it is in the best interest of the child to stop the visit, this can be done.
- If the visiting party will not conform to the guidelines, the visit can be terminated. Before stopping the visit give a clear message about what the visitor needs to stop or change. If after being warned the visitor will not stop, terminate the visit. Tell the child that the monitor and “visiting party will work together to make future visits better but for now this visit will end.” Document the behaviors and warnings which lead to the visit being terminated.

Preparing children for visiting should focus on their anxieties and fears concerning being with parents and the limits on contact that are imposed. Recognize that it is normal for children to be nervous, ambivalent, and confused about visiting, and preoccupied with details. Who will pick me up? Where will it be? Will I be home for lunch? Since younger children have difficulty with time, the days of the week and phrases such as “for an hour” have little meaning. Use instead the child’s understanding of schedule, such as before or after lunch, while *Sesame Street* is on, or on the day that Billy and Sisie don’t have to go to

school. Providing an individual calendar with visiting days marked helps school-age children keep track of the visiting schedule (Hess, and Roch 1988, p. 57).¹⁰

Planning with the child can help to decrease anxiety. The child can be an active participant in order to make the visit as comfortable as possible. The plan can include any or all of the following (CAPSAC, 1997, p. 12):

- The location of the visit.
- Where everyone will sit during the visit. For instance, the child may want to be near the door or have the visitor across the room.
- What type of physical contact the child wants or does not want during the visit.
- If there are certain people the child would like or not like at the visit. (This needs to be pre-approved by the social worker, therapist and/ or court depending on the court’s order.)
- Hand signals which the child can use to indicate a need for help from the monitor.
- If there are things the child does not want to talk about.
- After the visits the child can tell the monitor how the visit went and if any changes need be made for future visits.

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“Show Casing” Good Practice...

Many of the youth I work with experience intense emotions towards and conflict with one or both parents. While expressing these feelings and thoughts directly is valuable in the healing process, doing so with intense anger and blame can make it difficult for the parent to hear what is being said. One technique to prepare youth before having contact with a parent is to have them write a letter to the parent expressing exactly how angry they are. The letter is written without minding words and without worrying about spelling, whether it makes sense, etc. I give the youth a brown paper grocery bag that has been split open for paper and a crayon instead of a pen. Because of the increased effort crayon writing takes and the difficulty in reading it after the point on the crayon is worn down, youth quickly are able to get past intellectual expressions and write on a feeling level. An added advantage is that no one has ever decided to give or mail a paper bag/ crayon letter. After getting their feelings out in this way, it is a much easier to discuss the youth's feelings, and plan ways to communicate their message in a way that parents can hear.

- Olmsted County Social Worker



(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

Since we are aspiring towards accreditation through the Council on Accreditation (COA) for Children and Family Services and have purchased the standards, we considered COA's requirements regarding the rights of persons in out-of-home care when creating these guidelines:

The children, their parent(s), and their sibling(s) have the right to visit each other while the child (ren) is in substitute care. Children also have a right to visits in their own home. There needs to be a written statement in

the visitation plan, if this is not appropriate (COA Standard Ethical Practice, Rights, and Responsibilities G1.4.01:

the Rights of Persons in Out-of-Home Care, p. G1-7).

The outgoing and incoming mail of children in care is not opened or censored unless (COA Standard, 2001, G1.4.02):

- a. it is suspected to contain unauthorized, dangerous, or illegal material or substances, in which case mail may be opened in the presence of designated personnel; or
- b. receiving or sending unopened mail is contraindicated in the service plan.

Children and youth in out-of-home care have the right to have private telephone conversations, and when we limit this right in any way, the restriction is (COA Standard, 2001, G1.4.03):

- a. based on contraindications in the service


- plan and/ or applicable court order;
- b. documented in the case record;
- c. approved in advance and reviewed monthly by an appropriate designee, such as the social worker's supervisor, and
- d. reviewed weekly by the immediate supervisor of the direct service provider (in our situation, this would be the social worker).



Circumstances in Which Visits may be Limited or Terminated

Reasons for limiting or terminating visits must be documented in the case record. Visitation may be limited or denied only if the court determines that such limitation or denial is necessary to protect the child's health, safety, or welfare.

Visitation is to continue until such a court order is obtained, except in cases of imminent danger to the child's life, health and safety. In cases of imminent danger to the child's life, health and safety, the authorized agency may terminate or limit visitation. This does not apply if the parent or guardian agrees in writing to the termination or limitation of visiting (Hess, 2003, p. 10).



Procedures for Changing Visit Plans

In any instance in which there are circumstances that necessitate a change in the Visitation Plan, the parents must be notified and a new agreement developed with them. Any ongoing changes in visitation require a new visitation agreement.

Parents who disagree with changes in the visitation plan may ask for a review. This may be done through the social worker, the social worker's supervisor, or the parent's attorney.

Use of Visits to Reward or Punish

Visits cannot be used as either a punishment or a reward. Changes in visitation arrangements should be directly related to the ongoing risk and family assessment. Visitation that is contingent on behavior is not consistent with reunification. We should assess the behavior prior to changing the visitation plan.

Hess and Proch offer the following guidance in this area (1988, pp.15)¹¹

Visiting arrangements directly depend on assessment of the parents' ability and of the risk to the child. As parents can assume greater responsibility for child care and

supervision, visits are planned more often, for longer periods, more frequently in the parents' home, and with fewer restrictions. Arrangements, therefore, are a logical consequence of the assessment of parenting behaviors and the family situation, not a reward.

The distinction between perceiving changes in visiting arrangements as a logical consequence or as a reward is quite important. When you view changes in visiting as directly related to assessment of changes in families, visiting arrangements can be developed openly and as a part of the service plan.

(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

Generally, visits should be planned for the least restrictive, most normal environment and include activities that can assure the safety of the child (MN DHS Bulletin #03-68-04, April 24, 2003, p. 9).

If possible, the visitation is to take place at a location that will produce the most interaction between parent and child. Visits may be held in the home of the parents, relatives, or foster family when feasible. When this is not feasible, neutral sites such as parks or shopping malls may be selected.

In choosing the location, certain factors are to

be take into consideration (Hess, 2003, p. 12):

- Suitability for developmentally related activities, (e.g., does the site allow for positive interaction conducive to the child's development?);
- Parents' attitudes and feelings about the child's foster parents, and their ability to handle contact with one another;
- Foster parents' interest, willingness, and capacity to be involved in parent-child contacts as well as their feelings and attitudes toward the child's legal parents;
- Factors that might preclude visitation taking

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place in the legal guardian or foster parents' home; and

- Consideration for the child's safety and emotional stability.

In developing a child-family contact plan consideration shall be given to the child's school schedule, the parent(s)' work and treatment obligations. Visits are to be scheduled whenever possible on days and during hours that will not cause child(ren) or youth to miss school, preschool, early intervention program, or other school activities in which the child(ren) may be participating.

"I think a small child's need for a nap should be considered when scheduling visits. I also understand parents may need to learn how to cope and soothe their tired kids. When parents visit in our home, they have opportunities to bathe, dress, feed, and play with their child. Often they are the ones tucking their child into bed for a nap at the end of their visit."

- Olmsted County Foster Parent

(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

We believe it is important for children, parents, and siblings to have access to each other as soon after placement occurs, and as frequently as possible, thereafter. No specific requirements around the timing of these events were discovered during the research for this Guide.

Our Department of Human Services offers the following direction, (MN DHS Bulletin #03-68-04, April 24, 2003, pp. 9-10):

For most children, it is recommended that visits with their parents occur at a minimum of two or three times a week. Contacts may include telephone calls or parental attendance with the child at routine activities such as counseling sessions, medical appointment, or school events. For infants and preschool children, several visits a week will be necessary to [establish or] maintain the

parent-child relationship. In general, visits will increase in frequency during the transition to reunification.

Daily visits between infants and parents have been achieved in some situations. Visits between the child and siblings or other significant adults should be held during the first week of placement.

Supervisory and group consultation forums are resources for discussing family access possibilities. For those looking for additional guidance, the following content from the MCWTS Core 104, Separation, Placement, and Reunification Session may be helpful (2001, Handout #6):

- Ask the parent to accompany the worker and child during the move, and to provide as much information as possible to the new caregiver (p. 1). This would be OK in some cases. It would be important to check out this idea with the child's foster parent before arriving with birth parent.
- During the period immediately after the move, the parent's continuing involvement should be supported and maintained. The worker should increase contacts with the parent during and immediately after the move.
- Scheduling regular and frequent visits between the child and the parent is critical. The first visit should occur within 48 hours of placement.

For emergency placements, the placing social worker needs to determine if family access, including telephone calls, will be allowed during the emergency placement. There will be no visitation on the weekends or on holidays unless an Intake Crisis Worker is available to supervise the visit (Olmsted County Family Foster Care Shelter Program – Operational Guidelines, 2001, p. 3).

(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

Plans for supervising visits should be individualized and document the correlation to the child's safety and goals of their case plan. The social worker should meet with parents, children, and youth separately to provide a shared understanding about why visits are supervised. Ties to the child's or youth's safety and well-being should be emphasized.

Visits need to be closely supervised when there is concern that a parent may be physically or emotionally abusive to a child during the visit, or if the parent is known to behave in inappropriate or unpredictable ways. Visits need to be supervised if the child is visiting with a perpetrator [person of concern], or when the parent has been known to make unrealistic, or inappropriate promises to the child. Supervised visitation is also in the child's best interest when the child is afraid of being alone with the parent (MN DHS Bulletin #03-68-04, April 24, 2003, p. 9).

Visits must be supervised if it has been determined that the child may continue to be at risk if left unsupervised with the visiting person. In making this determination consider the following factors (adapted from Hess, 2003, p. 13):

- the age of the child;
- risk to the child and context of abuse or relationship dynamics;
- the potential for abduction of child;
- emotional reactions of child; and
- progress of parents who are learning new skills.

The parent or other visitors and the social worker will discuss the need for supervised visits at the time the visitation plan is negotiated or renegotiated. Unless the division or the Family Court finds a need for supervision, visits shall be unsupervised. If visits will be supervised, the plan shall contain a statement of the reason supervision is required. Reasons for the supervision of visits may include facilitating interactions between the parent and the child, modeling positive parenting behavior, mediating conflict between the parent and the child, and providing protection for the child. If a parent requests supervised visits and there is no legal authority to be involved, ask them to consider family members or friends (Hess, 2003, p. 14).



In recognition of the multiple purposes of family access and parenting time supervision, the following distinctions between types of visits may be helpful in developing, clarifying, and monitoring visitation plans (Hess, 2003, p. 14). Social workers may substitute the terms “family access” or “parenting time” for “visits” or “visitation” when preferred.

Structured Family Visitation – visits in the presence of a designated third party for the purpose of evaluation and assessment of child-family interaction, and/ or teaching and practicing of parenting skills.

Supervised Visitation – visits that include a designated third party to protect the emotional and physical safety of a child.

Highly Structured/Strict Supervision - visits in which the child may not be removed from the presence of the supervisor.

Moderate Supervision – visits in which the social worker may delineate degree and type of supervisor activity on a case-by-case basis.

Relaxed and/or Intermittent Supervision, Including Overnight Visits – visits in which the supervisor may be present for a portion of the visit.

A range of persons may be appropriate to serve as visit supervisors, including agency staff and other community service providers, the child's relatives, foster parents, other caregivers, student interns, clergy, and parent aides. Education around boundaries, expectations, documentation, etc., may be needed.

“Processing the visit experience is another important step in our work with families. Sometimes I’ll have kids complete a simple worksheet at the end of the visit. Questions covered include, ‘What did you learn about your Mom?’, ‘What did you learn about yourself?’, ‘What did you like about your time with Mom?’, or ‘What would you change about your visit?’. Other times, I might ask the child to draw a picture of the best thing about their visit with their parents. These simple techniques encourage children to express their feelings about the visit and help identify areas that might need to be adjusted in time for the next contact.”

- Olmsted County Social Worker

(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

The social worker should help the parents manage visits to benefit the child and plan activities that will ease anxiety and provide mutual gratification for the parent and child. Appropriate activities will also be determined by the specific goals of the parenting time.

Possible objectives for the family visits may include (MN DHS #03-68-04, April 24, 2003, p. 9):

- establishing and/ or strengthening the parent-child relationship.
- instructing parents in child care skills.
- helping parents become involved in the child’s school, church, or community activities.
- helping parents gain confidence in meeting their child’s needs.
- identifying and assessing potentially stressful situations between parents and their children.
- giving parents an opportunity to decide whether they want to pursue reunification.

Care should be taken to make sure younger children are not propped up in front of the TV as an electronic baby sitter, or older children don’t get put in the role of babysitter for younger siblings while home visiting.

Ideally, visits should involve parents in routine activities of parenting, such as attending his/ her child’s school functions, special occasions and medical check-ups, as well as engaging in feeding, diapering, and other direct child care responsibilities. In most cases, surprises – even pleasant ones – may increase a child’s anxiety about what to expect (Hess, 2003, pp. 14-15).

Older youth may respond well to going to a movie with their parent. Riding in the car on their way to having a beverage afterwards may present a comfortable opportunity for exchange of ideas or inquiries about how things are going. Depending on their age and interests, they may also enjoy exercising, playing Frisbee, soccer, going to the mall, or out for lunch. Other ideas may include participating in family picture appointment, going to the Public Library, or attending football games.

“Show Casing” Good Practice...

“The parents of children in our care were both in chemical dependency treatment. Mom reached a point in her program where she could have off-campus visits for a couple of hours. She really wanted to take her kids trick-or-treating on Halloween. We invited her over for a pizza supper that night and then we all went out trick-or-treating. This was a very positive experience.”

- Olmsted County Foster Parent

(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

Visit Duration

The visit should be of adequate duration to maintain the parent/ child relationship. In general, one to four hours is an appropriate time range. Initial visits of short duration, one to two hours, allow parents to experience small successes. For some teenagers, a structured visit of 30-45 minutes may be appropriate.

Visitation between the child and his/ her family increases in frequency and duration as the goal of reuniting the family is approached. Successful

unsupervised day long, overnight and weekend visits are completed prior to planning for the return home. Overnight visits can be considered when it is assured that the child can be protected in the home.

When parents and children do not know each other well, do not like each other, or have an ambivalent relationship, visits should be planned with sufficient flexibility to allow an uncomfortable visit to end early or a good time to last longer (Hess and Roch, 1988, p. 46).¹²

(APPLICABLE TO OUT-OF-HOME PLACEMENT CASES ONLY)

Visiting in Specific Situations

When a Parent is Incarcerated

Case planning with an incarcerated parent whose child is in foster care, includes arranging/ providing visitation/ parental involvement if appropriate. Visitation may be discontinued only when the court sanctions this step. (Hess, 2003,

p. 15) Hess and Roch (1988) have this to say about visiting in this circumstance:

“Children are sometimes placed when a custodial parent is incarcerated and

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arrangements with other appropriate caregivers, such as extended family members, cannot be made. When a parent's incarceration is related to having harmed the child, the impact of contact with the parent on the child should be assessed. When a child is placed due to the parent's incarceration and family reunification is the goal, every effort should be made to assure regular visiting. The child's fantasy of the parent's experience in prison may be much more frightening than the reality, and visits can reassure the child that the parent is alive and safe.

In planning visits between children and incarcerated parents, it is essential to determine in advance what is required to secure permission for the child to visit, who can accompany the child to visits, and how often and for how long the child can visit. So that you can appropriately prepare the child, determine whether a child will be able to hug or kiss a parent or will be required to visit through a glass window and what rules

govern visit behaviors.

[Social workers] are asked to examine their own attitudes about the child's visiting in prison. If they are uncomfortable with this plan, they may be depriving families of their right to contact by delaying the scheduling of visits" (pp. 40–41).¹³

The planning described above will alert the social worker to whether or not children are even allowed to visit their parents in a locked facility. We have learned that our local Adult Detention Center doesn't allow physical contact between adult detainees and their children because of an inability to provide additional supervision. However, detainees eligible for the Work Release Program may be able to have access to their child in another setting, with approval, that allows for physical parent-child contact.

When a Parent is in an Institution

Special care and attention is also needed when planning for parenting time between children and parents who are in specialized care settings such as a mental health or chemical dependency treatment facility.

The social worker should "encourage parent(s) to correspond with agency and their child whenever possible and appropriate, arrange/ provide visitation if appropriate, and assist in the parent's continued contact correspondence...with

the child" (Hess, 2003, p. 15)

It's important to talk with caregivers about responding to children when they don't want to have visits with their parent. It's possible caregivers may think it's best to say to the child that they don't have to go. Social workers can emphasize the importance of visits and also help work through the child's concerns. Children may be able to overcome their initial reluctance to visit when they have

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an active role in deciding what they want the visit to look like (who participates, where in the facility does the visit take place, how to signal when the child wants the visit to end, etc.). Depending on the age of the child, questions such as, “What have you heard about this place?”, “What do you think this is going to be like?”, or statements like, “This is a place of healing. Even though Mom might look sad, she’s in a safe place,” may be reassuring and helpful in engaging children in preparing for visits.

Preparing parents living in a specialized care setting for parenting time with their children is another essential step in the planning process. Social workers can offer additional support by talking with the parent about how they think they

are going to react to seeing their child(ren). If the parent is not ready for visits shortly after admission into the care facility, it is important for the social worker to discuss with personnel how those involved will know when mom or dad is ready to reconnect in person with their child. This will allow the social worker to have something to share with the children who are eager to know when their first visit may be possible.

In cases where a parent may be able to leave the care setting for a period of time, the social worker may consider bringing parent to the community where the child lives for parenting time rather than having the children go to facility.

“Show Casing” Good Practice...

“The children in the family I worked with ranged from elementary school-aged to middle school-aged. I spent a lot of time talking with the kids about what the facility and visits with Mom were going to look like. The kids heard relatives talking about their mother being ‘where crazy people go’. I had separate conversations with them because they each had a different relationship with their mother. Mom’s room could feel depressing with the drapes drawn, so we came up with the idea of watching a movie and having popcorn in another location within the care setting. Some times the kids would exercise with Mom in the exercise room or relax with her in the Atrium. It was worth the extra effort to explore other family access opportunities outside of traditional visiting hours. I asked what time Mom had lunch and tried to build in some contact during that time, too.

As Mom improved, she was able to have an off-campus pass. We ate lunch at a non-fast food restaurant so I could better assess the children’s comfortableness with being with Mom on their own for awhile in the shopping center. We had agreed on a word signal they could use to let me know they were OK with the plan. They could also let me know they wanted me to join them when I touched base with them by saying, “why don’t you come along with us?” This allowed me the opportunity to reconnect and redirect, if needed.

Eventually, we began to normalize visit activities by having a trusted relative do the transportation, having Mom participate by telephone in a school conference, or accompanying one of the kids to medical appointments as she got closer to being discharged from the care facility.

Social workers may need to ask to be part of discharge planning. I encourage workers to be part of this step because you can share more with the kids and start planning for when their parent leaves the facility. It’s important to talk with children about how they will know if things are starting to slip with Mom or Dad. You may need to give them a vocabulary to describe what they’re seeing and how they will tell someone.”

- Olmsted County Social Worker



Domestic Abuse

Intimate partner or family violence cases are complex and can affect children in a profound way on an emotional level even if they are not physically harmed. In planning visits one needs to take into the account the child's need and desire to see both parents as well as the child's view of each parent.

Parents from homes where domestic violence occurred will not visit the child together until such a time that intervention and treatment specialists determine such visits pose no threat to any family member. When domestic violence is present in a family situation in combination with other forms of abuse, the impact on a child can be

severe. An assessment of the situation needs to take into consideration the child's experience of the domestic violence could significantly differ from what the adult(s) experienced.

Consideration shall be given to measures that meet the safety needs of the child and non-offending parent. When necessary, measures shall include, but are not limited to, arranging different visiting schedules, a safe drop-off/pick-up location, and safety plan in case the batterer unexpectedly appears. (Hess, 2003, p. 15) Safety can be increased by arranging for a signal that ends the visit if necessary.



Sexual Abuse

In sexual abuse cases, social workers will need to spend as much time as needed to prepare the children and assess their readiness for visits. The Court may also set very clear boundaries about contact and supervised visits.

Other experts recommend

“Visits between the abuser [person who harmed the child] and a child should not commence unless the therapist for the child recommends that visits would help the child in the healing process and the therapist for the offender believes the visit would be

therapeutically beneficial. It is preferable for these visits to occur with the child's therapist or that a person is present in the visit whom the child has a supportive relationship with.” (Hess, 2003, p. 16)

Given therapeutic supports may or may not be in place when social workers start working with families, team and/ or direct supervisory consultation are valuable resources for deciding when and how visits should begin.



Termination of Parental Rights

Visiting does not end when it is determined that reunification is not the goal. Unless parental rights are terminated or visits are prohibited by court order, parents and children have the right to visit. An agency decision against reunification in and of itself does not remove this right. Even if parental rights are terminated, visiting may take place during the appeal process.

Children may visit with their parents and families during the period following petitioning for termination of parental rights.

Any duty or obligation on the part of our agency to make reasonable efforts to strengthen the parental relationship shall cease upon the filing of a petition under this section.

This provision shall not be construed and is not intended to limit or affect in any way the parents' right to see or visit with the child during the pendency of a petition under this section. Consider planning a visit and/or other contacts, such as letters, for goodbyes, and rituals related to good-byes (Hess, 2003, p. 16).

In some cases, contact and visitation of an older child or teenager and a parent whose rights were terminated previously may be appropriate. Teens and older children in other permanent placements besides adoptive homes may desire a relationship with a parent who has made changes and matured since parental rights were terminated.




Children Who are Placed in Group Care Settings

A social worker may need supervisory or administrative support to impact "rules" and enforce visiting plans.

Example: A residential program may make visits possible contingent on a child's behavior. We need to take into account not only the child's needs and activities, but also those of the entire facility. It may be more difficult to locate a visit site that offers privacy and an opportunity for natural interaction. However, the challenges do not remove the child's right to visit with parents, siblings or other kin.

In 2001, the Federal Government reviewed Minnesota's Child and Family Services system. Reviewers discovered instances where visits were held or not held based on a child's behavior. As a result, our Department of Human Services agreed to address this concern by creating RPTips to emphasize the importance of visiting.





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Appendix





Documentation Sheet: Visits/Family Access/Parenting Time

1. General Information:

Client Name: _____ Case Number: _____

Child(ren's) Name(s): _____

a. Type of Visit – Face-to-Face, (check all that apply):

- Worker Visit with Child: alone or with others present? Worker Visit with Mother Worker Visit with Father
- Mother's Visits with Child Father's Visit with Child Sibling Visits Other Family Access Visit

b. Date of Visit: ___/___/___ **Length of Visit:** From _____ to _____
_____ Hour(s) and _____ Minute(s)

c. This visit was: Planned Unplanned, briefly describe circumstances:

This visit did not occur because: _____

This visit did occur. Details below:

2. Actual Visit Participants

- a. Name: _____, Relationship of Person to the Child: _____.
- b. Name: _____, Relationship of Person to the Child: _____.
- c. Name: _____, Relationship of Person to the Child: _____.
- d. Name: _____, Relationship of Person to the Child: _____.
- e. Name: _____, Relationship of Person to the Child: _____.
- f. Name: _____, Relationship of Person to the Child: _____.

Name of Provider/Agency and Person Providing the Service, if applicable:
_____.

- f. Name: _____, Relationship of Person to the Child: _____.

Name of Provider/Agency and Person Providing the Service, if applicable:
_____.

3. Quality of Visits Elements:

a. **Most Typical Pattern of Visiting within the last thirty (30) days, (actual frequency may vary for different time periods and from the planned frequency of visits):**

- Daily Three Times per Week Twice Weekly Weekly Every Other Week

Monthly Other: _____.

b. **Location of Visit:**

- Parental Home Relative/Other Kinship Home Foster Family Home Health Care Facility

Public Setting, circle one: Park Shopping Center Restaurant Movie Exercise Facility

Other, please describe: _____.

c. **Problems or difficulties occurring in visits:**

_____.

d. **Observed visit interactions, including positive outcomes:**

_____.

e. **This visit addressed the case plan goals regarding safety, permanency (if applicable), and well being. Be sure to include progress note on the child-specific, targeted case management goal(s). Please describe:**

_____.

f. **Changes that were made in the case goals or tasks resulting from the visit:** _____

_____.

4. Planning for Future Visits, (optional):

a. Any changes requested by participants, including child(ren), for next time?

b. Who is responsible for making agreed upon changes?

c. Any additional cultural considerations?

d. Any unavailable visit-related service needs and/or barriers to more frequent visiting?
Any agency practices that result in visit-related difficulties (ex: distance of placement)?
If so, how many clients are affected by these challenges?

e. Next Visit is Planned for ___/___/___, from _____ to _____, at _____.

5. Signature:

Documentor's Name (please print): _____.

Documentor's Signature: _____ **Date:** ___/___/___

Documentor's Role: _____.