

# USING PARENTING TIME TO IMPROVE PERMANENCY OUTCOMES



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*A Service of the Children's Bureau*

# GOAL OF EACH VISIT

- The visit allows the child to be **safe** and is held in the most home-like location possible. The activities should be things the child would normally be doing.
- A child should never be traumatized by visits. Children and parents may feel *discomfort* before, during or after a visit
- Keep parents involved in as many parenting activities as possible.
- *In some cases, “visits” that do not require face to face contact may be necessary to ensure the child’s safety. NE policy: document reasons*



# The primary purpose of Visits is...

- A. To meet the child's developmental and attachment needs

## Secondary Purposes of visits are...

- A. To assess a parent's ability to safely parent their child
- B. To determine the final permanency plan

# USING VISITS TO DETERMINE PERMANENT PLAN

- No child should go home who has not had Progressive Visits that have lead to:
  - Successful, Multiple
  - Overnight visits
  - In the parent's home
  - With all the people who will be actively involved with the family
  - And in situations that mimic the substantiated maltreatment

# NEBRASKA GUIDELINES FOR PARENTING TIMES FOR CHILDREN IN OUT OF HOME CARE

Parenting Time Plans should be based on the circumstances and needs of each family and the reason for the removal of the child from the home. However, when there is a variance from the *Guidelines for Minimum Hours* that results in less parenting time, the reason for the variance must be articulated to all relevant parties to the case, factually based, appropriately documented, and approved by the court.

# MINIMUM BEST PRACTICES

- ◉ Written visit plans in the case records and court orders - part of detention hearing
- ◉ Include all parties in the planning
  - Parents
  - Child
  - Caregivers
  - Others (legal professionals and family)
- ◉ Visits should mimic normal, healthy parent child interactions - **promote attachment**
- ◉ Create consistency in day, time, location, activities
- ◉ Occur within 48 hours of initial placement but no later than 72 hours
- ◉ Case carrying worker must observe at least one visit per month

# MINIMUM BEST PRACTICES

- ◉ Location: Least restrictive and most homelike
- ◉ Whenever possible the visit occurs where the child is (caregiver home's, school, relative's home, community location) so the child's daily life is not disrupted and the child is comfortable.
  - Agency visit rooms are usually the last choice
- ◉ Sibling visits must occur in addition to parent visits. **Address in Parenting Time Plan**
- ◉ Child's needs takes precedence if there is a conflict.
- ◉ Not used as punishment or discipline.

# MINIMUM PARENTING TIME

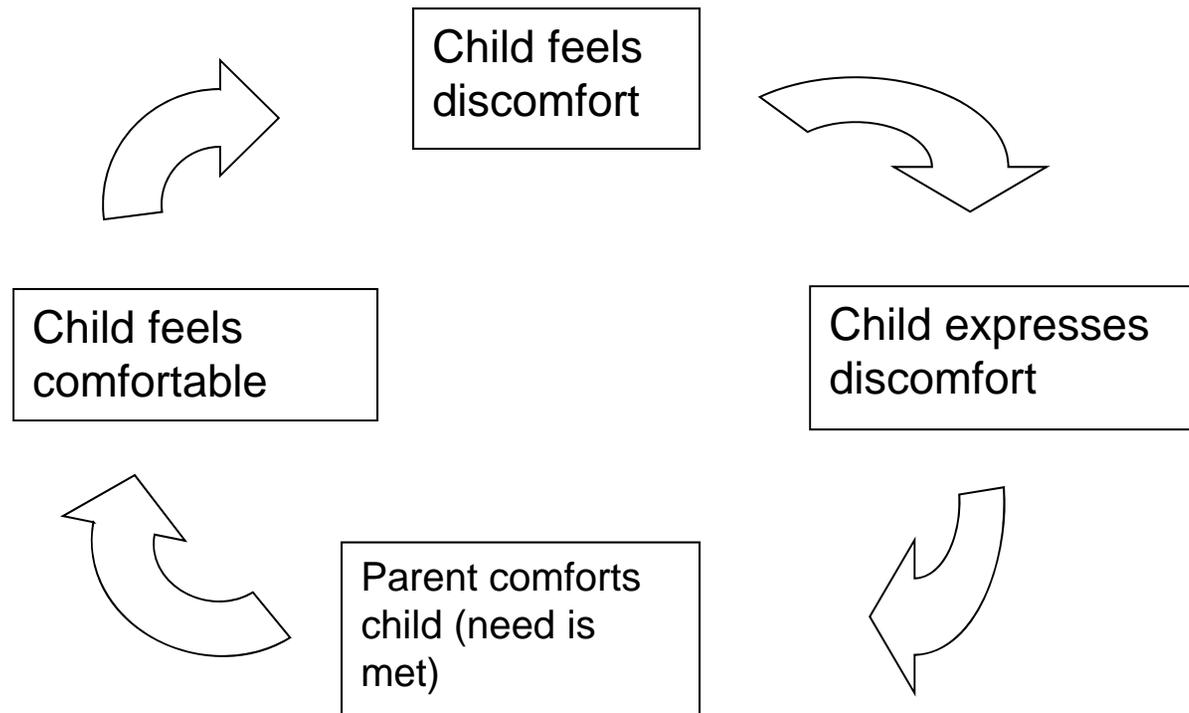
- ◉ Age Birth to Eighteen Months Five (5) times a week, Daily visits are optimal
- ◉ Age Eighteen Months to Three years Four (4) times a week
- ◉ Age Three to Eight Years Three (3) times a week, preferably on nonconsecutive days
- ◉ Age Eight to Fourteen Years Two (2) times a week
- ◉ Age Fourteen to Nineteen Years Two (2) times a week
- ◉ *Additionally contacts such as phone, school activities, medical, family functions*

# FOUR STEPS TO DEVELOPING A PLANNED, PURPOSEFUL AND PROGRESSIVE VISIT PLAN

1. Child Development and Parenting Skills
2. Type of Maltreatment
  - Level of Supervision
3. Time in Care (Concurrent Planning)
  - Initial Placement
  - Reasonable Efforts
  - Final Permanency Decision
  - Post Permanency
4. Other Factors
  - Family Culture, Addiction, domestic violence, incarceration, residential treatment, special needs of parent or child, mental illness

# ATTACHMENT AND BONDING

## Bonding Cycle



**Children are capable of attaching to multiple people and are more resilient when they have multiple, healthy attachments**

# Elements of a Visit Plan

- Purpose
- Frequency
- Length
- Location
- Who attends
- Activities
- Supervision
- Responsibilities
- What to have at the visits

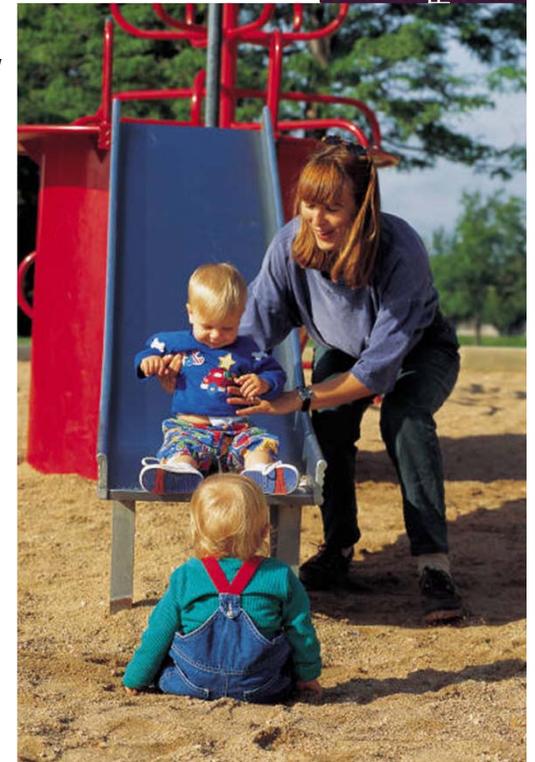


# PROGRESSIVE VISITS

- Visits usually start as supervised visits with many restrictions on location, activities, etc.
- Once the parent and child are successfully interacting during visits; the plan should allow for progress ONE element at a time.
- Slowly increase the parent's responsibility and move toward unsupervised visits, in the parent's home, while safely testing the parent's ability.
- One change allows for accurate assessment of success or failure.
- When there is a failure or repeated problems: go back to last successful visit plan. Then change a different element to determine what is the solution.

# TYPES OF MALTREATMENT

- The **second** purpose of visits is to provide the parents with an opportunity to learn new parenting skills or demonstrate safe parenting skills. - REASONABLE/ACTIVE EFFORTS  
Legal requirements
- Skills can be taught during visits or be learned from service providers, family or community.
- Visits are one of the few ways of assessing the parent's FUTURE protective capacities.
- **The case/visit plan must state behaviorally specific protective capacities the parent must demonstrate to regain custody of the child.**



# PROTECTIVE CAPACITY

- Parent whose 2 year old child was not being supervised and the child was harmed.
- Capacity: A capable person will be within sight or sound distance of the child at all time. That person will be able to predict the child's behavior and ensure that the child is always within distance.
- Sample Visit Activity Progression on location:
  - Structured room with closed door
  - Room with door open
  - Entire house
  - Yard with fence
  - Community locations

# SUPERVISED VISITS

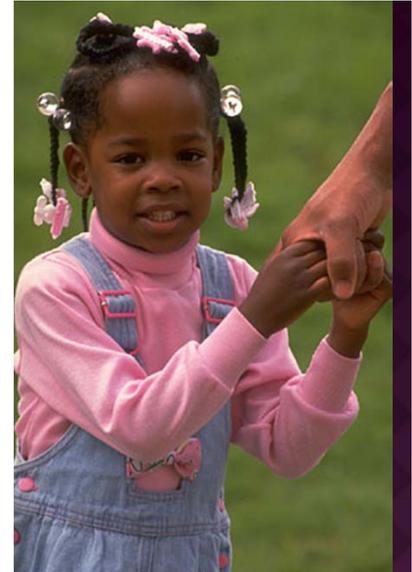
Trained person is within sight and sound of child

If the parent. . .

- Is abusive during visits
- Shows inappropriate behaviors
- Has not started treatment

When child is. . .

- *Afraid* of parent



Supervision to  
Teach Parenting  
skills  
OR  
Supervision to  
Assess Parenting  
Skills  
OR  
Safety  
Supervision

# WHO CAN SUPERVISE A VISIT

## Teaching/coaching visits:

- Caregivers
- Relatives
- Caseworker - agency
- Trained Visit supervisors

## Assessment Visits:

- Caseworker - agency
- Trained supervisor of visit
- A person who can do therapeutic visits

## Safety Supervision:

- Many people in the child's and family life and in the agency. Willingness and ability to provide safety if needed. Authority to stop visit early if problems occur that cannot be immediately remedied.

# OBSERVED VISITS

An objective party is involved or location provides protection

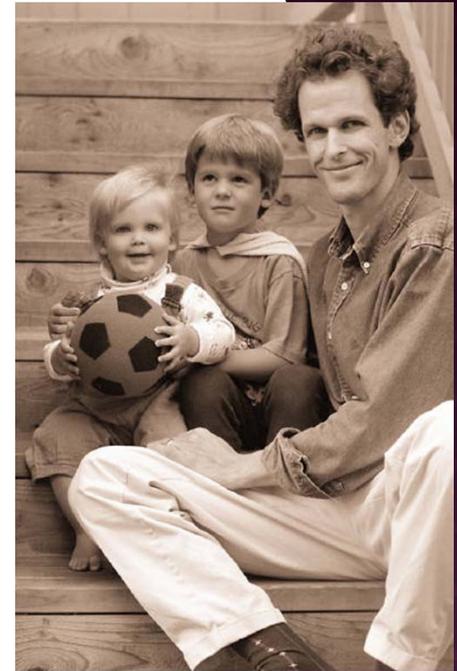
- Parent in treatment but has not completed his/her program
- Child expressing *discomfort* about being left alone
- Parent consistently met standards during supervised visits



# UNSUPERVISED VISITS

## No formal observation is needed

- Parent has consistently met standards during observed visits
- Parent has made progress in treatment program and/or has a relapse plan
- Child has a safety plan that has been tested
- Unplanned drop-ins might occur

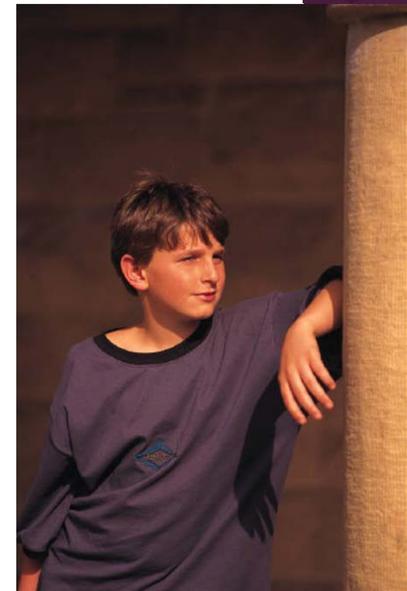


# THERAPEUTIC VISITS

Professional conducts visit to address clinical needs

- Sex abuse and extreme forms of other abuse
- Parent who is rejecting the child
- Child who has extreme fear of parent
- Severe attachment issues (Parent Child psycho-therapy)
- Teaching medical or therapeutic care of child (PCIT, Triple P and similar programs)

Have agreed upon community definitions for the levels of supervision.



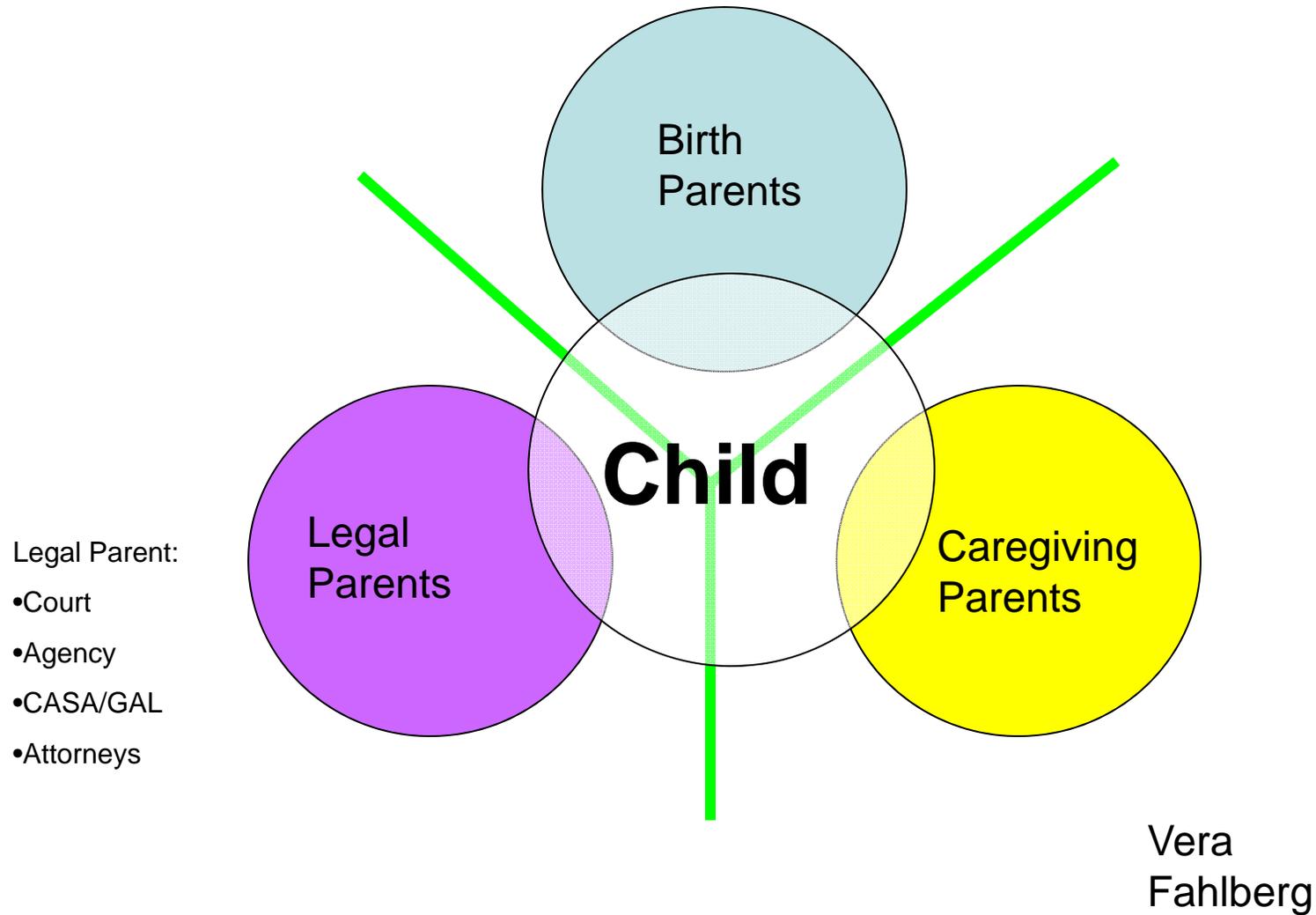
# MIX OF VISITS

- ◉ In a given week a parent might have a mix of visits
  - A visit at the child's school to talk to the teacher about school progress (observed by teacher)
  - Attending the child's ballgame and watching from the stands (observed by coach or no formal supervision)
  - Attends Sunday church service with grandparent and has time with parent with other adults present (supervised by grandparent)
  - Teaching visit with parent and child regarding how to discipline the child (therapeutic or supervised)
  - Nightly phone calls by child from foster home

# INITIAL PLACEMENT - FIRST DAY TO 30 DAYS IN CARE

- ◉ First visits are only about attachment and separation issues
- ◉ Not yet ready for teaching and demonstrating parenting skills related to the maltreatment
- ◉ Allow phone calls on the first day
- ◉ Establish a pattern of successful visits
- ◉ Placement should not feel like a punishment to the child - do not deny all contact with their family
- ◉ Expect, prevent and prepare for reactions
- ◉ Bring child's belongings, take pictures
- ◉ Visit in family home - whenever possible
- ◉ Complete assessment of family

# The Three Roles of Parenting



# REASONABLE/ACTIVE EFFORTS - 2 MONTHS TO 12 MONTHS

- ◉ Integrated case plan and Parenting Time Plan based on family assessment - focus of improved parenting skills by 45 days in care
- ◉ Teaching and demonstrating parenting skills - based on type of maltreatment and case facts
- ◉ Progressive steps are taken regularly with successful visits
  - Decreasing supervision in most cases (if not done within 6 months review at hearing)
  - Increasing length and parenting responsibility
  - Behavior/reactions should be decreasing
- ◉ Observation and feedback to parents by caseworker or supervisor of visit on a regular basis
- ◉ Build co-parenting relationship between birth parents and caregivers

# REASONABLE/ACTIVE EFFORTS

There must be coordination between the treatment services and visits.

Examples: Parent who is in parenting class should be practicing new parenting skills on visits.

Child who is treatment for behaviors - parent should be practicing skills recommended by child's therapist.

If a parent is making progress in treatment services but not in visits OR is making progress in visits but not treatment  
**a review of the case plan must occur.**

# CASE EXAMPLE

- Progression when skill is predicting a child's behaviors that may lead to harm:
  - Parent is able to describe situations that his/her child may leave parental supervision.
  - Parent demonstrates ability to predict and redirect child to safe activities BEFORE the child leaves parent's supervision.
  - Parent is able to supervise child in a structured situation.
  - Parent is able to supervise child in unstructured situation.
  - Parent is able to supervise while doing other tasks such as cooking a meal.

# FINAL PERMANENCY DECISION- 12 TO 15 MONTHS

- Connections NEVER stop so some post permanency connection plan will be needed for every child
- Continue to develop relationships so that birth parents will use caregivers as family support after reunification
- Determine correct way to transition from frequent visits to what contact will be after adoption/guardianship
- Reactions to change in child's life may occur - best method is a gradual transition
- Avoid "Good-bye" visits
- Maintain as many connections as possible with siblings, friends, school, ethnic group, religion

# POST PERMANENCY FROM PP THROUGHOUT LIFE

- ◉ Child want us to help them maintain connections with people who are important to the child
- ◉ Children will look for lost family--and often move in for at least one day
- ◉ Siblings is most critical group
- ◉ Child has right to know family and history
- ◉ Help the adults/legal parents handle being uncomfortable with each other
- ◉ Life books belongs to the child
- ◉ Complete information in case record and with child's legal family

# ADDICTION

- Parents are allowed visits based on his/her abilities at the time of the visit not based on drug testing.
- Drug test are not reliable in determining safety on TODAY'S visit.
- *The level of supervision is related to parent's behaviors on visits and NOT to the progress of drug treatment!*



# ADDICTION

- Parents who are sober and/or have completed drug treatment but who cannot maintain safe parenting during visits should NOT be allowed to have their visits progress towards reunification. Completing treatment program is not enough.
- Recovery does occur without formal addiction treatment.
- Parents who have not completed treatment but consistently maintain sobriety should not be denied a chance to reunify.

# RELAPSE

- It is a part of the journey to recovery and not a failure of treatment.
- All parents must have a relapse plan - even those who are not in formal drug treatment
- Relapse plan contains
  - Addicts triggers to take drugs
  - Behaviors of addicted parent has that indicates s/he feels a need to take the drug
  - Resources for the addicted parent to call for help at any time
  - Resources for an older child to call for help if the parent is not providing safe care
  - Family support system

# HOW TO HAVE A SAFE VISIT WITH ADDICTED PARENTS

- Have a **visit plan** that specifically addresses what is allowed and not allowed.
  - List behaviors that are unsafe or not allowed
  - State the process of what will occur if parent violates visit rules or behaviors are seen - not punishment
  - Safety plan for the child
    - How the child will ask for help during a visit whether supervised or not
  - Relapse plan for the parent
    - Shared with everyone involved in visits including the child

# CASE

Assume that lack of supervision occurred when the parent was using drugs.

## ○ Relapse progression:

- Parent has a relapse plan that is know by all
- Early visits - avoid triggers as much as possible
- Progressively change location, time of day, activities, etc. that mimic normal daily stress
- Progressively move to visit plans that will include triggers that the parent cannot avoid - with supervision (caring for the child may be a trigger)
- Progressively move to unsupervised visits that include triggers

# MEET WITH PARENT BEFORE THE VISIT STARTS:

- Use time to discuss case plan and progress.
- Assess parent's ability to interact safely with his/her child.
- Remind parent of rules and purpose of the visit.
- Reassure parent that visits can be difficult for them but the main purpose of the visit is to meet the child's needs - give parent examples of what to do.
- As visits progress have parent identify stress or triggers that may occur during a visit and review relapse plan.

# DURING VISITS

- Supervisor/observer must be able and willing to ensure safety.
- Everyone involved in the visit must know the parent's warning signs - including foster parents and others whose involvement may be limited to driving the child.
- Inappropriate behavior of any type or for any reason is not tolerated or allowed to continue.
- Visits are ended early when the parent demonstrates warning signs. Do not wait for an incident to occur.
- Do debrief and then determine changes for next visit. Take step back to last successful visit plan.

# DEBRIEF AFTER VISITS:



- Meet with the parent and provide strengths-based feedback.
- Address any problems NOW while they are small.
- Caseworker *talks* to person who supervised the visit.
- Someone the child trusts debriefs the visit with the child.

# RELAPSE: SIGNS = ON THE ROAD TO RECOVERY

- The parent first made sure to protect the child and then take care of their own needs
- The parent admits relapse and returned to treatment or healthy support system quickly
- The safety plan for the child worked
- The parent tries to avoid triggers

Eventually most children of addicted parents do go home to the parent.

- Having supervised visits in the parent's home is **ESSENTIAL** before unsupervised visits can occur.
- Determining if the relapse plan works to ensure a child's safety even if a parent does relapse is a part of progressive visits.

# CHECKLIST - ASSESSING PRACTICE

- ☑ Meeting the child's developmental and attachment
- ☑ Teaching and Assessing Parenting skills
- ☑ Reasonable/Active Efforts Phase
- ☑ Final Permanency Plan Decision and Post Permanency



# TEAM MEETINGS/LOCAL PLANNING

## Possible discussion areas

- How well are you implementing and using Parenting Time guidelines?
- Are you able to give families minimum parenting times?
- Is there agreement on definitions of levels/types supervision? Who can do the different types of supervision?
- What skills or training are needed?
  - Addiction
  - Domestic violence
  - Mental illness

# QUESTIONS AND ANSWERS



# Visit Resources

- National Resource Center for Permanency and Family Connections – [www.nrcfcppp.org](http://www.nrcfcppp.org)
- Information Gateway – [www.childwelfare.gov](http://www.childwelfare.gov)
- CA Clearinghouse on Evidence Based Practices  
<http://www.cachildwelfareclearinghouse.org/>



# Closing

- Thank you for your dedication to children and families
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