

Checklist for Assessing Parenting Time Plans

Using Parenting Time to Improvement Permanency Outcomes

Rose Wentz, Consultant for the National Resource Center for Permanency and Family Connections

Rose@WentzTraining.com, 206-579-8615

August 9, 2010

Parenting Time must be used to encourage attachment between the parent and child, and to assess, teach and evaluate parents' capacity to keep their child safe. The progressive model of visit planning provides a method of how to safely move visits from highly supervised and structured to unsupervised in the parent's home.

1. Meeting the child's developmental and attachment needs. Determine if the visit plan addresses these items.
 - Child is visiting with all the people with whom s/he has a relationship with: Parents (legal and emotional), other caregivers, siblings, pets, friends, religious community, cultural community, school, and other groups or after school activities.
 - The plan is adjusted to meet the child's needs and the child is asked what s/he wants.
 - The parent and child are encouraged and/or taught to have healthy bonding and attachment activities during the visit.
 - A child who states s/he does want to have contact with a parent (even one who has not started treatment) is provided an option on how to do this while maintaining safety is provided. Seldom is NO contact of any type is the only means of providing safety.
 - A child is not forced to have face-to-face contact if s/he has stated by words or actions that s/he does not want to do this.
 - A child who cannot tolerate face-to-face contact is likely to need therapy. Cancelling the visits is not enough to help the child address his/her fears.
 - ALL children must have a visit or connection plan. Children who cannot have face to face contact must have adults (professionals and those in parenting roles) provide ongoing support so the child understand and handle issues such as; why did my parent abuse me. This is a developmental process and will likely need to be revisited throughout the child's life.

2. Teaching and Assessing Parenting skills related to the maltreatment
 - a. **First Visits**
 - The first contact occurred within hours of initial placement (phone call, email) and first face-to-face visit was within 48 hours but no later than 72 hours.
 - Does the frequency of visits agree with the Nebraska guidelines? If not, why?
 - Were the parents and children set up for a successful first visit? Given support, provide clear groundrules, held in a location that was comfortable for the family, etc.
 - Is a skilled person observing the first visits to complete the family assessment? What was observed?
 - The Parenting Time Plan avoided parenting skills, locations, activities etc. that would trigger relapse of the parent or trauma for the child.
 - The first Parenting Time Plan is ready by the time of the detention hearing.
 - b. **Reasonable/Active Effort phase**
 - The family has established a successful visit plan and family has adjusted to the routine of visits. If not, what is being done?
 - Everyone knows the Parenting Time Plan and visit safety plan (How the child will be kept safe on the visit and s/he can signal supervisor of visit for help.)
 - Behaviorally specific protective capacities have been determined. This is used to establish progressive steps. A method of teaching and assessing these specific capacities is part of the Parenting Time Plan.

- Everyone is involved in visit planning and in supporting the visits, including caregivers and the child. Complete Parenting Time Plan is due within 45 days of placement.
- Progression is occurring regularly. There is clarity on how progressive steps are implemented, including the need to step back when problems occur. The reasons for variance should be articulated to all relevant parties, factually based, appropriately documented and approved by the court.
- If progression cannot occur a case review of the coordination of visits and treatment plan is done to determine what changes should be made.
- At six-month review the level of supervision has progressed to “observed visits” except for ongoing teaching visits. If not, review the reasons.
- Visits are not used as rewards or punishment for the parent or child. Visits are based on behavior during the visit.
- Parents understand that visits are a reasonable effort service and attendance and actions on the visits will be used in the determination the final permanent plan.
- If the child is having reactions before, during or after visits changes in the visit plan occurs until the reactions decrease or disappear.
- Co-parenting agreements between birth parents and the caregiving parents are made regarding daily routines and care of the child between all the parties; food, sleep, school, religious education, discipline of the child, etc.
- Parent is involved in as many parenting activities as possible. (Medical, school, after school activities, homework, teaching child skills, hair and clothing choices, addressing child’s behavior, etc.)
- Visits are occurring in the parent’s home on some basis. (This should not occur just before reunification but in an ongoing manner.)

3. Final Permanency Plan Decision and Post Permanency

a. Reunification:

- Visits have progressed to unsupervised, overnight visits in the parent’s home.
- Visits are planned to test if the parent can keep the child safe even under stresses and relapse triggers.
- If relapse has occurred, the child was kept safe and parent has returned to sober recovery
- Family has a support network that will remain in place after dependency is dismissed; the optimal plan is for the child’s current caregiver to be a part of this support.
- The transition plan allows for the slow move of the child to the parent’s home. Abrupt moves should not occur.

b. Adoption or guardianship

- Visits could not progress to unsupervised AND different treatment services have been offered to the parent and/or child. Then non-reunification permanency is implemented.
- The transition plan slowly changes the visits to focus on ongoing healthy relationship between the child and parent. There may be periods of no physical contact during the child’s life but there should not be an assumption that the child will never have contact with the unsafe parent.
- The child’s changing developmental need to know his/her birth parent is understood and supported by the prospective adoptive family.
- Visit/connection plan for the child’s connection with siblings, extended family, culture, former foster parents is established and practiced before adoption is finalized. Adoptive family is willing to support this contact throughout the child’s life.
- Clear documentation from professionals must be reviewed for any case where the plan is no further contact with birth parents, siblings or extended family system. The presumption is that child does have the right and need to have some level of ongoing connection.
- Adoptive and guardianship parents have been provided training and support on how to help traumatized children address issues about being abused and how to help the child have a safe relationship with his/her birth parent who may continue to have unsafe or inappropriate behaviors