INFORMATION PACKET
Visiting with Family in Foster Care

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I. ISSUE SUMMARY

Visiting is generally defined as scheduled, face-to-face contact between a child (or children) in out-of-home care and his or her biological (or created, as through adoption) family (Chiacone, 1997). Visitation can also include keeping children connected to a range of family members and other important figures in their lives as well as to immediate neighborhoods.

Visiting between parents and their children in foster care is generally considered to be the most important factor contributing toward timely family reunification, a major feature of permanency planning for children in foster care. Hess & Proch (1992) referred to family visiting as the "heart of reunification.” The practice allows the social worker involved to assess the parent-child relationship as well as the level of readiness for reunification. It also provides opportunity to promote the importance of child safety and emotional well-being (Kessler & Green, 1999; Wright, 2001).

Another crucial purpose of family visiting is to reduce the sense of abandonment and ease the pain of separation that children will often experience at placement (Beyer, 1999). Visits support a child’s sense of belonging, offering ongoing reassurance and reinforcement of the continuity of place and social networks (Millham, Bullock, Hosie & Haak, 1986). Many scholars have not only highlighted the beneficial effects of children’s contact with their biological parents while in out-of-home care, but the detrimental effects of the absence of visiting, with respect to the emotional adjustment of children (Colon, 1978).

Visits between children and their parents can also empower the birth parents, allowing them to learn and practice new skills and behaviors (Hess, Mintun, Moelhman and Pitts, 1992). At the same time, children learn to express their feelings and relate better to foster parents. Foster children and foster parents are also given the opportunity to see the birth parents realistically rather than creating any false expectations (Cantos & Gries, 1997).
II. STATISTICS / FACT SHEET

-When the first parental visit is held immediately following placement (within 48 hours), birth parents are more likely to show up for more visits and will be more inclined to see their value (Gallimore, 2000).

-Written schedules encourage birth parents to adhere to the visitation plan and often lead to more visits (Perkins & Ansay, 1998).

-Researchers Kufeldt and Armstrong (1995) found that the foster children whose birth parents visited at least once a week tended to rate their parents as normal or healthy. In contrast, this same study found that children who were deprived of contact with their birth parents rated their parents as problematic.

-Researchers Cantos and Gries (1997) studied foster children in out-of-home care and found that children who were visited frequently (either once a week or once every two weeks) exhibited fewer behavioral problems than children who were visited infrequently (once a month or less) or not at all. Overall, children who had frequent contact with their parents showed less anxiety and depression than children whose parents' visits were either infrequent or nonexistent. Borgman (1985) also found that children in care who were visited frequently by their parents were more likely to have high well-being ratings and to adjust well to placement than were children less frequently or never visited.

-Children who are more frequently visited are more likely to be discharged from placement (Davis, Landsverk, Newton & Ganger, 1996) and to experience shorter placement time in months (Mech, 1985).

-White (1982) examined 41 closed case records of children less than 10 years of age who had been in foster care in Nevada. They found that children in care for less than 20 months received twice as many visits from their parents than children who were in care over 20 months.
III. POLICIES AND LEGISLATION

-The Adoption Assistance and Child Welfare Act of 1980 was the first federal statute which discouraged excessive reliance on foster care placement and promoted greater use of services to assist and rehabilitate families, preventing more out-of-home placements. It was a landmark moment in child welfare law action as it introduced the concept of permanency planning.

-The Adoption and Safe Families Act of 1997, or ASFA, was signed into law by President Bill Clinton on November 19, 1997. The most comprehensive piece of legislation ever to address permanency issues, it attempted to overcome the shortcomings of the 1980 law and to establish unequivocally that safety and permanency were the paramount goals of all child welfare decisions. Some of the critical changes made by the law were the shortening of the length of time children spent in foster care, speeding up the process of freeing children for adoption, and holding states and counties accountable for non-compliance.

-The Uniform Child Custody Jurisdiction And Enforcement Act ("UCCJEA") was a Uniform Act drafted by the National Conference of Commissioners on Uniform State Laws in 1997 and adopted by almost all of the 50 states. The UCCJEA placed sole jurisdiction over child custody in the courts of the child's home state and also added a uniform procedure to register and enforce child-custody orders across state lines. The Act also made a vital contribution by specifically addressing issues involving visitation. Under the UCCJEA, courts may issue temporary orders to enforce visitation schedules in other states’ courts.

-The Multiethnic Placement Act (MEPA) became a law in 1994 and was strengthened in 1996. It outlawed all discriminatory practice in placement by prohibiting the use of a child's or a prospective parent's race, color, or national origin to delay or deny the child's placement and also by attempting to expand the number of diverse foster and adoptive parents. MEPA also compelled states to make diligent efforts to recruit and retain foster and adoptive families that reflected the racial and ethnic diversity of the children for whom homes were needed.
IV. BEST PRACTICES

-A visitation plan for the foster child, parents and siblings should be developed promptly, as soon as a child enters foster care, in order to reduce the child’s sense of abandonment and to maintain the child’s relationship with siblings, parents, and other significant individuals.

-Visits should be structured in a way that enhances opportunities for parents to practice parenting skills, and arranged at times that include challenging situations such as meal times and bedtimes. Parents’ visits should also include activities which allow them to be a crucial figure in their children’s lives, such as school events, doctor appointments, and recreational outings. Foster parents should also be encouraged to interact with the birth parents and create normalcy around the event (Burke & Pine, 1999).

-A visitation plan should include a regular, written visitation schedule that should address the full range of logistics which might be obstacles to visitation. It should clearly state the frequency, time spent, and who may visit. Guidelines in terms of ensuring child safety during visitation should always be provided. Most importantly, a plan should be developed with full parental and child involvement to the extent that is appropriate, be distributed to all parties involved, and be regularly reviewed.

-Agencies should not work with foster parents who do not support visitation; Reunification should never be permitted until a family’s ability to safely manage extended unsupervised visits has been clearly established (Hess, 1987).

-An agency should articulate clear prohibitions around withholding visitation for reasons of punishment, and all expectations of parents, foster parents, children and workers in terms of supporting visitation should be clearly spelled out (Hess, 1987). Foster children should also always be informed that visits would only be temporary reunions with family (Kessler & Greene, 1999).

-Successful visitation also relies on accurate and thorough assessment of birth parents' strengths and needs. For example, Loar (1998) points out that most visitation plans assume that birth parents know how to play and talk with their children, when this may not be the case. Visitation planners must also ascertain if birth parents can appropriately leave their feelings of frustration and shame over losing custody behind while visiting
with their child. By overestimating parents' abilities in any way, visitation planners can unknowingly undermine family reunification.

-Merely providing families with an empty office in which to meet is insufficient. Visiting rooms should at the very least contain comfortable furniture, games, and toys. Loar (1998) also suggests tailoring visitation activities to accommodate the common interests of children and birth parents in order to facilitate more positive interactions.

-All visits should be comprehensively documented (Wattenberg, 1997). Flick (1999) suggests that documentation should include information about who participated, what activities took place, the time the parent arrived, and the length of the visit. It should also describe the interactions between the participants, note the extent to which the parent exercised his or her parental role, say whether the social worker needed to intervene, observe how the parent and child separated, and finally, explain what the parent and child’s reactions were to the visit after the fact.

V. WEBSITES & RESOURCES

-Center for Advanced Studies in Child Welfare
The Center for Advanced Studies in Child Welfare (CASCW) was established in 1992 with federal Title IV-E funding and a grant from the Bush Foundation. The Center’s mission is to improve the well-being of children and families who are involved in the child welfare system by educating human service professionals, fostering collaboration across systems and disciplines, informing policy makers and the public, and expanding the child welfare knowledge base. http://cehd.umn.edu/sss/cascw/

-Supervised Visitation Network
The Supervised Visitation Network is an international membership organization headquartered in Jacksonville, Florida serving professionals who provide supervised visitation and access services to families. The Network was originally founded in 1991 to provide opportunities for sharing of information and training by and for individuals engaged in this field of service. In addition to serving as a resource for members, the
Network provides a service to families by linking them to direct service providers and providing resources for parents and children. [http://www.svnetwork.net/](http://www.svnetwork.net/)

**-Child Welfare Information Gateway**

Child Welfare Information Gateway promotes the safety, permanency, and well-being of children and families by connecting child welfare, adoption and related professionals as well as concerned citizens to timely and essential information. A service of the Children's Bureau, Administration for Children and Families, and U.S. Department of Health and Human Services, they provide access to print and electronic publications, websites, and online databases covering a wide range of topics from prevention to permanency. [http://www.childwelfare.gov/](http://www.childwelfare.gov/)

**-The National Resource Center for Family-Centered Practice and Permanency Planning**

The NRCFCPPP focuses on increasing the capacity and resources of State, Tribal, and other publicly supported child welfare agencies to promote family-centered practices that contribute to the safety, permanency, and well-being of children while meeting the needs of their families. The NRCFCPPP helps states and tribes implement strategies to expand knowledge, increase competencies, and change attitudes of child welfare professionals at all levels, with the goal of infusing family-centered principles and practices in their work with children, youth and families who enter the child welfare system. [http://www.hunter.cuny.edu/socwork/nrcfcpp/](http://www.hunter.cuny.edu/socwork/nrcfcpp/)

See especially on Visiting:


-Department of Health and Human Services
The United States Department of Health and Human Services (HHS) is a Cabinet department of the United States government that serves as the governing body of more than 300 federal programs. The HHS’s goal is protecting the health of all Americans and providing essential human services. Their website includes a vast amount of fact sheets and evaluations connected to the administration, research and policy of hundreds of federal programs. http://www.dhhs.gov

-The Administration for Children and Families (ACF)
ACF is the federal agency funding state, territory, local, and tribal organizations in order to provide family assistance, child support, child care, Head Start, child welfare, and other programs relating to children and families. Actual services are provided by state, county, city and tribal governments, and public and private local agencies. ACF assists these organizations through their funding, policy direction, and information services. ACF also houses the Children’ Bureau. http://www.acf.hhs.gov/index.html

-Child Welfare League of America (CWLA)
CWLA is the nation’s oldest and largest membership-based child welfare organization committed to engaging individuals in promoting the well-being of children, youth and their families, and to protecting every child from harm. The CWLA strives to advance national standards of excellence and to create sound public policies on behalf of the three million abused, neglected, and vulnerable children served by their 1200 public and nonprofit member agencies. http://www.cwla.org
VI. BIBLIOGRAPHY


