



APSAC Practice Guidelines

Guidelines for Visits in Child Welfare

INTRODUCTION

Statement of Purpose

The United Nations Convention on the Rights of the Child affirms every child's right to "maintain personal relations and direct contact" with their parents, except when contrary to the child's best interests (UN General Assembly, 1989). Supported by research, best practice standards, and legal statutes, visits are central to promoting safety, permanence, and well-being, and they are the most important factor in ensuring safe and timely reunification with birth families. The value of carefully designed and effectively implemented visiting practices cannot be overstated.

The guidelines provide a framework for professionals in child welfare to support informed decision-making about visits. They are written with the expectation that visits should be facilitated in a thoughtful and comprehensive manner whenever safe and possible. They reflect both current and emerging best practices, recognizing that practices evolve as new evidence becomes available. Aspirational in nature, the guidelines are intended to encourage comprehensive and child-centered approaches to planning and implementing visits with parents and other significant figures. They do not establish a legal standard of care or prescribe rigid practices, in recognition of variation across states and jurisdictions. Instead, they call on professionals to exercise sound judgment in individual cases, grounded in a thorough understanding of visits, the laws that govern them, and the profound impact they have on children and families.

The guidelines apply to all families served by child welfare agencies, regardless of legal or immigration status. While the child's best interests and well-being remain paramount, the safety and rights of parents and supervisors must also be considered in planning and supervising visits. As the scientific understanding of visits expands, the guidelines are expected to evolve to incorporate new insights and evidence.

Terminology

For the purposes of these guidelines, "visits" refers to face-to-face, direct contact between children in out-of-home care and their family members, usually in person, but sometimes via video conferencing.

Visits and visitation remain the most commonly used words for indicating direct contact, but other terms are also used, including contact, access, family time, or family interaction. Using language such as "family time" and "family interaction" has been increasingly preferred by many state agencies to emphasize and normalize the active, positive interactions that ideally occur during meetings.

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While these guidelines mostly cover in-person contact between children and their parents, they also briefly touch on children's contact with other important family members and people in their lives, as well as other types of online and indirect contact. Each type of contact may or may not be monitored.

Indirect contact, such as texting and phone calls, can allow for emotional communication and synchronous conversation similar to what occurs during direct contact. Different types of indirect contact may include, but are not limited to:

- Letters
- Phone calls
- Text messages
- Photographs
- Social media
- Sending gifts

Because children and families may interact with different professionals during visits, it is helpful to clarify the difference between the supervisor and the worker or staff who coordinate the arrangements. The *supervisor* is the person who is actively monitoring a visit. The role may involve observing interactions, ensuring safety, documenting the visit, and intervening when necessary to maintain appropriate boundaries. The supervisor may be a social worker, foster or kinship caregiver, or trained visitation aide, depending on agency practice. The *worker or staff member* arranging visits is the individual responsible for scheduling, coordinating logistics, and ensuring that all necessary parties are informed and prepared for the visit. That person may or may not be the same individual who supervises the visit.

Purpose and Benefits of Visits

Visits serve multiple purposes depending on each family's unique needs and circumstances. The benefits of visits depend on multiple factors, including the quality of the parent-child relationship, the history and severity of maltreatment, and the support provided before, during, and after visits. Thoughtful planning, preparation, and supervision increase the likelihood that visits will be beneficial.

Understanding the goals of visits helps guide planning and implementation. The purposes, benefits, and risks of visits are outlined in Table 1.

Table 1: Purposes, Benefits, and Risks of Visits

Purpose/Focus	Benefits	Potential Risks
Maintain/Strengthen Parent-Child Relationship	Rebuild trust, attachment, and emotional connection.	Risk of retraumatization or conflict if relationships are strained.
Assess Readiness for Reunification	Provide insight into a parent's caregiving capacity and safety.	Parent behavior may reveal ongoing inability to provide safety.

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Facilitate Reunification	Ease transition back home and support reunification success.	Transition may trigger anxiety, confusion, or instability.
Encourage Parental Motivation to Change	Motivate engagement in services and behavioral change.	If parents fail to change, visits may heighten frustration or hopelessness.
Reassure Children and Parents	Alleviate worries and uncertainty about each other's well-being.	Children may become distressed by parental appearance or condition.
Reduce Emotional Pain of Separation	Address sadness, guilt, and disconnection caused by separation.	Visits may intensify sadness or confusion before/after contact.
Decrease Feelings of Abandonment	Reassure children they are not forgotten or rejected.	Missed or inconsistent visits may reinforce feelings of rejection.
Preserve Other Significant Relationships	Maintain vital bonds with siblings, extended family, and community.	Family conflict or unsafe dynamics with extended relatives.
Support Realistic Views of Family	Help children reconcile past experiences with current realities.	Children may struggle with loyalty conflicts or distorted views.
Reinforce Child's Identity	Affirm sense of self, racial, ethnic, and cultural belonging.	Identity affirmation may clash with harmful family dynamics or bias.

Barriers to Visits

External barriers can prevent visits from occurring or interfere with their quality. Barriers may be unrelated to family functioning but can still hinder relationship-building. Agencies and providers can take proactive steps to reduce barriers and improve the quality of visits:

- *Transportation Challenges:* Lack of accessible or affordable transportation can make attending visits difficult or exhausting. Agencies can support families by offering rideshares, vouchers, or other transportation solutions.
- *Scheduling Conflicts:* Visits may interfere with a child's school, nap, or routine, or a parent's or caregiver's work schedule or other commitments. Flexible scheduling that accommodates everyone's needs can help ensure consistent participation.
- *Inaccessible or Unsuitable Visit Locations:* Locations that are far away, unsafe, or not child-friendly can negatively affect the visit experience. Choosing safe, welcoming, accessible, and convenient settings helps support positive interactions.
- *Cultural or Developmental Mismatches:* Visit activities structured by staff may not align with the family's culture or a child's developmental needs. Tailoring visits to reflect each family's cultural background and the child's developmental stage improves engagement and comfort.

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- *Lack of Support From Substitute Parents:* Caregivers may not adequately prepare children for visits or may discourage participation. Helping caregivers set expectations and emotionally prepare children can improve the quality of the visit.
- *Agency Limitations:* Policies such as “sobriety first,” limited office hours, or staffing shortages may restrict visit access. Agencies can plan proactively and offer reasonable flexibility that considers the safety and needs of the family and staff.
- *Non-Attendance:* Parents or children may miss visits due to emotional discomfort, lack of readiness, or logistical issues. Confirming attendance in advance and regularly collecting feedback about how visits are going can help identify concerns, improve visit quality, and encourage participation.

CULTURAL HUMILITY AND RESPONSIVENESS

Recognizing and Working with Bias and Difference

Families involved with the child welfare system represent a wide range of cultural, racial, religious, and linguistic backgrounds. These differences may affect how they communicate, express emotion, organize their families, and respond to authority. Without awareness and reflection, workers may misunderstand differences or make assumptions that negatively impact their engagement with families. Culturally responsive and respectful practice begins when workers understand their own biases and commit to learning from others.

- *Recognize Personal Biases and Assumptions:* All professionals bring their own cultural lens to their work. Workers must reflect on how their values and expectations may influence how they perceive and respond to families.
- *Understand Structural and Institutional Inequities:* Supervisors and staff should be knowledgeable about racism, discrimination, and historical trauma, and how these factors shape a family’s experience with public systems.
- *Build Trust Through Respect and Clarity:* Families may not share the same cultural assumptions as workers. Explaining expectations, being transparent, and showing genuine interest help build relationships with families who may be distrustful of systems.
- *Acknowledge the Limits of Cultural Knowledge:* No one can be an expert in all cultures. Workers should have access to reliable resources and seek consultation when working with unfamiliar cultural practices.
- *Ask Before Interpreting Behavior:* When families act in ways that seem unfamiliar or confusing, workers should inquire about the meaning of those behaviors rather than making assumptions.
- *Reflect on Judgments About Nonharmful Behaviors:* If workers find themselves frequently disapproving of behaviors that are not dangerous, they should consider whether personal or cultural bias is influencing their judgment.

Immigration

Immigrant children and families face unique legal, cultural, and psychological challenges, including stress related to acculturation, discrimination, trauma, and fears of deportation. Many have experienced multiple traumas before, during, and after immigration. Providing culturally responsive and trauma-informed visits is essential.

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Laws and practices around immigration have recently shifted. Supervisors and workers must stay informed about these changes to ensure compliance with current regulations and to adjust practices accordingly. The following factors should be considered when facilitating visits with immigrant families:

- *Maintaining Contact:* Consider the child's relationship with their parent(s) and their preferences regarding contact when planning visits.
- *Language and Culture:* Visits should be conducted in a way that is culturally responsive and linguistically appropriate for both the child and the visiting parent.
- *Cultural Norms:* Families may express affection or interact in ways unfamiliar to U.S. norms. Workers should educate themselves about cultural and religious practices, examine their own biases, and avoid misinterpretation of behavior.
- *Fear of Immigration Enforcement:* Both undocumented and documented parents may fear detention or deportation, even in public settings such as visit centers.
- *Arrests During Visits:* Supervisors should know whether the family has an immigration attorney and have a plan in place for how to respond if an arrest occurs during a visit. Families should be informed of these policies in advance.
- *Children's Reactions:* Children may display anxiety or other distress due to fears of family separation. Supervisors should avoid misattributing emotional or behavioral reactions to other causes without considering immigration-related trauma.
- *Parent-Child Separation:* When parents are deported, children may not be told, and vice versa. Agencies should make efforts to ensure that children and parents know each other's whereabouts and that each party has the documentation they might need in the future, such as passports.
- *Unaccompanied Minors:* Children who arrive in the U.S. without a caregiver may end up in foster care. If possible, contact with family in the home country should be facilitated.
- *Collaboration with Consulates:* Relationships with foreign consulates can help locate parents or relatives and assist with establishing contact.
- *Working with Foster Parents:* Foster parents may not understand the importance of maintaining contact with deported parents. Workers should provide education and support around the value of these connections.
- *Legal Protections:* Children who are victims of abuse may be eligible for protections under the Violence Against Women Act (VAWA). If a child in this situation lacks legal representation, a referral to legal services should be made.

LGBTQAI+

Lesbian, gay, bisexual, transgender, queer, asexual, intersex, and more (LGBTQAI+) youth are significantly over-represented in the foster care system, yet caregivers, social workers, and visiting supervisors often lack the necessary knowledge and training to support them effectively. The most critical elements of care for LGBTQAI+ youth, particularly during family visits, are support, active listening, and the protection of their safety and dignity.

It is essential to understand that a youth's silence about their sexual orientation or gender identity does not mean they are not grappling with these aspects of themselves. As with all children, LGBTQAI+ youth closely observe and internalize the behaviors, attitudes, and comments of the

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adults around them. It is recommended that all professionals and caregivers address their own biases and create a welcoming, respectful, and affirming environment.

While this guide outlines best practices for managing family visits with LGBTQAI+ youth in foster care, there may be legal, political, or social challenges that hinder full implementation of the following best practices:

- *Stay Informed*: Remain up to date on evolving laws, policies, and practices.
- *Develop Supportive Policies*: Create and enforce agency-wide policies that support youth with all types of sexual and gender identities.
- *Educate*: Staff, foster parents, and caregivers should be trained in how to foster inclusive and affirming environments.
- *Foster a Respectful Environment*: Address and discourage any jokes, slurs, or derogatory remarks. Make it clear that such language is not acceptable, whether it comes from family members or others present.
- *Affirm Identity*: Ask youth their pronouns and how they would like to be addressed. Use their chosen name and pronouns consistently in both spoken and written communications.
- *Support Families*: When biological parents or relatives struggle to accept a youth's identity, use a strength-based approach to find common ground between parent and child. When possible, provide resources in advance of visits as well as an opportunity to discuss them.
- *Respect Youth's Expression*: Role model speaking up in support of the youth's gender expression, including hairstyles, clothing, and accessories, as a way to affirm their identity.
- *Honor Youths' Autonomy*: Respect each youth's readiness to disclose their identity. Understand that they may choose to share this information selectively based on how safe they feel.

By centering the dignity, safety, and individual identity of LGBTQAI+ youth and proactively creating supportive environments, caregivers and professionals can make a meaningful difference in their well-being. These practices, while sometimes met with resistance or systemic limitations, represent the best approaches to providing affirming and inclusive care in regard to visits.

Neurodiversity

Children and parents involved in the child welfare system experience higher rates of mental health challenges, cognitive and executive functioning difficulties, and neurodivergent traits compared to the general population. Factors that may contribute to these challenges include trauma, prenatal exposure to substances, and socioeconomic disadvantage. The same factors also heighten the risk for further trauma. Moreover, the child welfare experience itself can create emotional and cognitive stressors.

The term “*different abilities*” refers to physical or cognitive traits that affect how a person experiences and interacts with the world. The terms “*neurodivergent*” or “*neurodiverse*” are also used to describe individuals whose brain development and functioning differ from typical patterns. The following definitions can help guide practice:

- *Physical Differences*: Differences may involve mobility, movement, hearing, or vision.
- *Origins of Differences*: Origins can be congenital or acquired through injury or illness.

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- *Heterogeneity*: People with the same diagnosis may have vastly different experiences and needs.
- *Neurodivergence*: Children and adults may have diagnoses such as autism, Down syndrome, learning disabilities, mental health disorders, sensory processing differences, or executive functioning challenges, although not all do.

It is essential not to make assumptions about an individual's abilities or accommodation needs without direct inquiry as some challenges are not immediately evident. Visits can go awry if they are not thoughtfully tailored to individual strengths and challenges. The following factors should be considered when planning and facilitating visits:

- *Ask About Preferences and Needs*: Engage both children and parents in conversations about how best to support them during visits.
- *Communicate in Accessible Ways*: Use language and communication methods that match the individual's comprehension and expression.
- *Structure Visits and Environment Thoughtfully*: Some individuals may be sensitive to sensory inputs or may prefer visual over verbal communication (or vice versa).
- *Adapt Information Delivery*: Pacing, complexity, and the need for repetition vary widely. Adapt accordingly.
- *Use of Interpreters*: Provide sign language interpreters when working with individuals who are deaf or hard of hearing.
- *Physical Accessibility*: Arrange the visit setting to accommodate individuals with mobility or physical differences and minimize barriers to engagement.

Language and Interpreters

Families who do not speak English fluently face significant barriers in navigating the child welfare system. Interpretation services are essential to ensure accurate communication and to protect the rights and well-being of children and parents. This is especially important in situations involving trauma or domestic violence, in which meaning and nuance can be easily lost.

- *Use Certified Interpreters*: Interpretation should be provided by professionals who are trained and certified. Using family members or untrained individuals compromises privacy and can lead to serious misunderstandings.
- *Avoid Community Members Known to the Family*: Interpreters who are family members or personally connected to the family may introduce bias or create discomfort that affects open communication.
- *Consider Dialect Differences*: Even when speaking the same language, dialects can vary significantly and affect comprehension between families and professionals.
- *Limit Phone Interpretation*: Interpretation without visual cues can reduce understanding, especially in complex or emotional conversations.
- *Use Interpreter Apps Only When Necessary*: While apps may provide temporary support, they are not a replacement for professional interpretation in most situations.
- *Do Not Assume Parents Declining Interpretation Do Not Need It*: Parents may forgo interpretation to avoid delays in seeing their children. Workers should assess these situations carefully.

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- *Seek Support From Local Organizations:* Agencies may find interpreter assistance through partners such as the Red Cross or local nonprofits.
- *Plan for Interpretation as a Core Service:* Agencies must ensure consistent access to interpretation by allocating adequate funding and including it in service planning.

BEFORE VISITS

Safety is the Foundational Priority

Child safety must be the first and overriding concern in all visit planning and execution. It overrides convenience or least intrusive preferences. Safety can be enhanced through the following measures:

- *Use a Safe and Appropriate Location:* Locations that seem appealing may pose logistical and security dangers, including risk of abduction. Decisions must prioritize secure and appropriate environments—not just appealing community spaces.
- *Input and Decision-Making:* Parents may offer input on times and locations, but final decisions rest with the person or agency in charge of the visit.
- *Early and Ongoing Assessment:* Safety planning is not a one-time decision but must be continuously reassessed both before and after visits.
- *Staying Informed:* Visit supervisors must be briefed on family history and safety concerns before visits. Visits should never proceed without adequate background information.

Intake and Evaluation

Detailed planning is crucial for the success of visits. Comprehensive planning decreases risks and increases the benefits of visits. All children and parents should undergo an intake, evaluation, and orientation prior to beginning visits in order to prepare them for the process, clarify program and client expectations, identify potential safety concerns, and establish goals that support the child's best interests and family well-being:

- *Evaluation:* Visitation staff must screen all participants to determine the risks and necessary protections in each case. This includes reviewing court and child protection documents, along with interviews with the visit participants. When multiple children are involved, safety concerns and vulnerabilities may differ between them. For example, one child may have experienced abuse, while another has not. These differences must be considered and addressed accordingly.
- *Strengths-Based Approach:* The intake process should focus on both strengths and vulnerabilities within the family. A strength-based approach helps guide the development of visit plans that consider each family member's unique needs.
- *Consultation with Children:* Children and youth should receive consultation separately from caregivers to review expectations for the visit and allow the expression of thoughts without influence. Open-ended questions should be used whenever possible.
- *Family Dynamics and Needs Assessment:* Staff should gather essential information about the family structure, including non-custodial parent history, the reasons for supervised visits, and relevant details provided by custodial and foster parents. The information helps staff assess complex safety dynamics and tailor services to meet the needs of the family. The assessments

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should also be used to minimize bias, ensuring that children have a voice in the process, though decisions regarding the visits should not rest solely with them. It is important to reiterate that the situation is not the child's fault to help reduce any feelings of guilt or responsibility.

- *Bias Awareness:* Visit monitors must be trained to recognize and avoid their own biases, including those related to race, religion, sexual orientation, gender identity, disability, and legal status. This is especially important in international cases. Monitors must provide fair, non-judgmental support, focusing on the parent's capacity to care for the child, rather than personal characteristics unrelated to parenting ability.
- *Special Considerations for Domestic Violence Survivors:* In situations in which the non-custodial parent is a survivor of intimate partner violence, and the custodial parent has caused harm, extra care must be taken to ensure both parties' safety and well-being, the safety of the child, as well as ways visits might be used to perpetuate abuse. The intake process should include referrals to appropriate resources, such as legal or safety planning assistance, and provide information on available victim support services.
- *Referral to Community Resources:* Staff should be prepared to refer the family to other services such as housing, food, job assistance, or immigration support, especially for those affected by domestic violence or those with undocumented status. It is essential to ensure that all families have access to needed resources; staff must be aware of local services and how to connect families to them.

Orientation

In addition to intake and evaluation, an orientation should prepare all parties for visiting. The orientation should be in-person whenever possible and address the following:

For Children:

- *Acclimation to the Environment:* It is important that children do not see the visit room for the first time during a visit. Staff should familiarize children with the visit location, staff, and process to reduce anxiety and help them feel more comfortable and less fearful.
- *Addressing Children's Concerns:* Staff should hold discussions with children to explore their fears, hopes, and expectations about the visits. Information should be presented in a way that is age- and developmentally appropriate. Addressing these concerns will empower children to participate in the process.
- *Safety:* Ensuring the child's safety during visits should also be reviewed. Children should have a clear way to signal if they feel unsafe or want to end the visit.

For Biological Parents, Foster Parents, and Other Visiting Adults:

- *Understanding Visits:* All visiting adults need to be informed about the visit process, including how to handle children's behaviors and emotional reactions, so they are prepared to provide appropriate support for the child before, during, and after visits.
- *Case-by-Case Participation:* Foster parents may be asked to monitor or participate in visits, especially for children with complex emotional or medical needs. Participation should be

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considered on a case-by-case basis to avoid creating tension between foster and biological parents.

- *Collaboration with Biological Parents:* Custodial caregivers should collaborate with biological parents to create a child-centered, supportive environment, whenever possible. The collaboration promotes the best possible outcomes for the child, helping them feel safe and supported during the visit process.
- *Psychoeducation and Trauma Support:* Children and caregivers should receive psychoeducation about trauma, the purpose of visits, and family dynamics to help understand the emotional and psychological aspects of visiting, ensuring that everyone is informed and prepared.
- *Defining Visit Details:* The orientation process should collaboratively define visit details, including the duration, frequency, time, location, and who will be present. Providing information in advance helps avoid confusion and sets clear expectations.

Working with Courts

The court plays a vital role in ensuring visits are implemented in a way that protects the child's well-being and promotes family reunification. Judges must review and authorize visit plans and ensure they are not used punitively. The following considerations should guide court-related practices:

- *Judicial Oversight of Visits:* Judges must ensure that every case plan includes provisions for visits to support reunification and reduce trauma from family separation.
- *Authority to Approve Visit Details:* Judges determine whether visits should occur, how frequently, for how long, where they happen, whether they are supervised, and by whom. They resolve any disagreements among the parties.
- *Regular Court Review:* At each hearing, judges should assess the current visit plan, including updates on parental and child engagement, and address any barriers to participation.
- *Clear Visit Orders:* Judges must ensure that there is always a clear, enforceable visit order at the conclusion of each hearing.
- *Delegation to Agencies:* Judges may allow the agency limited discretion, such as terminating a visit due to concerning behavior or liberalizing visits by allowing longer or overnight visits. However, decisions to restrict or deny visits require court approval.
- *Reporting to the Court:* Agencies must provide periodic reports detailing whether visits occurred, how they went, and incorporating the perspectives of children, parents, caregivers, and monitors when applicable.

Court Preparation and Involvement

- *Start Before Court Orders:* Preparatory work should equip the court with critical safety and contextual information. The agency, parents, and caregivers involved in visits should create a proposed visitation plan, based on the assessments and information available, for the court's approval.
- *Duty to Inform and Challenge:* There is a legal and moral obligation to intervene if a court order compromises safety. Advocates, caseworkers, counselors, and therapists must provide input to the court and challenge any orders that raise safety concerns.

Visits with Extended Family and Community Members

Children often rely on extended family and community members for emotional and cultural support. Including those individuals in visit plans can promote stability and well-being. The court and child welfare agency should consider the following:

- *Inclusion of Supportive Individuals*: Relatives, friends, teachers, and other important figures in the child's life may be included in visit plans if appropriate.
- *Assessment of Requests*: The agency should evaluate requests for visits with non-parental figures, including background checks, relationship quality, and potential conflicts with parents.
- *Judicial Review*: Before any additional visitors are allowed to participate, staff should provide the judge with relevant information to make decisions about those visitors.
- *Sibling Visits*: Courts must ensure that laws supporting sibling contact are upheld. If sibling visits are not occurring or are deemed inappropriate, the reasons must be clearly documented and presented to the court.

Components of a Written Plan

The components of a written visit plan are a critical piece of visit services and should be comprehensive. The written plan should be made after consultation with all relevant parties, including the child welfare agency, caregiver, child(ren), and parents, as reasonable and appropriate. If a visitation agency is involved, the plan must fit within the parameters of that agency. Key components the plan should include are:

- Frequency and duration of visits
- How visits are documented and reported
- Visit goals
- How to handle important individual events (ex., birthday) or religious/cultural holidays
- Gift exchanges (and safety considerations)
- Age-appropriate considerations for the child
- How supervision will be conducted
- How notice will be given to the parties of changes to visits
- Whether and how visits will occur with other members of a child's community
- Technology use during in-person visits
- How parents' and children's needs will be taken into consideration
- Types of support offered to children and caregivers
- How cultural, religious, and special needs considerations will be recognized and addressed
- How a history of violence, domestic violence, and sexual abuse will be addressed and safety ensured
- The consequences of inappropriate behavior by the visiting parent
- What to do when a party does not show up for the visit
- Any other relevant factors

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The written plan must comply with the regulations of the applicable state or county jurisdiction and the ruling of the presiding judge. Further details and specifications are elaborated in other sections of the Guidelines.

Visit Preparation

- *Plan Ahead:* Workers should anticipate logistical and emotional outcomes in advance of visits.
- *Prepare Both Parents and Children:* Everyone, particularly those with trauma histories, should know what to expect and what is each party's responsibility for making visits a success.
- *Keep Parties Informed:* Inform parties about how changes to visits will be communicated and why they may be made.
- *Trauma-Informed Approach:* Discuss with parents and children of appropriate maturity expectations, activities, length of time, and emotional dynamics. Preparation reduces fear and emotional dysregulation for those with trauma.
- *Anticipate Emotional and Behavioral Responses:* Plan for potential distress related to birthdays, holidays, transitions, or no-shows to mitigate feelings of disappointment, abandonment, or rejection. Provide emotional support afterwards.
- *Be Careful About Interpreting Reactions:* A child's negative behaviors post-visit may reflect many different reactions – sadness, confusion, homesickness, or distressing problems that arose during visits. Similarly, a parents' emotional expression or restraint at the visit's end should be interpreted with care and discussed during debriefing.

DURING THE VISIT

Documentation

- *Documentation Practices:* The visit supervisor, monitor, or volunteer may be required to make notes about the visit while the visit is occurring. The documentation must be objective and unbiased. Supervisors must limit their documentation to observable behaviors and statements and should not make clinical interpretations, mental health assessments, assumptions, or diagnostic conclusions.
- *Transparency of Expectations and Documentation:* Expectations should be discussed with parents and caregivers prior to beginning visits. Ideally, this can be reviewed during the intake process to ensure that all parties understand what will be documented, why and for what purpose, and the specific information that will be shared with the courts and child welfare services. Transparency is key to fostering trust and ensuring that everyone involved understands the process and its implications.
- *Access to Documentation:* Parents and caregivers should be informed about who has access to the documentation, including legal counsel, social workers, and other relevant parties. Special attention should be given in cases of domestic violence, particularly when the visiting parent is a survivor, as well as for undocumented caregivers.
- *Reporting to Courts:* Accurate documentation is critical to providing courts with the information they need to make decisions. Reports provided to the court must not offer

clinical judgments, therapeutic or diagnostic interpretations, as these fall outside the scope of the visit supervisor role.

Timing, Length and Frequency of Visits

Decisions on when to start visits after placement, how frequently to hold them, and for how long should be determined on a case-by-case basis. The quality of contact is more important than its frequency. Decisions should take into account factors such as the child's age, the nature of the maltreatment, the strength of the parent-child relationship, proximity to reunification, and the emotional impact on the child.

Research has not yet identified definitive standards for the ideal timing, frequency, or duration of visits. However, best practices suggest the following considerations:

- *Begin Visits Promptly:* Visits should start as soon as safely possible after removal.
- *Prioritize Safety:* Physical and psychological safety must be assessed before initiating visits.
- *Interim Contact Options:* If in-person visits are delayed, consider phone calls, video chats, or letters to maintain connection.
- *Tailor for Young Children:* While some experts recommend more frequent visits for young children, others caution against over-scheduling, which may confuse or destabilize them.
- *Respect Adolescents' Preferences:* Teenagers should have a voice in how and when contact happens. They should also be able to maintain relationships through social media or other informal channels.
- *Increase Visits Near Reunification:* As reunification approaches, increase visit duration and frequency to prepare for full-time caregiving.

Locations of Visits

Visits should occur in settings that promote natural parent-child interaction while also addressing safety needs. The risks and benefits of different environments should guide the decision.

- *Minimize Restrictions:* Choose the least restrictive setting that still meets safety and supervision needs.
- *Scrutinize for Safety Risks:* If safety concerns exist, sites must be pre-evaluated to minimize danger to children, parents, and staff.
- *Provide Child-Friendly Spaces:* The environment should be appropriate and welcoming for children.
- *Align with Reunification Goals:* If reunification is the goal, the visit location should allow families to engage in realistic caregiving activities.
- *Accommodate Family Needs:* The site should be spacious enough and accessible to individuals with different physical or cognitive needs.
- *Ensure Accessibility:* Locations should be reasonably accessible to all, including being reachable by public transit and offer adequate parking.
- *Create a Welcoming Atmosphere:* Sites should be clean, comfortable, private, and culturally appropriate.
- *Avoid Over-Controlled Environments:* Excessively rigid settings may hinder positive parent-child interaction.

Transportation

Transportation plays a critical role in supporting children's well-being during family visits, as it can either ease or heighten stress depending on the consistency and sensitivity of the adults involved:

- *Consistency in Drivers:* Assign a consistent, trusted adult for transportation to and from visits to reduce child stress and anxiety.
- *Train Drivers to Provide Support:* Drivers should be trained to listen supportively and report relevant information to caregivers or caseworkers. Drivers must know how to observe and respond appropriately to children's post-visit behaviors and emotional cues. Post-visit transport is a time when children may express emotions or share key details.

Visit Supervision

Guidelines around visit supervision help clarify expectations for staff, promote the effectiveness of supervised visiting services, and ensure the safety of all parties. Programs should develop accessible, culturally sensitive guidelines that address the following areas:

- *Address Child Vulnerabilities:* Structure visits around children's developmental delays, emotional or psychological trauma, and histories of sexual abuse, factors that influence a child's behavior and emotional responses during visits.
- *Address Safety Concerns:* Include guidance on managing risks related to domestic violence, potential child abduction, substance use, mental health issues, and behavioral instability. Provide mechanisms for supervisors to identify concerning parental behaviors.
- *Visit Conditions:* Offer direction on how visits may need to be modified, what visitors will be approved, use of toys, food, and gifts, restrictions on electronics (e.g., phones, recording devices), toileting needs, and rules around photo/video/audio documentation.
- *Decision-Making Standards:* Supervisory decisions should be based on safety, program capacity, neutrality, and child-centered approaches.
- *Visit Structure:* Define visit format based on the specific needs of the child(ren), while considering privacy, safety, and the quality of parent-child interaction.
- *Termination of Visits:* Outline the conditions and protocols for ending visits when necessary for the child's safety or well-being. Clearly define who is authorized to make such decisions and the criteria for determining harmful situations.

Who Should Supervise

Supervised visiting plays a pivotal role in safeguarding children by ensuring that their safety and well-being are prioritized. While courts aim to support meaningful parent-child contact, they must also consider heightened risks in child welfare cases, such as emotional harm, physical abuse, manipulation, or abduction. The presence of trauma, family violence, and divided loyalties can further complicate dynamics. Supervisors are responsible for maintaining a safe, structured environment, monitoring interactions and intervening when necessary to prevent harm. Supervisors should keep in mind the following:

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- *Supervisor Qualifications:* Define who may supervise visits, including required qualifications, training, and ongoing professional development. Background checks should be conducted on friends and family members who are supervising.
- *Neutrality and Objectivity in Supervision.* It is important to acknowledge that no individual is truly neutral. All supervisors, whether professional, foster, relative, or otherwise, bring perspectives shaped by their roles and relationships. Supervision should strive for objectivity, treating all parties with respect and fairness, focusing on the child's safety, the facts of the visit, and accurate documentation. Emotional investment, bias, or conflicting interests must be recognized and managed to preserve the integrity of the supervision process. Being neutral does not mean providers disregard behaviors such as abuse or violence of any kind. Providers must still recognize and respond appropriately to any safety concerns or unacceptable behaviors.
- *Information Sharing:* To ensure consistency and objectivity, information sharing between supervisors is essential.
- *Professionally Trained Supervised Visit Staff.* Using professionally trained supervisors should be the first priority in cases involving safety risks. Individuals should be trained to:
 - Identify subtle signs of emotional or physical abuse
 - Maintain composure and objectivity during high-conflict interactions
 - Recognize attempts at manipulation or coercion
 - Document visits in accordance with legal standards
 - Respond to crises or emergencies, including potential abduction
 - Collaborate with courts and child welfare agencies without overstepping decision-making authority

Foster Parents as Supervisors

Foster parents may be utilized to supervise parenting time. Research supports that when foster parents and birth parents form constructive relationships, children experience better outcomes. When supported, foster parents can contribute positively to reunification. However, utilizing foster parents as supervisors can present challenges:

- *Emotional Involvement:* Foster parents often form strong bonds with children and may be protective. This can affect their ability to be seen as fair by birth parents or children and may inhibit disclosure of abuse or discomfort.
- *Potential Conflicts of Interest:* A foster parent seeking adoption may inadvertently interpret parent behavior negatively or discourage reunification efforts.
- *Training and Support Needs:* Foster parents may lack training in identifying manipulation or emotional abuse. They require clear guidance and supervision protocols.
- *Child's Perspective:* Children may struggle with divided loyalties, especially if the foster parent is supervising a visit with a birth parent. Children may withhold emotions or disclosures.
- *Confidentiality and Boundaries:* Foster parents must adhere to strict confidentiality and avoid inserting personal views into the supervision process.

Relatives and Kinship Caregivers as Supervisors

Relatives may be asked to supervise visits, especially in kinship care arrangements. Using relatives as supervisors carries both opportunities and risks:

Opportunities include:

- *Supporting Attachment:* Relatives who have played a role in the child's life can help support the child's attachment to parents during visits.
- *Reducing Stress:* Having a familiar supervisor can be comforting to children who are experiencing anxiety.
- *Cultural Sensitivity:* Some families highly value the involvement of grandparents, aunts, uncles, or siblings. Recognizing and respecting these cultural norms can make the visitation process more inclusive and supportive.

Risks include:

- *Relational Proximity:* Grandparents, aunts, or other relatives may be emotionally connected to the birth parent, which can influence their supervision.
- *Perceived Fairness:* Birth parents or children may view certain relatives as biased or feel shame or discomfort, impacting the quality of the visit.
- *Training Gaps:* Like foster parents, relatives may lack training in identifying emotional manipulation, coercion, or signs of danger.
- *Family Dynamics:* Relatives may unknowingly align with one side of a family conflict, compromising the safety or emotional integrity of the visit.
- *Safety Limitations:* Without a full understanding of case history or risk factors, relatives may not be equipped to respond appropriately to safety threats.

Other Potential Supervisors

In some cases, other individuals, such as church staff, mentors, interns, or community volunteers, may be asked to supervise visits. Regardless of the relationship or setting, the same principles apply. Supervisors must be adequately trained, emotionally aware, capable of documenting visits objectively, and have undergone background checks. The ultimate goal is to support safe, developmentally appropriate parent-child interactions, regardless of the supervisor's background.

Continuum of Visits: From Supervised to Unsupervised

Reunification is a process, not an event. Courts and child welfare professionals determine when parenting time should shift from highly supervised to unsupervised based on ongoing risk assessment and observable progress:

- *Ongoing Risk Assessment:* Risk is not static. The behaviors and needs of children and parents may evolve over time, making continued analysis essential.
- *Sharing Information:* Supervisors should regularly share observations with one another and relevant professionals to ensure informed decision-making.

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- *Decision-Making:* Supervisors do not make these decisions; their role is to provide factual documentation that informs the assessment process.

Key Considerations for Transitioning to Less Intrusive Supervision

- *Reduction in Risk Factors:* As issues such as substance use, domestic violence, or untreated mental health conditions are addressed, the level of required supervision may change. Risk assessment must include whether the parent complied with treatment and intervention orders, in addition to whether manipulation, emotional harm, or abduction risk remains.
- *Demonstrated Stability:* Evidence of consistent participation in treatment, parenting programs, and mental health support is essential. The parent must show emotional regulation, appropriate parenting behaviors, and responsiveness to the child's cues.
- *Child's Experience and Safety:* The child's emotional and physical responses during and after visits must be considered. A lack of safety incidents, positive interactions, and the child's expressed comfort with visits can signal readiness for progression.
- *Consistency and Feedback Loop:* Feedback from multiple sources provides a fuller picture of progress or concern. This input must be evaluated in the context of the full case history and any new developments.

The decision to reduce or end supervision should be based on structured, multidisciplinary input and guided by the child's safety and well-being, not by convenience or subjective impressions.

A Child's Signs of Distress

Understanding a child's distress around visits requires careful observation, thoughtful preparation, and cultural sensitivity. Establishing a behavioral baseline during intake, before visits begin, can help workers recognize when a child is reacting to visits. It is essential to avoid premature or biased conclusions, especially those influenced by cultural expectations regarding how distress is expressed. Distress manifests differently from child to child, and a range of behaviors may signal emotional strain.

Table 2 describes children's manifest signs of distress and how to address them. The table is illustrative, not exhaustive, and should be understood in the context of each child's history, culture, baseline functioning, and concerns.

Table 2: Sources and Signs of Distress and Suggested Responses

Observation	Possible Sources	Supportive Responses
Increased tantrums or aggression before/after visits	Anticipatory anxiety Confusion about permanency Reminders of past harm Feeling unheard about visits	Prepare child in advance with predictable routines Offer clear, age-appropriate explanations Use co-regulation strategies Explore specific worries about safety

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Withdrawal, “shutting down,” or flat affect	Emotional overwhelm Shame or fear of upsetting adults Trauma-related numbing Cultural norms around emotional expression	Maintain calm, accepting presence Provide indirect outlets (play, drawing, stories) Avoid pressuring disclosure Consult with therapist if pattern persists
Clinginess or refusal to separate	Fear of loss or inconsistency Insecure attachment patterns Abrupt transitions Environment feels unsafe	Slow down transitions Use consistent rituals for arrival and departure Reassure about who decides safety Adjust visit structure as needed
Somatic complaints (e.g., stomachache before visits)	Stress or anxiety Unspoken fear or conflict Desire for control Unrelated medical issues	Validate physical discomfort Rule out medical causes Explore emotional meaning Modify visit conditions if patterns persist
Saying “I don’t want to go” or “I’m scared”	Fear of specific parent behavior Loyalty conflict Testing adults’ responsiveness Ambivalence	Take statements seriously Explore specifics privately and safely Avoid pressuring participation Consider shorter or modified visits while reassessing safety

Visit Activities

Planning ahead for parent-child visits can significantly improve the quality and effectiveness of the time shared. A planned visit, with engaging, age-appropriate activities, can reduce anxiety, build stronger bonds, and make the experience more meaningful for both parent and child. Not all visit spaces allow for every type of activity. To avoid disappointment, it’s important to communicate clearly with both the parent and child in advance about what activities are possible at the specific location.

By offering options for interaction that align with the child’s interests, the parent’s capabilities, and the family’s cultural background, visits can become a time of genuine connection and emotional growth. While it is important to recognize that not all suggested activities will be appropriate or meaningful across cultures, possible visit activities are outlined in Table 3

Table 3: Visit Activities

Activity Type	Purpose	Guidelines	Examples
Games	Games can serve as a natural icebreaker, facilitate conversation, or promote relaxed interaction.	Consider a child's age and developmental stage before selecting games.	Active children: games involving movement, ball games, Simon Says. Older children: board or card games
Sharing a Meal	Eating together fosters a sense of routine, normalcy, and connection.	Model positive conversation and connection while eating together.	Bring simple, child-friendly favorite foods/snacks.
Cooking Together	Preparing food provides bonding opportunities and allows parents to engage in caregiving roles.	If space permits, involve children in meal-prep tasks that are safe and age/developmentally appropriate.	Make simple items such as sandwiches or fruit salad.
Positive Grooming & Physical Activities with Touch	Activities with appropriate touch can offer comfort and intimacy.	Confirm the child's comfort with touch-based activities with visitors. Avoid activities if past allegations or triggers are related to violence. Keep supplies simple and appropriate for the space.	Braid hair, paint nails or face, clapping games, or dancing together
Child-Led Sharing	Provides a sense of pride for the child, allows them to share pieces of their current life and lets them have some control.	A child can bring or share something that reflects their interests. A foster parent or social worker may need to help a child identify what to bring.	Schoolwork, artwork, favorite toy, book to read
Music	Music can soothe, entertain, and connect across ages and cultures.	Preview for appropriateness Songs that can be sung together may be more engaging.	Infants & toddlers: sing or listen to lullabies. Older children: sing together, share favorite songs.

Varying Visits According to a Child's Age and Developmental Stage

A child's age and developmental stage should be central to how visits are planned, scheduled, and conducted to promote bonding, emotional safety, and age-appropriate interaction between parents and children. A child's chronological age may differ from their developmental stage. Visit activities should be tailored toward the developmental stage.

- *Infants and Toddlers:* Very young children benefit from close physical connection and nurturing routines. When possible, visit planning should accommodate feeding and napping schedules to support secure attachment during early development.
- *School-aged Children:* Young children often respond well to structured visits that reflect typical family life, such as helping with homework, reading together, or shared meals. Activities should be geared toward encouraging interaction and skill-building through play.
- *Adolescents:* Teens value autonomy and may engage through more open interactions. Providers should allow space for natural engagement styles, including limited and purposeful cellphone/technology use.
- *Visit Spaces:* Visits should be held in places that are developmentally appropriate, such as those that contain quiet spaces with rocking chairs, toys, and changing tables for infants and toddlers, and spaces with books, games, art supplies, or age-appropriate digital entertainment for older children.
- *Parent Support:* Parents may need support on how to interact with children at different developmental stages. Programs should consider integrating parenting education that includes age-specific communication, play, and emotional responsiveness.
- *Real-Time Coaching:* When provided during supervised visits, coaching can promote deeper parent-child connections and support interactions based on the child's developmental needs.

Technology Use During Visits

How technology is used during visits should be decided according to the risks and benefits for each family and made clear to all parties before the visit starts.

- *Technology use:* Teens may use phones or digital media as a way to engage meaningfully with caregivers through shared digital experiences (e.g., texting, watching videos, playing games). Providers should be open to understanding that texting, sharing videos, or similar activities may serve as a form of bonding, but such activities may not always be appropriate.
- *Risks and Safety:* Supervisors must be vigilant about risks technology can pose, especially in situations involving domestic violence and sexual abuse. These risks include the use of devices for covert recording (e.g., AirPods), location tracking (e.g., AirTags), unauthorized third-party access (e.g., live streaming), or exposure to inappropriate content. Programs should consider whether taking videos during visits or of the visitation center compromises safety or confidentiality.
- *Continually Assess and Update Policies:* Regularly review and update policies as new information and risks emerge.

Supports Offered to All Parties

Visits tend to go better when support is given to parents, children, and substitute caregivers before, during, and after visits. All supports should be sensitive to a person's heritage and identities and how they affect expressions of feelings, behaviors, parenting styles, and parent-child interactions. When the staff facilitating visits are unable to provide sufficient support to remedy the difficulties, therapeutic referrals should be made. Supports offered to all parties should include:

- *Explanations about the Visit Process:* Clarifying the goals, format, and expectations for visits.
- *Managing Barriers and Logistics:* Helping families overcome challenges such as transportation, scheduling, or location issues.
- *Clear Communication and Behavior Guidelines:* Providing feedback on appropriate communication and interaction.
- *Support in Managing Feelings:* Parents and children who have been separated may experience grief, rage, loss, or hopelessness, often compounded by trauma. Substitute caregivers may also hold complex emotions about the birth family, the child, and their role in the system.
- *Opportunities for Input:* Allowing all parties to state wishes, make suggestions, ask questions, and reflect on successes and challenges.
- *Providing Referrals:* Parents benefit from referrals to community resources.

Parents and substitute caregivers may also require help with the following:

- *Understanding Children's Experiences:* Interpreting children's feelings, behaviors, and statements, and knowing how to manage them before, during, and after visits.
- *Helping Children Transition:* Supporting smoother adjustments when moving to and from visits.
- *Cooperating Across Roles:* Biological and foster or kinship parents may need help learning to accept one another, appreciate respective roles, and collaborate on behalf of the children.

Supports offered to children include:

- *Aid in Understanding Parental Behavior:* Making sense of both negative or rejecting behaviors and unexpected positive interactions from parents.
- *Managing Loyalty Conflicts:* Learning strategies to navigate multiple relationships, resolve conflicting feelings, and interpret their circumstances.
- *Extra Support for Regulation:* Receiving help to manage behavior and express feelings when visits evoke fear, traumatic memories, longing, or distress.

History of Violence, Domestic Violence, Sexual Abuse

When supervising cases involving allegations or findings of past violence, providers must implement written policies and procedures to ensure the safety of all participants. They should include:

- *Safe Arrival and Departure:* A clear plan must be developed to ensure the safe arrival and departure of clients at risk. This includes a secure process for entering and leaving the visit location.
- *Referrals for Victims of Domestic Violence:* Victims of domestic violence should be referred to resource experts who can assist them in developing a personal safety plan, ensuring their ongoing safety and support.
- *No Shared Decision-Making:* Unless explicitly ordered by the court, shared decision-making between the parents should not be allowed. This ensures that decisions are made in a safe and structured manner, preventing potential coercion and harm.
- *No Contact or Interaction Between Parents:* Policies should strictly enforce no contact or interaction between the parents unless specifically authorized by a court order. This is critical for ensuring the safety and well-being of all involved.

Holidays, Birthdays, and Gifts

Although not all families celebrate holidays and birthdays, when families do, such events can bring heightened emotions and potential conflict during visits. To ensure child safety, agencies should set parameters that include the following:

- *Set Expectations Early:* To avoid surprises or disputes, agencies should develop written policies about gifts, birthdays, and holidays that are inclusive, culturally responsive, and clearly communicated during intake.
- *Set Clear Gift Parameters:* Establish limits on the type, value, and appropriateness of gifts, including whether monetary gifts are allowed. Encourage items that align with therapeutic goals and reinforce healthy parent-child relationships.
- *Celebrate in Therapeutically and Culturally Appropriate Ways:* Ensure that holiday and birthday celebrations, and any associated gifts, are consistent with the child's needs, the goals of the case plan, the visit setting, and the family's cultural background. Policies should reflect a broad range of holidays and culturally meaningful practices.
- *Consider Gift Meaning and Intent:* Providers should be mindful that the meaning of a gift can vary. What may be a sincere, heartfelt gesture from one parent could be manipulative or coercive in another context. Supervisors should monitor gift-giving and its impact to support healthy dynamics.
- *Address Common Pitfalls:* Some parents may feel compelled to overpromise or deliver extravagant gifts that overwhelm children and shift attention away from the parent-child relationship. When unable to provide the promised items, parents may avoid visits to escape facing their children's disappointment. The focus should be on the importance of consistent presence and emotional connection over material offerings.
- *Inspect Gifts Before Giving:* All gifts in supervised visits should be unwrapped for staff review and only wrapped afterward. Tragic incidents involving weapons and other inappropriate gifts from parents who were believed trustworthy underscore the need for consistent vigilance and safety protocols. Although inspections may feel uncomfortable for some parents, they are necessary to ensure a safe and supportive environment.

Trauma-Informed Care

A trauma-informed approach recognizes that most children and families participating in visits have experienced significant trauma, such as abuse, neglect, domestic violence, community trauma, or the stress and disruption of removal from home. Creating safe, predictable, and supportive visit environments helps children and families begin to recover. All visit staff should have training in trauma-informed services that include the following components:

- *Understand Trauma and Its Effects:* Children may show grief, withdrawal, depression, fear, confusion, anger, guilt, or behavioral changes due to their experiences. Trauma can be triggered by sensory information (like a parent's tone of voice or a familiar smell), causing distress during visits.
- *Create a Safe and Predictable Environment:* Structure visits so they begin and end the same way each week, helping children know what to expect. Provide an intake when possible with children and give them a tour of the visiting rooms before the first visit. Be transparent; nothing should be a surprise to any party involved.
- *Privilege the Child's Voice and Agency:* Meet with the child before visits to explore their hopes, worries, and fears. Allow children to take breaks or use a safety signal/code word if they feel overwhelmed. Involve children in decisions about how visits start and end, and what activities they might do.
- *Manage Triggers and Support Regulation:* Tune into the child's emotional state by reflecting their mood out loud (e.g., "You seem really upset right now"). Elicit the child's thoughts and feelings during visits. If appropriate, provide comforting touch (like holding or rocking) to help calm the child. Offer alternative ways for children to express their feelings, such as artwork, music, or letter writing.
- *Use Affect Regulation Techniques:* Teach and integrate affect regulation exercises:
 - Blowing bubbles or pinwheels
 - Progressive muscle relaxation
 - Visual imagery exercises
 - Relaxation or meditation music
 - Belly breathing
- *Support Communication and Reduce Divided Loyalties:* Facilitate communication between foster and biological parents (e.g., sharing weekly highlights, exchanging notes or photos) to help the child feel less conflicted.
- *Honor the Child's Refusal or Reluctance:* If a child is anxious or refuses to visit, spend time exploring their worries and what would help them feel safe. Offer alternatives to full visits, such as short check-ins, games, or even written communication. Use "decision dialogue" to help the child decide what information can be shared with the parent and how.
- *Ongoing Assessment and Collaboration:* Regularly assess the child's emotional needs and adjust the approach as needed. Collaborate with therapists or other professionals if specialized skills are required.
- *Do Not Make Assumptions:* Do not assume you know children's experiences based on case history alone. Explore their needs continually. Emphasize to children that adults are making decisions in their best interest and elicit their input while avoiding placing decision-making burdens on the child.

Parents Under the Influence of Substances

When a parent arrives under the influence of alcohol, marijuana, or other substances, additional safeguards are needed to protect the child's physical and emotional well-being. Some parents may show obvious signs of impairment, while others may appear functional despite substance use. Whether to cancel a visit due to suspected use is a complex decision that must align with court orders, agency policy, and state law. To support safety, emotional well-being, and decision-making, the following practices are recommended:

- *Conduct Intake Assessments:* Identify concerns and establish a behavioral baseline. Discuss expectations around substance use during orientation and reinforce them regularly, including in localities where marijuana is legal for medical or recreational use.
- *Balance Sobriety Goals with Parent-Child Connection:* While zero-tolerance policies or sobriety-first may be intended to motivate sobriety, they can be counterproductive. Addiction is a long-term condition, and delaying all contact until full sobriety may harm the parent-child relationship and slow recovery.
- *Monitor for Signs of Impairment:* Observe indicators such as slurred speech, strong odors, unsteady movement, or emotional volatility. Supervisors must be trained to assess subtle signs of impairment and distinguish them from symptoms of medical or mental health conditions.
- *Apply Trauma-Informed Care:* Use de-escalation strategies and trauma-informed responses when parents appear dysregulated. Recognize that symptoms may stem from multiple causes and respond in a way that preserves safety and dignity.
- *Document Thoroughly:* Record relevant observations, behaviors, and any interventions or decisions made, following the agency's documentation standards. Include incident reports as needed.
- *Terminate Visits When Necessary:* Be prepared to end visits early when a parent's behavior is physically unsafe or emotionally harmful to the child. Seeing a parent in an altered state may be confusing, distressing, or triggering.

Parent is in a Facility or Incarcerated

Visits between parent and child when the parent is in a facility can be important and meaningful, but they also raise challenges. The logistics of visits differ when parents are hospitalized, incarcerated, or in another type of restrictive facility. In those cases, the setting often has procedures and rules around visits. Unfortunately, many adult facilities are not well set up to accommodate children, make them feel safe and comfortable, or support high-quality visits. In some cases, visits may be more safely and effectively conducted through a remote, digital platform. When visits are conducted in facilities, the following barriers must be considered in the planning:

- *Feeling Confined:* Children may feel constrained by the limited space and the lack of age-appropriate activities during visits.
- *Intimidating Protocols:* Institutional rules and procedures, especially the presence of armed guards, can be frightening and overwhelming.
- *Worry About Parents:* Children may experience anxiety about their parents' well-being while in the facility.

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- *Fear of Other Residents*: The presence of unfamiliar or threatening individuals can create a sense of fear and insecurity.
- *Distance From Home*: Long travel distances to the facility may pose a barrier to regular and meaningful contact.

Out-of-State Visits

Children and parents who reside in different states face logistical and emotional challenges when it comes to maintaining meaningful visits. While distance can complicate arrangements, it does not eliminate the need for a well-structured visit plan. Such plans must be carefully tailored, taking into account the child's needs, the nature of the parent-child relationship, and practical considerations.

Key factors to consider include:

- *Child's Age and Developmental Needs*: Visit schedules must be developmentally appropriate, considering the child's age, ability to travel, and emotional needs.
- *Parent-Child Relationship*: The frequency and type of visits should reflect the strength and history of the relationship.
- *Geographic Distance and Travel Logistics*: The physical distance between the parent and child must be considered, along with transportation options and associated costs.
- *Travel Supervision*: If the child is too young to travel alone, plans must be made for a responsible adult to accompany them.
- *Special Circumstances*: Adjustments may be necessary if the parent is incarcerated, hospitalized, in treatment, or serving in the military.
- *Alternative Arrangements*: When in-person visits are not feasible, alternatives such as virtual visits or the parent traveling to the child should be explored.
- *Coordination Among Parties*: A collaborative process involving the parents, child, caregiver, agency staff, and legal representatives is critical to developing and implementing the plan.
- *Court Oversight*: The court must ultimately ensure that a visitation order is in place that supports the child's best interests and maintains familial bonds.

Farewell Visit When there is Termination of Rights

Farewell visits occur in cases in which parental rights have been terminated or when visits are ending permanently for other reasons, such as incarceration, safety concerns, or deportation. The farewell visit provides a structured opportunity for children and parents to say goodbye. Goals include helping children feel loved and not at fault, creating a positive final interaction, and supporting emotional closure.

Farewell visits are impacted by:

- The child's age, development, and understanding
- The history and quality of prior visits
- Whether termination was part of the initial plan or a recent development
- The strength and nature of the parent-child relationship
- Cultural and linguistic dynamics, particularly in cases involving deportation

Providers must implement trauma-informed policies and procedures to ensure the emotional safety and well-being of children, parents, and staff involved. Procedures should include:

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- *Prepare:* Staff must plan and prepare all parties for the farewell visit. Includes explaining the purpose of the visit in age-appropriate terms and preparing parents to share clear, supportive messages to ensure consistency.
- *Support:* Provide emotional support before, during, and after the visit, including therapeutic referrals as needed. When appropriate, support memory-making rituals such as exchanging photos, letters, or creating photo albums to foster emotional closure.
- *Provide Structure:* Ensure visits are supervised by trained staff who can manage emotional dynamics and challenging behaviors. Maintain structured arrival and departure procedures to promote safety and stability.
- *Handle Missed Visits:* When a parent does not show for the final visit, offer emotional support and explore alternative means of providing closure (e.g., letters, recordings).
- *Ensure Safety as a Priority:* Ensure visits are supervised and secure, with structured arrival and departure as needed.
- *Document Post-Termination Contact:* If future contact is agreed upon, it must be legally documented, and kinship and adoptive families may need help understanding and supporting children's needs around contact.
- *Plan for Deportation:* Plan for ongoing communication when parents are deported but rights remain, involve child welfare for support as needed.

AFTER THE VISIT

Post-Visit Support

Providing support after visits diminishes children's and parents' reactions as well as establishes a sense of safety, continuity, and emotional stability during the transition back to their daily routines. The following types of support also reduce anxiety and set the stage for more successful future visits:

- *Support All Parties:* Provide structured support options to children, parents, and caregivers after visits, which can include opportunities to debrief, discussion of strengths and challenges, suggestions for improvement, and whether cultural preferences (e.g., food, dress, activities) were honored.
- *Foster Parent Involvement:* Keep foster parents informed about visit content so they can respond appropriately to children's behaviors.
- *Psychotherapy:* Offer therapy as an option, but recognize that not all children benefit immediately post-visit. Therapy can help and should be flexibly timed. Some children may need time and space before ready to engage in therapeutic discussions about visits.
- *Clarity of Visit Purpose.* Reiterate the visit's purpose before and after to reinforce understanding and reduce conflict.
- *Methods for Debriefing:* Flexible ways of providing feedback should be offered. They can include brief check-ins, scheduled debriefs, or therapeutic sessions.

VIRTUAL VISITS

Virtual supervised visits allow non-custodial parents and children to interact through a video platform, with a supervisor present to observe and ensure safety, just as in-person supervised visits do. The supervisor's role is to monitor the interaction, document the visit, and intervene if necessary.

to maintain safety and appropriate conduct. Training for supervisors on managing virtual visits is highly recommended

When Virtual Visits are Used

Virtual supervised visits are used in specific situations where in-person contact is not possible, practical, or safe. Benefits to virtual visits include allowing children and parents the opportunity to share aspects of their daily lives, such as pets, rooms, or possessions. Common scenarios when virtual visits may be used include:

- *Health and Safety Concerns*: Virtual visits are often used when there are health risks that make in-person visits unsafe. For example, during public health emergencies (like the COVID-19 pandemic), virtual visits allowed families to maintain contact while minimizing exposure.
- *When Children are Hesitant*: Visits that start virtually with children who are hesitant may eventually transition into in person visits.
- *Geographical Barriers*: If a parent or child lives far away or travel is not possible due to distance, transportation issues, or other logistical barriers, virtual visits can help maintain the parent-child relationship.
- *Court Orders or Agency Policy*: Sometimes, courts or child protective agencies may order or recommend virtual visits as part of a transition plan, or when in-person visits are not feasible due to specific case circumstances.
- *Supervised Visit Center Limitations*: If a visit center is closed, has limited hours, or cannot accommodate a family for any reason, virtual visits may be offered as an alternative.
- *Medical or Special Needs*: If a child or parent has a medical condition or special needs that make travel or in-person contact difficult, virtual visits can provide a safe and accessible option.
- *Emergencies or Temporary Interruptions*: Virtual visits may be used temporarily if there is an emergency, such as severe weather or other unexpected events, that prevents in-person contact.

Virtual visits are not suitable for every family or situation. The decision to use virtual visits should be based on a careful assessment of the family's needs, safety considerations, and the ability of all parties to participate effectively. Providers should always follow best practices and standards to ensure the safety and well-being of the child.

Key Considerations for Providing Virtual Visits

- *Intake and Screening*: Conduct a thorough intake and risk assessment for each family to determine if virtual visits are appropriate. The lack of physical proximity in virtual visits may be a concern, especially for young children who benefit from hugs and touch.
- *Technology Needs*: Assess the family's technology access and comfort with virtual platforms.
- *Platform Selection*: Choose a secure, reliable video conferencing platform that protects privacy and confidentiality. Ensure all parties understand how to use the platform and have access to the necessary equipment.

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- *Safety and Security*: Establish clear protocols for verifying the identity of all participants at the start of each visit. Set ground rules for the environment (e.g., no recording, no third parties present unless pre-approved).
- *Visit Structure*: Schedule visits in advance, just as for in-person sessions. The supervisor joins the virtual meeting, observes the interaction, and documents the visit according to the program's standards.
- *Provide Training*: Parents may need training on the types of activities that work well over video and how to manage children's behaviors remotely.
- *Address Discomfort*: Some families may decline visits because they are unsure how to make them go well and are afraid of negative consequences.
- *Documentation*: Document the visit with details such as date, time, participants, activities, and any interventions or concerns, following the program's usual procedures.
- *Intervention and Support*: Be prepared to intervene if inappropriate behavior occurs or if the visit needs to be ended early for safety reasons. Have a plan for contacting the custodial parent or authorities if necessary.
- *Technical Support*: Provide guidance and support to families who may be unfamiliar with the technology. This may involve actively teaching the families how to use the technology. Have backup plans in case of technical difficulties.
- *Confidentiality*: Remind all parties about the importance of confidentiality and privacy during virtual visits.

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