

**ALABAMA DEPARTMENT OF HUMAN RESOURCES FAMILY SERVICES PARTNERSHIP
ADMINISTRATIVE CODE**

**CHAPTER 660-5-50
VISITING**

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660-5-50-.01 Purpose.

This policy defines the rights of children in out-of-home care to visit with parents, family members and others such as friends, former foster parents and children from previous foster care placements. Among other things, this policy recognizes the need for family attachments, and is intended to promote visits to support and strengthen family attachments.

Author: Jerome Webb

Statutory Authority: R. C. v. Fuller, No. 88-H-1170-N, Consent Decree (M. D. Ala. Approved December 18, 1991).

History: New Rule: October 7, 2003; effective November 11, 2003.

660-5-50-.02 Legal Authority.

Visiting policy has been developed to comply with the following principles set forth in the R. CConsent Decree:

(1) "VIII 45. The system of care shall promote class members' visitation with their parents and family.

(a) The matter of visitation shall be addressed in the class member's individualized service plan.

(b) Visitation may be arranged by the class member, the class member's parents or family or the foster parents, as well as by DHR staff and the staff of residential

facilities, in accordance with the individualized service plan.

(c) Supervision of visitation shall be required only when there is danger that the parent or family member with whom the class member is visiting will harm the class member unless the visit is supervised.

(2) Visiting with parents, family members, and friends will be promoted for every child in out-of-home care unless visiting places the child's safety at risk; substantially inhibits attainment of the goals of the safety plan or the permanency goal of the ISP; or subjects the child to intimidation regarding investigative statements or court testimony. Visiting will be addressed by the child and family planning team, and any restrictions placed on visiting will be specified in the ISP.

(3) There will be no restrictions placed on the number, frequency, duration or sites of visits unless it has been determined and documented in the case record that these restrictions are needed and authorized by this policy.

(4) Visits are to be viewed as valuable in and of themselves and as strategies in meeting the child's developmental and permanency needs. Visits can be arranged and supervised without the involvement of the DHR worker unless it has been determined and documented in the case record that DHR involvement is needed to protect the child.

(5) Visits with parents and family members cannot be used as rewards or punishments (for children, parents, or other family members). In addition, a child is not to be forced to visit against his or her will. If a child does not want to visit, the worker and foster care provider should see that someone close to the child discusses with the child why he or she does not want to visit and addresses the child's desires about visiting in a way that is supportive of the child and family.

Author: Jerome Webb

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660-5-50-.03 Glossary.

(1) Age appropriate child - A child age 10 and older (except a child with severe mental retardation), or a child under age 10 who is intellectually capable of understanding and communicating ideas and opinions concerning the subject matter being discussed or considered.

(2) Child and Family Planning Team - The individuals involved in planning services with the child and family. The team should include the parents, the child, if age appropriate, others requested by the family or child, the DHR worker, the foster care provider and other service providers if any.

(3) Emergency Situation - A situation where the child is at imminent risk of serious harm and action to protect the child must be taken before a child and family planning team can be convened to develop an ISP or revise an existing ISP.

(4) Family - A biological, adoptive or self-created unit of people residing together consisting of an adult(s) and child(ren) with the adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings, and others with significant attachments to the child living outside of the home are included in the definition of family.

(5) Foster Care Provider - A provider of out-of-home care for a child in any of the following settings: the home of relatives (kinship care) or neighbors, a foster family home, a therapeutic foster family home, a group home, a shelter home, a child care institution, a hospital or other residential facility.

(6) Foster Parent - A foster care provider delivering care in any of the following settings: the home of a relative (kinship care) or neighbor, a foster family home, or a therapeutic foster family home.

(7) Friend - A person other than a family member with whom the child has a significant attachment. Friends include both adults and children, such as former foster parents and children from previous foster care placements.

(8) Parent - A father or mother, an individual appointed as legal custodian or guardian or an individual acting as a father or mother. This may include but is not limited to a relative rearing the child for an absent family member, a godparent assuming a parent's role when the parent is deceased, etc.

(9) Permanency Goal: - The permanent living situation for the child that the ISP is designed to achieve. Permanency goals include in order of preference:

(a) child will remain at home

(b) child will return home

(c) child will live permanently with relatives

(d) adoption, independent living, or long term placement with an identified foster family.

(10) Protection of the Child - The means of (1) preventing conduct that would place the child's safety at risk, (2) preventing conduct that would substantially inhibit the attainment of the goals of the safety plan or the permanency goal of the ISP, and (3) preventing the child from being subjected to intimidation regarding investigative statements or court testimony.

(11) R.C. - The R.C. Decree or Implementation Plan, or policies developed to implement the Decree or Implementation Plan.

(12) Relative - A relationship created between persons by blood, marriage or legal action (adoption or paternity) to any degree.

(13) Safety - Protection from physical injury or sex-related abuse.

(14) Safety Plan - A plan for protecting a child in an emergency situation, developed in partnership with the family and the age appropriate child when possible.

(15) Service Providers - Individuals, families, agencies, or organizations that provide or could provide a service or services to children and families.

(16) Severely Emotionally Disordered (SED) Child - means a children with emotional, behavioral developmental or substance abuse disorders which severely impair functioning in their home, school and/or community.

Author: Jerome Webb

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660-5-50-.04 Court Orders.

Court orders must be followed.

(1) Sometimes there will be an existing court order (often from a divorce proceeding) in place at the time an ISP is being developed for a child and family. The existing order must be followed until modified or lifted. However, DHR must seek to have the order lifted or modified if it substantially inhibits attainment of the child's permanency goal, or imposes requirements inconsistent with R.C.

(2) Sometimes, after an ISP has been developed, the court will order additional services, lift restrictions, or impose additional restrictions. These court orders must be followed. However, DHR must seek to have the order lifted or modified if it substantially inhibits attainment of the child's permanency

goal, or imposes requirements inconsistent with R.C. If the court refuses to modify or lift an order as requested, the county DHR will inform the Family Services Partnership. If the Partnership concurs that the court order is inconsistent with R.C., the Partnership will take appropriate action.

Author: Jerome Webb

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660-5-50-.05 Children Covered By Visiting Policies.

(1) General Policy

(a) This policy applies to all children in DHR custody or planning responsibility who have been removed from their home and placed in foster care {e.g, home of relatives (kinship care) or neighbors, foster family home, therapeutic foster family home, group home, shelter home, child care institution, hospital or other residential facility}. It does not apply to children living in their own home.

(b) Children retain the right to visit with their parents and families even when the rights of the parents have been terminated. Visiting may be restricted when it places the child's safety at risk; substantially inhibits attainment of the goals of the safety plan or the permanency goal of the ISP; or subjects the child to intimidation regarding investigative statements or court testimony. The circumstances and extent of visiting will be addressed in the child's ISP.

(c) Child care institutions, group homes and licensed child placing agencies which approve foster homes that serve children in the custody or responsibility of the Department are to develop a written policy regarding visiting. These facilities may adopt the policy of the Department or develop their own as long as it is consistent with Department policy and provides children no less visiting rights than children in foster homes approved by the Department. The visiting policy is to be approved by the Department and explained to all children placed by DHR and their parents so they understand the policy. A copy of the policy will be given to the parents upon request.

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660-5-50-.06 Children Visits.

(1) The child in foster care has the right to visit with parents, other family members, and friends unless visiting places the child's safety at risk; substantially inhibits attainment of the goals of the safety plan or the permanency goal of the ISP; or subjects the child to intimidation regarding investigative statements or court testimony. An ISP need not be in place for visits to occur. Visits will begin immediately upon placement unless restrictions are imposed. Visits with parents or others may not be used as rewards or punishment. Visits are to take place in the most normalized, family-like setting that meets the child's need for safety.

(a) The Role of the Child and Family Planning Team - Visiting is needed to maintain and strengthen family and other attachments. Visiting is also a right of the child and family. Thus the ISP will identify visiting as a step needed to maintain and/or strengthen attachments to parents, other family members, and friends; and the ISP will identify steps needed to permit visiting that is desired by the child and family. The child and family planning team will identify services needed to support and encourage visiting. Also, the team will clarify, among other things, the role and responsibilities of the foster care provider and service providers in supporting, arranging, approving, participating in or supervising visits; the role of the DHR worker in supporting, supervising, or approving visits; any therapeutic purpose particular visits are expected to serve; and restrictions, if any, to be placed on visits. The team's decisions will respect the family's culture (beliefs and values). Issues related to visiting will be reassessed frequently.

(b) Placement Visits - Normally, the parent(s) and child will visit a placement prior to the child's move. The parent(s) and child should be informed of their visiting rights at this time. The worker shall encourage and support the parent(s) to participate in the actual placement of the child. When a pre-placement visit has not occurred, the DHR worker shall inform the parent(s) and child of their visiting rights at the time of placement. When it is not feasible to inform the parent(s) at the time of placement (e.g., the parent(s) is inaccessible, an emergency prevents oral notice), prompt notice will be provided after placement.

(c) Arrangements for Visits - Unless restrictions apply, visits may be initiated by the family, the child, friends, or the foster care provider. Visits will be conducted in accordance with the "reasonable rules" of the foster care

provider as permitted by this policy. The visitor and foster care provider (who will involve the age appropriate child) will mutually agree on the time of day, duration, and location of visits, unless these matters are specified in the ISP. The DHR worker will normally not arrange or be present at visits, unless requested by the child or visitor; the ISP or safety plan requires the worker to arrange, supervise or otherwise be involved in visits (e.g., when necessary to protect the child's safety); or to obtain information for court reports and/or child and family planning team participation. The DHR worker, or another person designated by the worker or the child and family planning team, will mediate any conflicts that occur between the family and foster care or service provider(s) over visits. If problems persist, the DHR worker will discuss the matter with the child and family planning team. The child should not be asked or expected to mediate conflicts. Visits of parents will be arranged so as to encourage and permit the parent(s) to engage in routine parenting functions such as performing daily care responsibilities such as bathing, feeding, dressing of the child; helping with homework; attending school functions and conferences with the child; transporting or going with the child to a medical appointment; taking the child shopping, for a hair cut or for other personal care; or taking the child on family or recreational outings such as church, picnics, walks, cook-outs, family holidays and reunions.

(d) Location of Visits - Visits will occur in the most normalized family-like setting that will meet the child's need for safety. Visits may occur in the foster home or other placement, the family residence, a relative's home, or the site of special events such as the school, church, park, etc. Visits should not occur at the offices of the County Department unless necessary to protect the child's safety, or unless requested and agreed upon by the age appropriate child and visitor. When visits are to be supervised, they may occur at the foster home or other placement or another acceptable site.

(e) Frequency of Visits - Daily visits with the parent(s) and other family member(s) will be encouraged. At a minimum, the team will encourage and support weekly visits with the parent(s) if the permanency goal is for the child to return home. If the permanency goal is relative placement, at least weekly visits with the relative will be encouraged and supported. If frequent visits are not occurring between the child in care and the parent(s), other family members or friends, the DHR worker will assess the reasons and take steps needed to encourage and promote frequent visits, including arranging visits as needed. The worker will also discuss the issue with the child and family planning team. When the parent(s) is unable to visit frequently even with supportive services, mail and telephone contacts will be intensified. The

Department will reimburse the parent(s) as necessary via local or flex funds to enable intensified phone and mail contact.

(f) Reasonable Rules for Visits - The foster care provider may require the child and those with whom the child visits to abide by the following reasonable rules. The time of day, duration and location of visits will be determined by the child's, family's, and provider's circumstances; parents, family members and other visitors will give the provider advance notice of visits unless excused by prior arrangement; when visiting is at the provider's home or other placement, the parent(s) or other visitor may be required to abide by reasonable "house rules" of the provider; the foster care provider may require the parent(s) or other visitor to leave if they arrive for the visit in an apparent intoxicated or drug induced state, or exhibit threatening or abusive behavior to the child or provider. If necessary, DHR should be called for assistance in terminating the visit. The police should be used only as a last resort; and, the foster care provider may refuse to allow the child to leave with the parent(s) or other visitor who appears incapable of caring for the child (e.g. visitor who is physically ill, appears intoxicated, or exhibits threatening or abusive behavior to the child). When the foster care provider cancels or limits a visit the provider should document their observation of the visitor's behavior or action that caused concern. These observations, and actions taken by the provider, should be shared with the DHR worker immediately, and addressed with the parent(s) or other visitor at an appropriate time.

Author: Jerome Webb

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660-5-50-.07 Worker Visits.

(1) The Department of Human Resources must maintain contact by visiting frequently, but not less than once a month, with children to help ensure child safety, contact with family, a good working relationship with the family and foster family, and to help maintain best case practice.

(a) In on-going protective services, children should be seen by their social worker at least once a month in the child's home setting. An exception to this visitation timeframe may occur if their ISP states that visitation should be more often; **OR**, if a child in an on going protective services case has been assessed as not being at risk of serious harm or maltreatment.

(b) Children in out-of home care should be seen by their social worker at a minimum of once a month or more often if stated in their ISP. Telephone contact with the social worker and child is encouraged but **will not** take the place of face to face contact. Opportunities for private discussion should be made available to the child, with their social worker, and these visits should be of substance to help the child and to help ensure the social worker's awareness of the child's well being, circumstance, and safety.

(c) Children who are diagnosed as being Severely Emotionally and Behaviorally Disordered (SEBD) and are placed in treatment facilities must be visited monthly in the facility in which they are placed. Any exception to this visiting policy would require consultation and clearance with a consultant from the Office of County Systems Support.

(d) Children with special health care needs who have chronic physical, developmental, behavioral or emotional conditions may be medically fragile. Children who are medically fragile should have a face to face visit monthly and quarterly communications/contact with health care providers are required.

(e) Children who are placed in ICPC (Interstate Compact for the Placement of Children) placements in Alabama by other states must be visited in the home once a month. Children placed in other states by Alabama should be visited once a month in order to assess safety, well being and whether the placement is in the child's best interest. The Department should request that the other state's workers visit Alabama's children once a month.

(f) Children who are in adoptive placements must be visited a minimum of twice during the first three (3) months after the child is placed. Best practice is for all adoptive family members to be present and for a separate interview to be conducted with the child that has been placed. Once the Interlocutory Order has been issued, two (2) more supervisory visits are required before the Final Report to the court is made.

(g) Workers have an obligation to visit with parents and caregivers to help determine planning, decision making and to help ensure overall safety for the family and their children. Office visits can be convenient or helpful, but they shall not serve as a substitute for the home visit. Social workers will visit families, who are receiving on-going protective services, in their homes at least once a month or more frequently when directed by the ISP. Parents or caregivers of children who are in out-of home care with a plan of reunification will be visited on a monthly basis or more often if directed by the ISP. It is important that either

reunification or other permanency plans be established within a time frame that is established by ASFA and other policy. Visiting with parents and caregivers allows this planning to take place.

Author: Jerome Webb

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660-5-50-.08 Notification To Parents Regarding Visitation.

(1) Written Notice To Parents - Parents who are not prevented from visiting their children by court order, safety issues or other reasons shall be granted visitation. If there is a change in visitation, the parent should receive written notice well in advance of the visitation date. If this is not possible, contact by means such as telephone, e-mail or other means should be made with the parent. Visitation will be discussed in the ISP and if there are specific areas of visitation presenting problems, the ISP team will resolve them.

Author: Jerome Webb

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660-5-50-.09 Visiting Supports And Services.

(1) The Department of Human Resources will provide services to encourage and support, as needed, the child's visits with the parent(s), other family members and friends. A list of possible services are, but not limited to:

(a) Transportation or payment of transportation expenses for the child, family or friends;

(b) Helping to promote and/or coordinate visits when the family or child needs or requests assistance;

(c) Assisting with child or adult care, housing, or meals;

(d) Education of the foster care provider regarding the needs of the child and family for visiting, the importance of reunification, feelings provoked by visits, and practices relating to supervision of visits;

(e) Supportive involvement of the therapist, social worker, or foster care provider;

(f) Coaching to enable the child and family or friends to acknowledge and talk about needs and feelings;

(g) Using neighbors and other family members to support visits (e.g., providing transportation to the visiting site, providing own home for visiting, or negotiating or arranging visits convenient to the parent's location and schedules);

(h) Crisis services to support visiting such as giving the foster care provider crisis intervention training or access to crisis intervention services; and

(i) Conflict resolution and mediation services related to visiting.

(2) Foster care and service providers can be reimbursed for the cost of travel that eliminates the necessity for worker travel. Payment reimbursements for other providers can be made from local or flexible funds.

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