

**REVISITING VISITATION:  
A FAMILY FOCUSED APPROACH IN SANTA CLARA COUNTY**  
**Angelica Glass\***  
**Executive Summary**

## **INTRODUCTION**

As the connection between supervised visitation and successful reunification receives more attention, CWS agencies throughout the United States and abroad, are striving to develop programs that provide a home-like environment for visitation, accommodate working families' schedules by offering extended hours, and integrate modeling, coaching, and parenting education into the visits.

My BASSC internship focused on the various visitation programs in Santa Clara County. I had the opportunity to visit Clover House and Kindred Souls, the county's primary visitation sites. Both programs are run out of converted houses and provide comfortable, neutral environments for families to visit.

In addition to observing the visitation sites in Santa Clara County, I joined staff from the Department of Family and Children's Services in a trip to the Parent Child Interactive Therapy (PCIT) program at the UC Davis Medical Center in Sacramento. PCIT is a therapeutic model for the treatment of children who have emotional problems as a result of maltreatment. The child and the caretaker participate together in the therapy process. Rather than being present in the room during sessions, the therapist is behind a two-way mirror and provides prompts to the caretaker through the use of a small earphone.

Based on my observations, meetings with staff associated with each of these programs, and review of the literature, I have found that though Santa Cruz County's visitation program operates on a much smaller scale, there is much we can learn from DFCS' experiences in implementing and managing these programs.

## **RECOMMENDATIONS FOR SANTA CRUZ COUNTY**

Keeping in mind the current local, state and federal budgetary limitations facing Child Welfare Services agencies, I have developed two sets of recommendations: short term goals which can be initiated within a short period of time with minimal fiscal impact, and long term goals which the agency may choose to implement as funding becomes available in the future.

### **SHORT TERM GOALS**

- Develop a task group to:

Develop a clear set of written guidelines for conducting supervised visitation.

Review and select a parent education model for Social Worker I's (SWIs) to utilize as a tool for teaching and modeling during visits.

\* Angelica Glass is a Social Work Supervisor II with Family and Children's Services in Santa Cruz County.

Develop a system to evaluate the effectiveness of our visitation program over time and measure outcomes. This should include formalizing a process for receiving and integrating client feedback/input.

Consider the feasibility of providing visitation services during evenings and/or on weekends.

- Include Parents' Center staff who provide visitation services in trainings and meetings about visitation supervision.
- Train staff in child development, maltreatment issues, and abuse and neglect reporting and offer reference materials to refer back to after training.
- Consider creating a role for one of the existing SWI's to organize the Agency's visitation schedule and provide transportation of children to and from visits. This could be a rotating role with each SWI performing these tasks for a designated amount of time. This may save on time and resources.
- Explore the possibility of using space at the Family Resource Centers to conduct visits, particularly for families who may benefit from support services at the centers.
- Send all of our visitation supervisors (SWI's and Parent center staff who provide visitation services) to the upcoming PCIT fundamental training through UC Davis in Sacramento

## **LONG TERM GOALS**

- Create a visitation center, which will provide both therapeutic and regular supervised visitation. Due to the size of our county, this would need to be a multi-purpose endeavor. This could be approached in many different ways. One possibility would be to collaborate with an existing agency, such as the Parents Center to lease a building large enough to accommodate the counseling agency and two visiting rooms.
- Develop a program for therapeutic visitation in conjunction with Children's Mental Health utilizing PCIT, SPIN (a program wherein visits are videotaped and edited to highlight and reinforce the positive interactions between parents and kids.), or an Intensive Visitation model such as the one used at Kindred Souls in Santa Clara County.

Santa Cruz County's Family and Children's Services is at a pivotal point in our delivery of visitation services. By hiring more SWI's and creating two Supportive Services Units, the agency has demonstrated a strong commitment to improving our approach to providing high quality, family-focused visitation services. We now face the task of fine tuning our existing program and taking the necessary steps to improve our delivery of visitation services.

**REVISITING VISITATION:  
A FAMILY FOCUSED APPROACH IN SANTA CLARA COUNTY  
Angelica Glass**

**INTRODUCTION**

When children have been removed from their homes due to abuse and/or neglect, the quantity and quality of the visits between parent and child are one of the strongest indicators for successful reunification. Accordingly, substantial resources should be geared toward creating programs to facilitate frequent, consistent, and productive visitation.

I was employed as a Social Worker III in Santa Clara County from 1995-1997. Only a nominal amount of my training as a Social Worker focused on supervised visitation. The expectation was that Clover House staff would conduct the majority of my visits.

When I started working as a Senior Social Worker for Santa Cruz County's Family and Children's Services (FCS), I went to my supervisor to ask who I should see about setting up a visit for one of the families on my caseload. My inquiry was met with a blank stare. I quickly learned that the tasks of scheduling, providing transportation, and supervising the visits were mine to complete.

My first attempt proved disastrous. The family consisted of two parents and six children. Coordinating schedules and transportation with four different foster homes turned out to be the easy part. I agreed to meet the parents at a park. I asked two of the children's CASA workers to help me supervise the visit.

The parents arrived along with seven unexpected relatives: five adults and two children. The mother and father laid a blanket out on the grass and spread out cookies, candy bars and soda. When the ice cream truck came jingling along, mom ran to get ice cream bars for all the kids while I tried, in vain, to suggest that perhaps there were already enough sweets. When mom filled a baby bottle and handed it to her seven-month-old baby, I stood speechless as I registered the contents of the bottle: Coca-Cola.

Children were slowly being led off in different directions by various relatives. Since there were concerns about the children being encouraged to recant allegations, I had planned to be particularly diligent during the visit; hence, the presence of the CASA workers. As it happened, both CASA workers were chasing toddlers and catching them by the shirt before they stepped off the curb into the street or climbed too high up a fence. Meanwhile, I tried to encourage mom and dad, who were sitting on the blanket enjoying snacks, to engage with the children.

I did a lot of thinking about visitation after this visit. Fortunately, I came to learn that such out of control visits were by far, the exception rather than the rule. I also learned that having established ground rules before visits start is essential for the safety and enjoyment of the family.

It is with these lessons in mind, and with the hope of beginning to work toward improvements for visitation services in Santa Cruz County that I chose to focus my internship on the visitation programs in Santa Clara County

## **BACKGROUND**

Child Welfare Service agencies are required by Division 31 Regulations to provide visitation services to families in the Family Reunification Program. Since reunification timelines were shortened in 1996 for families with children under the age of three, Juvenile Court Judges have ordered longer and more frequent visits between parents and their children and between sibling groups.

This increase in the frequency of visits is philosophically sound as it addresses the most fundamental aspect of reunification: continued contact to maintain family ties. However, it also has a resounding impact on the already taxed child welfare system.

## **SUPERVISED VISITATION IN SANTA CRUZ COUNTY**

Like most Child Welfare Service (CWS) agencies, FCS has long grappled with the question of how to provide families with quality visitation. Until 1996, Senior Social Workers were responsible for managing virtually all aspects of the cases they were assigned. This included supervising visits, which have increased markedly over the years.

While the number of out-of-home placements have remained fairly stable, other factors continue to impact the workload for Senior Social Workers, including CWS/CMS, concurrent planning, the introduction of a new risk assessment model: Structured Decision Making (SDM), and changing regulatory demands. These added responsibilities have resulted in a growing need for more Social Worker I's (SWI's) to manage some of the duties of case caring Social Workers.

In 2001, Santa Cruz County's FCS responded to this need by hiring several SWI's and developing two Supportive Services units. These units were created to streamline the various supportive services available to case carrying Social Workers and their clients. One of the primary functions of the units is supervising visits between family members involved in Family Reunification cases.

FCS SWI's manage approximately 75 visits per week. Up to 25 of these visits are conducted weekly by a contract agency, the Parents' Center. Parents' Center staff provide "Instructional Visitation" by offering parents suggestions and feedback about their interactions with their children. Generally families visit twice weekly for about two hours. Currently, there are six fulltime SWI's who supervise the majority of the visits and provide transportation for children to and from their visits. The SWI's have responsibility for numerous other tasks in addition to the supervision of visits. For example, they are often asked to transport children to and from out-of-county medical appointments.

Physical location and surroundings play a critical role in how families experience their visits. SWI's often have to be creative to find appropriate sites for visitation. Local parks are a popular

place for families with small children to hold their visits. Sometimes families request to have a visit held at a shopping mall so they can purchase shoes or clothing for their child or share a meal in a restaurant. The only visiting areas available within the FCS offices are small, windowless rooms with fluorescent lighting. During cold or rainy weather it becomes difficult for SWI's to secure space for visits.

The documentation of visits is important. SWI's use a checklist form combined with narrative notes to provide case-carrying social workers with documentation about the visits. The forms are designed to provide Social Workers with the specific information required by SDM, as well as a general overview of the visit. These reports can also be helpful in assessing a family's progress over the course of their involvement with FCS.

Shifting the task of providing supervised visits to SWI's enables Senior Social Workers to attend to other aspects of case management. However, this change also results in workers with the least social work training and education performing one of the most sensitive and crucial tasks. Thus, during this first year of operation, the primary focus of the Supportive Services units has been to provide basic training for SWI's. An ongoing commitment to training will have a positive impact on their delivery of services now and will prepare them if they choose to pursue promotions within Child Welfare Services.

The challenges ahead include developing a more comprehensive training program, creating a set of consistent standards by which to conduct visitation, and coordinating logistical concerns.

## **SANTA CLARA COUNTY'S VISITATION PROGRAMS**

As a large county agency, Santa Clara County's DFCS has had the ability to maintain multiple programs to address the visitation needs of their client population.

### **CLOVER HOUSE**

Santa Clara County's DFCS was on the cutting edge when they established Clover House in 1989. It was the first visitation center of its kind in California.

Clover House was the agency's response to a visitation arrangement that seemed to be growing out of control. Prior to 1989, visits of up to 70 families at a time were being held in a large auditorium with police officers present to try to control the chaos. Families were offered hard plastic chairs for seating. Social Workers who were employed with the agency before Clover House describe the scene as being similar to mass family visits in a prison setting.

In 1989, the agency leased two houses at the corner of Monroe and Clover streets in San Jose. Today the program is staffed by a Social Work Supervisor, a Social Worker III (or Senior Social Worker), three fulltime transportation officers, six SWI's, and one fulltime clerk. To help accommodate the schedules of working parents, the center is open Tuesday through Friday from 11:00 a.m. until 7:00 p.m. and on Saturdays from 9:00 a.m. until 5:00 p.m. During each hour of operation there can be as many as 12 visits occurring simultaneously, up to 420 visits weekly.

With most families visiting twice weekly, Clover House has the capacity to serve 210 families each week.

Each family has a separate room in which to conduct their visit. The rooms are carpeted and tastefully decorated. There are numerous books and toys in each room. The rooms are situated such that each SWI can supervise two visits simultaneously from one vantage point. When weather permits, families are able to visit outdoors in a large grassy yard with picnic tables and playground toys.

The SWI's utilize word processors to take notes throughout the course of the visits. These notes are then forwarded to the case-carrying social worker.

The families are provided with an orientation packet when they start visiting at Clover House. The basic ground rules and expectations are clearly defined for all family members. Clover House staff have found it necessary to apply the same rules to all families in order to operate smoothly.

There are two separate parking lots, entrances, and waiting rooms at Clover House. The foster parent and the children wait in one room while the parents and other visiting family members wait in another. The foster parent signs the child in at the beginning of the visit and signs the child out when the visit has ended. Foster parents and biological parents do not interact at Clover House unless specific arrangements have been made for this to occur. In this way, potential conflict that could distract from the visit may be avoided.

The parent and other family members announce their arrival to the front desk clerk. A SWI leads the parents and other family members to the visiting rooms then gets the children from the foster parent's waiting room and brings them into the visiting room. When both families are situated and ready to visit, the SWI sits outside the rooms and observes both visits simultaneously.

The SWI's primary role during these visits is to document his/her observations throughout the visits. The SWI does not teach or model behavior for the family members. The SWI only intervenes in the visit if someone's safety is at risk or one of the Clover House rules is being violated. For example, parents may not whisper to children during visits. If this occurs, the SWI will remind the parent of this rule. If the problem persists, the visit may be terminated. Similarly, if a parent is more than 20 minutes late for a visit, the visit is cancelled. If a parent fails to show for three consecutive visits, a notice of cancellation of visits is forwarded to the case-carrying social worker and a new referral must be submitted before the visits can resume.

Clover House staff strive to create an environment of cultural acceptance. The staff itself is diverse and includes individuals who speak both Spanish and English (the primary languages spoken by approximately 80% of the County's population). There are posters throughout the buildings depicting individuals from a variety of ethnic and cultural groups. A wide range of holidays are acknowledged throughout the year with pictures and greetings posted throughout the buildings. Most importantly, families are treated with respect and dignity.

## **ASIAN PACIFIC FAMILY RESOURCE CENTER (APFRC)**

The APFRC is one of DFCS's four successful Family Resource centers throughout the county. Though the APFRC is not a visitation program, the center and its staff are available for supervised visits for families whose language needs can be better met by staff who speak Korean, Japanese, Vietnamese or other Asian languages. The center also provides an environment that is culturally geared toward Asian and Asian American families.

## **KINDRED SOULS**

Santa Clara County's Kindred Souls is a visitation center which combines both intensive (therapeutic) visitation and more traditional supervised visitation. The program is a collaborative effort between DFCS, Children's Mental Health (CMH), Daybreak Childcare Network; a Foster Family Agency (FFA), and Catholic Charities.

DFCS contracted with Daybreak FFA to start the program by leasing the building, furnishing the offices and visiting rooms, and providing staff to supervise the non-intensive visits. County Mental Health (CMH) worked with one of their contract agencies, Catholic Charities, to provide clinicians to staff the intensive visitation program. Catholic Charities holds the contract to manage CMH's school-based services program. Funds from this program were diverted to provide therapeutic visitation services to families at Kindred Souls.

Referrals for intensive visitation are made by Social Workers. Families participate in intensive visitation on a voluntary basis. Case carrying social workers may refer families whom they believe would benefit from hands-on parent education. The clinicians providing Intensive Visitation function in many ways like the SWI's at Clover House; they document the interactions between family members and observe the visit. The primary difference is that the clinicians watch for positive interactions then praise and reinforce the parents and/or the children. They also intervene when difficult dynamics arise between family members and provide suggestions for improving communication.

In order to be eligible for Intensive Visitation, the child(ren) must have full-scope Medi-Cal. Intensive visitation does not fulfill a family's mandate to participate in therapy, if indicated in their CWS case plan.

Visitation takes place in a large old house which has been beautifully decorated with colorful, child oriented artwork and comfortable furniture. There are numerous windows throughout the house creating a bright, airy environment. The visitation rooms are spacious enough to hold large family groups.

The basic supervision of visits at Kindred Souls is virtually identical to that of the Clover House. There are separate entrances and parking areas for parents and foster parents and the rules are essentially the same. Kindred Souls may be more desirable for some parents because it is a smaller operation.

Like Clover House, the hours of operation at Kindred Souls are designed to accommodate the schedules of working parents. The facility is open Monday through Thursday from 2:00 p.m. until 8:00 p.m. and Saturday from 9:00 a.m. until 5:00 p.m.

## **PARENT CHILD INTERACTIVE THERAPY**

During the course of my interagency internship I was introduced to the Parent Child Interactive Therapy (PCIT) model. Along with several DFCS employees, I visited the PCIT facilities at the UC Davis Medical Center in Sacramento to assess the possibility of adopting the model for their county. (To date, no determination has been made as to whether or not DFCS will adopt this model.)

Parent Child Interactive Therapy is a therapeutic model designed to treat children ages two to eight years old who have behavioral problems as a result of maltreatment. The child is treated in conjunction with his/her caretaker.

The caretaker may be a biological parent or a foster or adoptive parent. The model is designed to have an impact on the behaviors of both the child and the caretaker. The therapist sits in a small control room behind a one way mirror. The child and the caretaker are in a comfortably, but simply furnished "therapy room" with a few interactive toys or projects, depending on the age of the child.

Throughout the session, the caretaker wears a small earphone through which s/he receives coaching from the therapist. The coaching is always provided in lay terms and becomes more complex only as the caretaker's skill in applying the coaching suggestions improves.

The course of treatment is divided into two phases. The first phase focuses on developing and strengthening the child/caretaker relationship. The second phase revolves around the development of a structured and consistent approach to discipline.

The majority of referrals to the PCIT program at the UC Davis Medical Center are made on behalf of children in the Child Welfare system. In addition to providing direct services to families, the PCIT program has a training component. To date 13 agencies throughout California have started PCIT programs. All of the PCIT programs serve children in the Child Welfare System, primarily through contract agreements with community agencies. However, Yolo County has used their Proposition 10 dollars to create a PCIT program using CWS staff.

Agencies who decide to pursue developing a PCIT program must be prepared to make a substantial commitment of time, money and worker hours. It takes approximately one year to set up a program, including remodeling the physical space to accommodate a control room, ordering and purchasing the necessary equipment such as computers, earphones, video equipment and training staff. Agencies are encouraged to select staff who are readily able to make a 1-2 year commitment since the training of each Therapist/Coach costs 515,000 and the training takes six to eight months to complete.



For many agencies the resources required to implement this program may be prohibitive. However, the program offers different levels of training starting with a fundamental training, which introduces basic relationship enhancing skills. The PCIT program has secured a grant to offer this basic training to CWS and Mental Health staff free of charge. Participants will be charged a nominal fee to cover the cost of food served during the training. This training will be held in Sacramento in mid-July, 2002.

## **RECOMMENDATIONS FOR SANTA CRUZ COUNTY**

Keeping in mind the current local, state and federal budgetary limitations facing Child Welfare Service agencies, I have developed two sets of recommendations: short term goals which can be initiated within a short period of time with minimal fiscal impact, and long term goals which the Agency may choose to implement as funding becomes available in the future.

### **SHORT TERM GOALS**

- Develop a task group to:

Develop a clear set of written guidelines for conducting supervised visitation.

Review and select a parent education model for SWI's to utilize as a tool for teaching and modeling during visits.

Develop a system to evaluate the effectiveness of our visitation program over time and measure outcomes. This should include formalizing a process for receiving and integrating client feedback/input.

Consider the feasibility of providing visitation services during evenings and/or on weekends.

- Include Parents Center staff who provide visitation services in trainings and meetings about visitation supervision.
- Train staff in child development, maltreatment issues, and abuse and neglect reporting and offer reference materials to refer back to after training.
- Consider creating a role for one of the existing SWI's to organize the Agency's visitation schedule and provide transportation of children to and from visits. This could be a rotating role with each SWI performing these tasks for a designated amount of time. This may save on time and resources.
- Explore the possibility of using space at the Family Resource Centers to conduct visits, particularly for families who may benefit from support services at the centers.
- Send all of our visitation supervisors (SWI's and Parent center staff who provide visitation services) to the upcoming PCIT fundamental training through UC Davis in Sacramento

## **LONG TERM GOALS**

- Create a visitation center, which will provide both therapeutic and regular supervised visitation. Due to the size of our county, this would need to be a multipurpose endeavor. This could be approached in many different ways. One possibility would be to collaborate with an existing agency, such as the Parents Center to lease a building large enough to accommodate the counseling agency and two visiting rooms.
- Develop a program for therapeutic visitation in conjunction with Children's Mental Health utilizing PCIT, SPIN (a program wherein visits are videotaped and edited to highlight and reinforce the positive interactions between parents and kids.), or an Intensive Visitation model such as the one used at Kindred Souls in Santa Clara County.

## **CONCLUSION**

As the connection between visitation and successful reunification receives more attention, CWS agencies throughout the United States and abroad, are striving to develop programs that provide a home-like environment for visitation, accommodate working families' schedules by offering extended hours, and integrate modeling, coaching, and parenting education into the visits.

FCS is at a pivotal point in our delivery of visitation services. By providing more SWI's and creating the Supportive Services Units, the agency has demonstrated a strong commitment to improving our approach to providing high quality, family-focused visitation services. We now face the task of fine tuning our existing program and taking the necessary steps to improve our delivery of visitation services.

We can look to Santa Clara County's DFCS for many of the tools needed to develop a highquality visitation program. We should also take full advantage of the size of our county. We have the ability to create a solid, organized program, while still tailoring visits to the unique needs of each family.

## **THANKS**

During my internship I had the opportunity to work with several staff from DFCS, CMH, Daybreak, and Catholic Charities. I would like to thank them all for their hospitality and their helpful insights.

## **REFERENCES**

Memorandum Of Understanding Between The County Of Santa Clara Social Services Agency Department Of Family And Children's Services, Catholic Charities And Daybreak Childcare Network, To Provide Supervised Intensive Intervention Visitation Services And NonIntensive Visitation Services.

Australian Children's Contact Services Association, Interim Standards For Children's Contact Services.

Clover House: A Family Visiting Center

Parent-Child Interaction Therapy, Amy D. Herchell, Vicki A. Lumley, and Cheryl B. McNeil

Parent-Child Visits as an Opportunity for Change: Visit Principles, Marty Beyer, Ph.D.