A STUDY OF PARENTS AND SUPERVISED VISITATION IN A CHILD WELFARE SETTING

By

Melinda Lewis

A Project Presented to
The Faculty of Humboldt State University
In Partial Fulfillment of the Requirements for the Degree
Master of Social Work

Committee Membership
Dr. Ronald Swartz, Major Professor
Debbie Gonzalez, MSW, Committee Member
Gloria Englert, Social Worker, Committee Member
Michele Stephens, LCSW, Committee Member
Dr. Michael Yellow Bird, Graduate Coordinator

July 2013
ABSTRACT

A STUDY OF PARENTS AND SUPERVISED VISITATION IN A CHILD WELFARE SETTING

Melinda Lewis

Child Welfare Services becomes involved in families’ lives when there are concerns regarding the safety and well-being of children in their families’ care. In instances where conditions are such that the safety and well-being of the child are at risk if they remain in their home due to issues of abuse and/or neglect, the child is removed from that situation and placed with an appropriate caregiver. After this occurs, the child’s family works on a case plan to reunify with the child. Part of the reunification process is supervised visitation. This gives parents the opportunity to strengthen their relationship with their child as well as a chance to practice appropriate parenting skills. This study attempted to administer a survey to parents in supervised visitation in Humboldt County but a viable sample was not obtained. This study also looked at four counties in California to compare their supervised visitation practices with Humboldt County.

Keywords: child welfare, supervised visitation, reunification
ACKNOWLEDGEMENTS

I am grateful to have had the opportunity to work with the Department of Health and Human Services, Child and Family Services Division of Humboldt County in order to survey parents in supervised visitation. Their support and assistance throughout the process has been invaluable. A special thank you to Gloria Englert, Supervisor at the Family Connection Center in Eureka, for working with me to access the parents to survey, and to Michele Stephens, Program Manager at Children and Family Services, for assisting me with getting approval from County Counsel to conduct the survey. I would also like to thank Dr. Ronnie Swartz whose support and feedback during this project was necessary and appreciated. In addition, I want to thank my MSW cohort for their support and friendship. Special thanks also to my family for their assistance and motivation.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>ii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>iv</td>
</tr>
<tr>
<td>LIST OF APPENDICES</td>
<td>v</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>REVIEW OF LITERATURE</td>
<td>5</td>
</tr>
<tr>
<td>THEORETICAL FRAMEWORK</td>
<td>12</td>
</tr>
<tr>
<td>METHODS</td>
<td>14</td>
</tr>
<tr>
<td>RESULTS</td>
<td>17</td>
</tr>
<tr>
<td>DISCUSSION</td>
<td>22</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>27</td>
</tr>
</tbody>
</table>
LIST OF APPENDICES

Appendix A. Informational flyer to parents regarding survey……………………………29
Appendix B. Survey regarding supervised visitation experience…………………………30
INTRODUCTION

Child Welfare Services (CWS) becomes involved in families’ lives when there are concerns regarding the safety and well-being of children in their families’ care. Not all problems regarding families and children warrant involvement with child welfare services, and not all investigations by CWS result in children being removed from their homes. There were 480,696 children in California with one or more allegations of child maltreatment who had referrals made to Child Welfare agencies during the period of July 2011 through June 2012. Of that total, 82,270 were substantiated, 71,705 were inconclusive, 215,336 were unfounded, 95,447 were assessment only/evaluated out, and 15,938 were not yet determined. In Humboldt County, during the same time period, there were 2,139 children with one or more allegations of child maltreatment which came to the attention of CWS. Of that total, 214 were substantiated, 219 were inconclusive, 635 were unfounded, 908 were assessment only/evaluated out, and 163 were not yet determined. From these figures the percentage of allegations that were substantiated by child welfare was 11% statewide and 10% percent in Humboldt County (Needell, Webster, Armijo, Lee, Dawson, Magruder, Exel, Cuccaro-Alamin, Putnam-Hornstein, Williams, Yee, Hightower, Lou, Peng, King, & Henry, 2012).

In instances where conditions are such that the safety and well-being of the child are at risk if they remain in their home due to physical abuse, sexual abuse, and/or neglect, the child is removed from that situation and placed with an appropriate caregiver. A substitute care provider could be a relative, foster parent, or non-related extended
family member. After this occurs, the child’s parents work on addressing safety concerns via a case plan in order to reunify with their child. Part of the reunification process is court ordered supervised visitation. The child and parents have an agreed upon visitation schedule which gives parents the opportunity to strengthen their relationship with their child by having bonding time together as well as the chance to practice appropriate parenting skills. These visits can take place in the office of a child protective agency, a supervised visitation center, a foster agency visitation room, or a community setting such as a mall, playground, or park.

**Purpose**

This study investigated court ordered supervised visitation in a child welfare setting. It investigated what some practices are within a few counties of California in order to ascertain any similarities and/or differences with supervised visitation in Humboldt County. A particular focus with regard to supervised visitation consisted of the visit rooms that are designated for supervised visitation services. Children can often become restless when confined to a single room. They may become bored with the books, toys, games and puzzles provided. This has the potential to lead to parenting challenges. This study attempted to examine parents’ self-reports of their preferences of having supervised visitation take place in a visitation room compared with an alternate setting such as a park, playground, or the parent’s home.

**Research Questions**

R1. Do parents report that supervised visits taking place in a location other than a single room setting would be more meaningful for them?
R2. Do parents’ self-reports indicate that having a variety of location options for supervised visitation would increase the likelihood that they would make their visit appointments?

R3. Do parents say that having more options for supervised visitation settings may contribute to increased reunification with their child/children?

**Research Approaches**

This study sought to use both qualitative and quantitative approaches to gather information regarding supervised visitation. A survey was left at the Family Connection Center in Eureka, California, for parents who are working towards reunification with their children through the child welfare system in Humboldt County. Additionally, child welfare offices in other counties in California were contacted in order to ascertain their supervised visitation protocol, what their visit rooms look like, and if their staff supervises visits in locations other than their visitation rooms.

**Anticipated Outcomes**

It was anticipated that the outcomes of this study could potentially lead to a set of recommendations related to court ordered supervised visitation that would be useful in child welfare settings.

**Relevance to Social Work**

It was thought this study might aid in awareness of how birth parents view supervised visitation, what types of settings they feel contribute to their overall satisfaction of the supervised visitation process, and if they felt having visits in locations other than the visit rooms would increase their probability of reunification. Information
of this type may have led to recommendations being made to child welfare agencies, which in turn could have possibly led to a change in supervised visitation procedures.
REVIEW OF LITERATURE

Reasons for Supervised Visitation

Supervised visitation is ordered by the courts in situations where the child is removed from their home because the court has made the determination that a child’s caregivers cannot provide a minimally safe environment and level of care for the child (Perkins & Ansay, 1998). In addition to child welfare involvement, supervised visitation is frequently court ordered in divorce cases as well as domestic violence cases (Crook & Oehme, 2007; Pearson & Thoennes, 2000; Pulido, Forrester & Lacina, 2011; Saini, VanWert & Gofman, 2011). For the purposes of this study however, the focus of the literature was on supervised visitation in relation to the child welfare system. In order for a parent to reunify with their child, supervised visitation is ordered by the court as part of the reunification process and case plan for parents to follow (McWey & Mullis, 2004).

Several studies cited the reasons supervised visitation is a necessary service provided to families. Supervised visitation contributes to attachment and bonding between parents and children (Ansay & Perkins, 2001). It allows for children to visit with non-custodial parents in a safe setting while being monitored by a neutral third party or trained objective observer. (McWey & Mullis, 2004; Perkins & Ansay, 1998; Pulido et al., 2011). Supervised visitation provides a protected setting where children and parents can interact with one another when having contact with that parent puts the child at risk due to reasons of abuse, neglect, or a lengthy interruption of contact (Johnston & Straus, 1999). Overall, the purpose of supervised visitation centers is to have a safe, welcoming
setting that preserves and nurtures the relationship of a child with his or her parents (Perkins & Ansay, 1998).

Supervised visitation centers began in 1982 when a small number of centers were opened. This number grew significantly throughout the 1980s and 1990s, and today there is an international network of visitation providers called the Supervised Visitation Network (SVN) (Pulido et al., 2011). The increase in visitation centers was brought about by the Adoption and Safe Families Act of 1997, which was enacted to establish permanency for children within a specific time frame in order to reduce the length of time children stay in the custody of the child welfare system. The time frame requires swift decisions about a child’s well-being be made in order to establish permanency sooner. When reunification is the goal, consistent visitation between parent and child may be a requirement of the case plan (McWey & Mullis, 2004). Supervised visitation centers provide a safe setting for these visits to take place.

**Safety Considerations**

The safety of children is one of the most important motives for supervised visitation and establishing supervised visitation centers. It is not only important for children to be physically safe in these situations, but also to feel emotionally safe in visiting with their non-custodial parents. In a study done by Johnston and Straus (1999) they address the needs of children who have experienced trauma - whether from witnessing domestic violence, drug use, experiencing abuse or neglect, or a combination of some or all of these factors - and the special needs of this vulnerable population as it relates to supervised visitation. They discuss the importance of feeling psychologically
safe and that children need to feel that sense of safety in their relationship with their visiting parent. Children’s concerns and fears can present themselves in behavioral ways. Johnston and Straus (1999) note a Canadian study (Abramovitch, Jenkins & Peterson-Badali, 1994) that found “school age children in supervised access were from 8 to 14 times more likely to have emotional and behavioral problems in the clinically disturbed range, compared to normal populations in which just 2% fall into this range” (p. 137). Some children will not necessarily present with behavioral problems, and may act compliant and eager to please, making it is easy to overlook their psychological fragility (Johnston & Straus, 1999). Children who have lived in unpredictable and dangerous environments have a significant need to control their environment and manage risks. They do not perceive the world in the same way as non-traumatized children, and therefore even though a safe place to visit with a parent is being provided, children may not necessarily feel safe either physically or psychologically (Johnston & Straus, 1999). Supervised visitation programs should strive to minimize the risk of re-traumatizing children and make supervised visitation services “child friendly and protective of children’s sense of psychological safety” (Johnston & Straus, 1999, p. 145).

**Supervised Visitation Center Protocol**

The literature offers suggestions for supervised visitation centers in order to have the greatest benefit for children. Visit services must be carefully monitored to adequately assess the impact of reunification with the offending parent (Pulido et al., 2011). Visitation programs should also include parenting educational classes for families (Perkins & Ansay, 1998). Furthermore, visitation centers and agencies should support
legislation to have statewide standards for certifying and monitoring visitation centers in order to guarantee consistency and safety. Other necessities include increasing funding and having stable funding sources for supervised visitation programs. This will ensure that there will be adequate staffing and availability of centers to provide the visitation services. It will also make certain safety measures are in place to protect all participants (Crook & Oehme, 2007).

Offering services that are fully funded and regulated is important in order to have the highest quality support and care to offer the children and families that utilize court ordered supervised visitation services and not just foster an illusion of safety and support to vulnerable populations and the community (Crook & Oehme, 2007). There is little standardization in the service delivery of supervised visitation services (Saini et al., 2012). Research utilizing longitudinal studies to determine the outcomes of supervised visitation programs is needed (Saini et al., 2012). There is also a need for thorough training of staff who will pay special attention to the behavior and body language of the parent and child and actively assist interactions rather than merely taking observational notes. Additionally, visit centers should maximize children’s need for predictability and control by maintaining consistency in the visitation routine and staffing (Johnston & Straus, 1999; Saini et al., 2012).

Visit centers need to create safe and comfortable settings for children and parents to interact. Most visit centers are generally designed for younger children and fall short in meeting the needs of older children (Saini et al., 2012). Pearson and Thoennes (2000)
also acknowledge that most visitation centers seem better suited towards meeting the needs of younger children than older children.

Supervised visitation services seem to work best when they are used in conjunction with other therapeutic interventions (Pearson & Thoennes, 2000). It is necessary for staff to pay attention to both the needs of the child and the parent (Johnston & Straus, 1999). They should be trained to recognize and intervene when a child is not coping and needs some emotional help. Signals a child is experiencing difficulty include behaviors such as a child crying inconsolably, acting aggressively, acting in an oppositional manner, being noticeably agitated, frenetic activity, appearing frozen or disengaged, and these behaviors cannot be managed by the parent or the supervisor in the context of the visit. In these instances, either the supervisor and child or the parent should move to another room to give a brief time out while the supervisor assures the parent the interruption is temporary and is being done to preserve the relationship between the parent and child. Interventions made by supervised visitation staff increase the sense of safety and lower anxiety of the child as well as the non-custodial parent, and interventions should appropriately support a non-custodial parent’s sense of worth and value as a parent (Johnston & Straus, 1999).

**Supervised Visitation Settings**

For safety reasons, supervised visitation sessions occur most often within an agency setting (Pulido et al., 2011). However, if safety permits, they may occur in a community setting. Supervised visitation may take place “in a family home or a local neighborhood area conducive to child activities” (Pulido et al., 2011, p. 381).
In a study of supervised visitation in four cities, one-on-one supervision with a monitor continuously present comprised the majority of supervised visitation in three of the cities, Tucson, San Mateo, and Brockton, with group visitation comprising the majority of supervised visitation in the other city studied which was Houston. In Tucson, supervised visitation took place a majority of the time in a neutral community site, followed by a therapist’s office, and then the parents’ homes. In San Mateo and Brockton, supervised visits took place at the supervision center 99% of the time. In Houston, these visits took place in the supervision center 88% of the time with a neutral community site comprising 11% (Pearson & Thoennes, 2000).

In a different study, Child Protective Services (CPS) respondents were asked their level of interest in having visits take place in non-office settings, on evenings and weekends, and having someone supervise the visits who could advise the agency and the court. Approximately 40 CPS agencies responded, and 70% of the agencies reported they were very interested in these types of services (Pearson & Thoennes, 1999). In this same study, court respondents which included judges and other court administrators were asked to rate the level of importance of various types of visitation services and 69% felt that supervised visitation taking place in a non-office setting such as a park or home was very important. 71% of court respondents felt that supervised visitation that takes place on evenings and weekends was very important, while 57% of court respondents reported that having someone who could monitor visits and advise the court on the validity of allegations was very important (Pearson & Thoennes, 1999).
Summary

The literature reviewed discussed the purpose and origins of supervised visitation centers, stressed the importance of safety both physically and emotionally for the children being served, as well as encouraged safety measures to be put in place to protect clients and staff. Suggestions regarding the need for consistency in training as well as a need for legislation to standardize service delivery and monitor that visitation centers are meeting expectations were also discussed in the literature. Recommendations were made for additional research to be conducted using longitudinal studies to measure the outcome of supervised visitation centers and their impact on family reunification. Additionally, the literature reviewed suggested agencies and courts have an interest in supervised visitation that takes place in non-office settings, and further suggested night and weekend supervised visitation services were important options to be able to offer families.
THEORETICAL FRAMEWORK

Supervised visitation can be understood through the lens of attachment theory. Attachment theory was developed by Bowlby (1969) and further expanded upon by Ainsworth (Ainsworth, 1989; Ainsworth, Blehar, Waters & Wall, 1978). The bond of attachment between parent and child is the basis for social and emotional development from infancy through adulthood. From a child development perspective, attachment theories explain how emotional and physical bonding occurs between parents and children (Ansay & Perkins, 2001).

Different types of behavioral patterns are indicators of the quality of attachment a child has with their primary caregiver. (McWey & Mullis, 2004). Attachments that are not secure can lead to anxiety and depression (Bowlby, 1977). What affects a child’s level of attachment in supervised visitation is the frequency of visits, the consistency of the visits, and the length of time the child spends in care (McWey & Mullis, 2004). Ansay and Perkins (2001) contend that “a bonding perspective offers a conceptual framework in which parent-child relationships can be observed and measured” (p. 223). Many of the children who are participants in supervised visitation programs have experienced “the fragility of relationships…further engendering loss and fear of abandonment” because of their exposure to violent, neglectful and abusive environments (Johnston & Straus, 1999, p. 137). Perkins and Ansay (1998) concluded that “it is reasonable to suggest that supervised visitation centers provided families with opportunities to maintain and foster relationships” (p. 256). Additionally, they stated
“clearly visitation provides continual contact between the child and parent, and provides an opportunity to facilitate the healing of the child’s emotional burdens while coping with parental separation” (p. 256).
METHODS

A survey research design method was used to ask parents questions. Likert scale and open ended/fill-in-the-blank questions were used in the survey. The survey was created for the purpose of this study only. Surveys were left at the Family Connection Center in Eureka, California, for one week in April. Based on an informational flyer posted at the center, parents could choose whether or not to participate in the study. The parents were informed in language written at the top of the survey that the surveys were to be anonymous and no identifying information, such as names, should be written on them.

Two informational flyers, a stack of surveys and a secured drop box were left with the Family Connection Center’s supervisor with a note from the researcher to please put them in whatever location the supervisor deemed appropriate. The researcher was later informed that the flyers, surveys and drop box were put on the front counter where they could be easily seen by clients upon coming into the visitation center. County Counsel had informed the researcher, program manager, and visitation center supervisor that no solicitation of clients would be permitted and this information was relayed to the Family Connection Center staff. The staff were informed that they could not bring the survey to the attention of the clients to solicit participation nor could they answer any questions about the survey as instructions dictated any questions should be directed to the client’s attorney or specific faculty and staff of Humboldt State University (HSU) as listed on the survey itself.
Clients of the Family Connection Center would notice the survey, flyers, and survey drop box sitting on the front counter to their right upon entering the facility. If they had to wait in the waiting room, they would have been facing the counter where the survey, flyers, and drop box were positioned. The surveys were kept there for one week, and parents had the opportunity to notice the survey and fill it out during their time at the center.

The study population and sample set consisted of parents, over the age of eighteen, who were currently engaging in services to reunify with their child(ren), and attended supervised visits with their child(ren) at the Family Connection Center in Eureka, CA. It was unknown how many parents would participate in this study, as participation was voluntary and based on the number of parents who, based on an informational flyer posted at the Family Connection Center, decided to take this survey and leave it in the drop box provided at the center. The parameters for conducting the survey were made by the County Counsel’s office due to concerns of maintaining client confidentiality with court ordered supervised visitation.

An ethical consideration in this study was client confidentiality. The proposed participants were involved in court ordered supervised visitation through dependency court in a child welfare services setting. Participants were informed that their participation in this study was voluntary, and no names or identifying information were to be written on the surveys. The Humboldt County Counsel wanted to make sure that participants knew that their pending court case would in no way be affected in any
manner either positively or negatively by participating in the survey and no personal case information could be given on the survey.

In addition to the survey, contact was made with child welfare services offices in other counties in California in order to ascertain their supervised visitation protocol, what their visit rooms look like, what their amenities consist of, and if their staff supervises visits in locations other than their visitation center. A map of California counties was consulted from the internet and a Google search was made for Child Welfare Services in counties picked at random from the map in order to obtain information from Northern, Central and Southern California regions. A small number of counties were consulted due to the time constraints of the study. The counties that were contacted were Mendocino, Sacramento, Madera, Shasta, Santa Barbara, Orange and San Diego. The main numbers of those counties were called and the researcher asked to be directed to either a supervised visitation center or someone who could answer questions regarding supervised visitation in their county.
RESULTS

In this study only one parent chose to participate in the survey. Because it was not a viable sample, the information was not analyzed. The lack of participation may have been due to needing longer than one week for the survey to be left at the Family Connection Center, the legal wording written on the survey itself which may have acted as a deterrent, the signage which possibly did not attract adequate attention, or maybe it was not being able to actively solicit participants and help answer questions about the survey.

Four counties in California responded to questions about what supervised visitation was like in their particular county. Those counties were Santa Barbara, Shasta, Mendocino, and Madera. An attempt was made to contact the counties of Sacramento, Orange, and San Diego as well, but due to scheduling conflicts, information was not able to be obtained from those counties for this study.

Most of the four counties contacted reported having visit rooms with one way mirrors in order to monitor visitation without the monitor being in the room with the parents. This provides unobtrusive supervision with monitors easily able to intervene if needed. In addition, all of the counties reported that they trained their staff to assist with parenting skills when necessary, although it is unknown what parenting model each county uses.

Santa Barbara has two visit rooms in their child welfare offices, one of which is usually designated for investigations and the other for supervised visitation when there
are significant safety concerns present and the case is considered “high risk.” These rooms are monitored through one way glass, so the monitor is not directly in the room with the family. Otherwise, visits generally take place in the community or the parents’ homes, which was stated as the most natural setting for families seeking to reunify. They also have an agreement with some local churches in their area to be able to use Sunday school class rooms for supervised visitation which was said to work out well, since the rooms are child friendly. They also have supervised group visitation, where multiple families are gathered into a space, usually at a local church, and the visits are monitored. This is a step between individual supervised visitation and unsupervised visitation. This allows multiple families to be supervised simultaneously by up to three monitors at a time, and this type of supervision can accommodate many families. Santa Barbara County also uses this type of supervision a lot with grandparents who have visitation with their grandchildren. The frequency of supervised visits in Santa Barbara County can vary. If a family is just beginning supervised visitation, or if there is a family in which there are significant safety concerns present, visits take place once a week. In the case of an infant, visits may take place up to five times a week. The average frequency of visits is two to three times a week for two hours at a time. Santa Barbara County also contracts with an organization called the Community Action Commission which supervises visits for child welfare on weeknights after 5 p.m., and on weekends.

Shasta County conducts supervised visitation in their offices, in which they have eight rooms available. In addition, they contract out with the Family Center in Redding as well as various Foster Family Agencies in the county that provide supervised visitation
services. Shasta County’s Child Protective Services reports their primary concern is child safety. Therefore if there is a high risk family in which there are substantial safety concerns present, the number of visits is significantly reduced. For example, supervised visits may only be permitted one time a month for one hour. The frequency of parental visits increases as safety concerns for the child’s well-being decrease. The average number of visits is between two and six hours a week. When visits take place in the visit rooms at the child protective agency, the monitors are in the rooms with the children and families. Visits occur out in the community when visits are going well and reunification looks promising.

In Madera County, they are presently working on revamping their policies and procedures regarding supervised visitation. Supervised visitation does take place in public venues or in the home as safety allows, but also takes place within the visit rooms of the child protective agency. The agency has an observation room with one way glass where the monitor can observe the interactions between the parent and child and intervene if necessary. In addition, they recently received funding to be able to build an outdoor play area for families to utilize at their offices, which would allow children the opportunity to run and play outdoors while the monitor observes the interactions taking place between the parent and child.

Mendocino County has visits that take place in their offices as well as a visitation center. Visits at the office take place in rooms with one way mirrors, microphones, and video. The visits are observed 100% of the time. The visitation center has rooms where families are checked by a monitor approximately every 15 minutes. In Ukiah, there are
two rooms at the child welfare office and their visitation center has four rooms in which visits take place. In Willits, there are approximately five monitored rooms and three rooms where a monitor checks in on families periodically. In Mendocino County, supervised visitation begins with one hour a week. The average frequency of visits is one and a half hours twice a week. Visits normally take place at the office or visitation centers. Occasionally there are exceptions made for a visit to take place at a park or a residential treatment facility.

These four counties have both similarities and differences with Humboldt County. Humboldt County has a specific facility for supervised visitation which is the Family Connection Center. There is also a foster family agency that will supervise visits either in the visit room at their agency or out in the community, depending on the recommendations of the family’s social worker. In addition, there are various Family Resource Centers located throughout the county in which visits can take place. At the Family Connection Center, there are four rooms for families to have visits. All of the rooms are equipped with toys, and there are games and puzzles available for children and parents to play with together. Depending on the level of safety concerns present, families may either be observed the whole visit by a monitor who will sit inside or just outside the visit room, or the monitor may check on the family periodically throughout the visit. On average, visits generally take place two to three times a week for two hours at a time. The staff at the Family Connection Center are trained in Incredible Years parenting skills, which is an evidence based practice, and is used to assist parents with parenting
techniques as needed. Supervised visits can and do take place out in the community if the visit center staff and social worker feel it is safe to do so.

In the process of inquiring about supervised visitation in Humboldt County, many locations within the community were identified where supervised visits take place. These include the playground at the mall, parks, the Sequoia Park Zoo, the Discovery Museum, and the Boardwalk. Supervised visits have also taken place at clean and sober houses where parents are staying. When caseworkers and monitors feel it is safe to have visits take place outside of the center, they arrange for more supervised visits to take place in community settings. This also in turn makes the visit rooms available to other families.
DISCUSSION

Supervised visitation is utilized by child welfare services to increase the likelihood of reunification while maintaining a child’s bond with their parent. These services help to ensure children’s physical and psychological safety during visits with their non-custodial parent. The benefits of maintaining parent-child contact while a child is in placement is well known by child welfare professionals, which is why supervised visitation is part of reunification services (Pearson & Thoennes, 1999).

Four California counties’ supervised visitation practices were explored and compared with those in Humboldt County. The most notable difference was that some counties had supervised visitation rooms where monitors observed families through a one way mirror, while Humboldt and Shasta counties do not have their supervised visitation facilities set up in the same manner. Santa Barbara was also noted to have group supervised visitation services, which was not the case in the other counties consulted for this study. Similarities included the average number of supervised visits for families to be between two to six hours a week, as well as having supervised visits that occur in community settings, as safety allows, for Humboldt, Madera, Santa Barbara, and Shasta counties.

Project Limitations

Due to the necessity of maintaining client confidentiality in this study, surveys were left at the study site and the researcher was not permitted to be present to administer the survey or answer any questions participants might have had. A flyer was put up at the
site in order to garner participation in the survey, and a secured drop box was left for surveys to be put into. There was no way to know how many people would agree to participate while at the Family Connection Center, and no way to know what the size of the study sample would be.

Some of the reasons this study did not acquire significant participation might have been: the amount of time the researcher allotted for the survey to be conducted which was one week, the parameters set forth by the county counsel’s office about not soliciting participants, the researcher not being present to answer questions from participants, and the legal language that was required to be written on the survey.

Allowing more than one week for parents to notice and take the survey may have enabled more participation in the study. The researcher did not allot sufficient time in which to conduct the study and write up the results. In working with the county and university, it is important to consider that ample time must be given for requests to move through the proper channels. This study required approvals from the university, the Humboldt County Department of Health and Human Services and County Counsel. The County and university have a duty to protect vulnerable populations and as such, obtaining approval for this project and to conduct the survey took time. This project had a timeline of two semesters. Approval to move forward with the project and obtaining a community partner occurred a few weeks before the end of the first semester. Future researchers should obtain a community partner and acquire the needed project approvals as soon as possible.
In addition to the aspect of time, possibly changing the methodology of conducting the surveys with parents would have garnered more participation. For example, soliciting participants at locations within the community that serve populations who participate in supervised visitation services such as the food bank, the Multiple Assistance Center (MAC), First Five Humboldt, and Safe and Sober houses would have provided more opportunities to gain participation. Additionally, perhaps getting feedback from parents who had finished supervised visitation services to get their responses to the experience would have been an additional method to gather information.

Another contributing factor to the outcome of this study may have been the signage or lack of signage at the Family Connection Center to draw participants’ attention. Two flyers were left there in addition to the surveys and a secured drop box in which to put the surveys. The signs, surveys, and drop box were placed on the counter just inside the entrance to the visitation center, but perhaps did not draw enough attention to solicit participation. Posting flyers in multiple locations within the center might have contributed to more significant participation.

Furthermore, the legal language at the beginning of the survey, which was required to be written there in order to have approval from both County Counsel and the university, might have been off-putting to parents initially glancing at it as it takes up the entire first page and instructs them to either contact their attorney with any questions or a list of HSU staff members. Also, some parents may not have strong reading or writing skills, or might worry about spelling, and that might have acted as a deterrent to taking the survey as well. Being able to be there in person to write down the parents’ answers
for them if necessary, or read the survey questions to them, or answer questions parents
might have had, may have resulted in an increased number of participants. County
Counsel’s guidelines for approval of the project, meant to protect a vulnerable
population, may have proved to be a barrier to obtaining participants.

The implication of this study for social work, and similar studies in the future, is
that visitation centers may find information gleaned from its clients to be useful in
developing their supervised visitation programs. Social work is a client centered field,
with clients considered to be the experts of their own experiences. By tapping into that
source of knowledge and getting feedback about the service, agencies could help to make
supervised visitation a richer experience for its participants.

There is potential for future research to be conducted on parents’ self-reports of
supervised visitation and how they feel the process affects reunification. Future
researchers might also explore what impact the setting of supervised visitation has on
reunification, if any. In addition, further research into how child welfare based supervised
visitation services are conducted in various locations could lead to more extensive
feedback with which to note trends in supervised visitation practices. Areas which were
not asked about from other counties in this study included the type of parenting model
used to assist parents with parenting techniques, and the level of education supervised
visitation monitors are required to have.

Conclusion

The need for supervised visitation services exceeds the time and funding
resources available to accommodate all the families who need these services (Pearson &
Thoennes, 1999). Supervised visitation centers provide a greatly needed service and offer a safe environment for visits to take place (Perkins & Ansay, 1998). The goal of these types of programs is to cultivate appropriate parenting techniques while increasing the level of attachment between parents and children (Saini et al., 2012). While it seems that having supervised visitation take place in non-office settings is important to judges and child welfare workers, due to safety concerns, this is not always possible. Child welfare workers and the court strive to do what is in the best interest of the children who are involved in family reunification services to protect their safety and well-being.

This study attempted to gain the parents’ perspective of the supervised visitation process, but was unsuccessful in doing so. The majority of supervised visitation services seem to take place within visit rooms of agencies or supervised visitation centers, and it is unclear if having the majority of visits take place in non-office settings would lead to a better visit experience for the parents and children, if it would increase the likelihood of parents keeping visit appointments, or if it would increase the chances of reunification. Parents’ experiences with supervised visitation and what they feel might contribute to their overall success in completing these services is an aspect of the supervised visitation process to research further.
REFERENCES


Appendix A

Humboldt State University

Department of Social Work

Student Master’s Project Survey of Parents in

Supervised Visitation

HSU student is conducting a study on court ordered supervised visitation. If you would like to participate please take a survey, fill it out, and drop it in the drop box.

If you have any questions regarding participating in the survey, please contact your attorney.

Taking the survey is voluntary, will take about 5 minutes, and no name, case information, or any other identifying information is asked for on the survey.

If you chose to participate, thank you very much! 😊
Appendix B

Humboldt State University

Master’s in Social Work Project

Supervised Visitation Survey

Pursuant to Welfare and Institutions Code section 827 your dependency case information is confidential. You may not disclose your name, confidential case information, or any other identifying information on this survey or to the researcher, HSU faculty or HSU staff if you participate in this study.

Participants must be 18 years or older. There are no benefits or risks associated with participating in this survey. Participation in this survey is entirely voluntary and you may decline to enter this study or may withdraw from it at any time without jeopardy.

The survey will not have a name or any other identifying feature attached to it. The surveys will be shredded upon completion of the study.

If you have any questions or concerns about this survey you may contact your attorney.

You may also contact HSU faculty supervisor Dr. Ronnie Swartz at any time with questions or concerns regarding this study at rjs19@humboldt.edu or (707) 826-4562.

If you have any concerns regarding this project, or any dissatisfaction with any part of this study, you may contact the IRB Chair, Dr. Ethan Gahtan, at eg51@humboldt.edu or (707) 826-4545.

If you have questions regarding your rights as a participant, you may report them to the IRB Institutional Official at Humboldt State University, Dr. Rhea Williamson, at Rhea.Williamson@humboldt.edu or (707) 826-5169.
1. How old are you: _______ years (if under 18 years of age, please do not take this survey.)

2. What gender do you identify as: ________________

3. What is your ethnicity/race? _________________________________

4. How many children do you visit with in supervised visitation? _________________

5. How long have you been having supervised visits with your child/children?
   _________________________________________________________________

6. How often do your supervised visits take place outside of the Family Connection Center?
   a. Very often
   b. Often
   d. Not very often
   e. Never

7. If you could choose where your supervised visits would take place, where would you choose?
   _________________________________________________________________
   __________________________
8. How satisfied are you with supervised visits taking place at the Family Connection Center?

   a. Very satisfied
   b. Satisfied
   c. Undecided
   d. Not very satisfied
   e. Not at all satisfied

9. Do you feel having supervised visits take place outside of the Family Connection Center would help you keep your visit appointments?

   a. Strongly agree
   b. Agree
   c. Don’t know
   d. Disagree
   e. Strongly disagree

10. Do you feel having supervised visits that take place outside of the Family Connection Center would help you increase your chances of reunifying with your children, which means having custody of your children again?

    a. Strongly agree
    b. Agree
    c. Don’t know
    d. Disagree
    e. Strongly disagree

11. Would supervised visits that take place at a park, playground, museum, the boardwalk, where you live, or other location outside of the Family Connection Center be better for you and your child/children than supervised visits that take place at the center?

    a. Strongly agree
    b. Agree
    c. Don’t know
    d. Disagree
    e. Strongly disagree
12. What, if anything, could be improved about supervised visitation with your child/children?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for taking this survey!