

No. 91757-4

No. 45809-8

COURT OF APPEALS, DIVISION II
OF THE STATE OF WASHINGTON

In Re the Welfare of

K.M.M.,

Minor Child,

J.M. (father)

Appellant.

Kitsap Cause No. 13-7-00084-9

The Honorable Judge Jeanette Dalton

**Appellant's Motion for Accelerated
Review and Opening Brief**

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ISSUES AND ASSIGNMENTS OF ERROR

1. The termination order violated the father's Fourteenth Amendment right to due process.
2. The trial court erred by terminating the father's parental rights despite finding that he is currently a fit parent.
3. The trial court erred by adopting Finding of Fact No. XIV.
4. The trial court erred by adopting Finding of Fact No. XIX.
5. The trial court erred by adopting Conclusion of Law No. II.
6. The trial court erred by adopting Conclusion of Law No. III.
7. The trial court erred by adopting Conclusion of Law No. IV.
8. The trial court erred by adopting Conclusion of Law No. V.
9. The trial court erred by orally finding that termination of the father's parental rights was in K.M.M.'s best interest, and incorporating that oral finding into its written findings.
10. The trial court erred by orally concluding that termination was appropriate, and incorporating that oral conclusion into its written conclusions of law.

ISSUE 1: Due process prohibits termination of parental rights unless the court first finds that a person is currently unfit to parent. Here, the court found that the father is currently a fit parent. Did the court's termination order violate the father's Fourteenth Amendment right to due process?
11. The termination order was based on insufficient evidence.
12. The department failed to offer or provide all necessary services that were reasonably available and capable of reuniting the family.
13. The department failed to provide the father family therapy, which the court found would have remedied his relationship with his daughter.

14. The department failed to provide the father with reunification therapy, which the court found would have remedied his relationship with his daughter.
15. The department provided the foster parents services that enabled the child to form a healthy attachment bond with them, but failed to offer the same services to the father.
16. The trial court erred by adopting Finding of Fact No. VII.
17. The trial court erred by adopting Finding of Fact No. IX.
18. The trial court erred by adopting the last phrase set forth in Finding of Fact No. X.
19. The trial court erred by adopting the last phrase set forth in Finding of Fact No. XIII.
20. The trial court erred by adopting Finding of Fact No. XV.
21. The trial court erred by adopting Finding of Fact No. XVIII.
22. The trial court erred by orally finding that K.M.M.'s attachment to her foster parents "has now gotten to the point where reunification therapy is impossible," and incorporating that oral finding into its written findings.
23. The trial court erred by orally concluding that the state had met its burden under the element at RCW 13.34.180(1)(d), and incorporating that oral conclusion into its written conclusions of law.
24. The trial court erred by orally concluding that the continuation of the father's relationship with the child clearly diminished her prospects for early integration into a stable and permanent home, and incorporating that oral conclusion into its written conclusions of law.

ISSUE 2: To terminate parental rights, the state must prove that it offered a parent all services necessary to reunite the family. Here, the court found that family therapy – which was never offered -- could have remedied the schism in the father's relationship with his child. Did the court err by finding that the department had offered all necessary services?

25. The trial court erred by adopting Finding of Fact No. XIV.
26. The trial court erred by adopting Finding of Fact No. XII.
27. The trial court erred by orally finding that, at the time of trial, there was no reasonable probability that any kind of therapy could repair the father's relationship with the child in the foreseeable future, and incorporating that oral finding into its written findings.

ISSUE 3: Insufficient evidence supports termination if the state provides services that aid the foster parents in successfully caring for a child but does not offer the same services to the parents. Here, the department gave the foster parents attachment and bonding therapy the child but never offered it to the father. Did the state present insufficient evidence that it had offered the father all necessary services?

28. The department failed to offer the father services and activities designed to facilitate access to visitation with his daughter.
29. The trial court erred by orally finding that, at the time of trial, there was no longer any opportunity to reunify the father and the child, and incorporating that oral finding into its written findings.

ISSUE 4: The department must provide a parent with "[s]ervices and activities designed to facilitate access to ... visitation" with his/her children. Here, the state made little or no effort to facilitate continued visitation between the father and child once the child refused to attend visits. Did the state fail to offer the father all necessary services to reunify him with his child?

SUMMARY OF THE CASE

A court may not terminate a fit parent's relationship with her or his child. In this case, the trial court found that the father was a fit parent, but terminated his parental rights anyway. The court determined that K.M.M. suffered abuse in foster care, and that the department failed to offer family therapy at a critical juncture in the case. These problems caused the relationship between K.M.M. and her father to deteriorate. The court found that the father was not at fault.

Under these circumstances, the termination order violated due process. The father was currently a fit parent, and the department failed to offer services necessary to reunification.

STATEMENT OF FACTS AND PRIOR PROCEEDINGS

J.M. is the father of eleven-year-old K.M.M. CP 58. When K.M.M. was five, Child Protective Services removed her and her younger sister from their parents' care due to the mistaken belief that the parents had harmed the younger girl.¹ RP 36; CP 107 (Finding X).

K.M.M.'s suffered physical abuse in foster care. CP 59; RP 39-40. She disclosed the abuse to her father. RP 477. When her father tried to

¹ K.M.M. also has a half-sister who is unrelated to the father. RP 17.

report the abuse to the police, K.M.M.'s court-appointed special advocate (CASA) told him that he could be criminally prosecuted for filing a false report. RP 477, 480. A Department of Social and Health Services (department) social worker later told the father that his suspicions of abuse were correct. RP 480. The abuse – and the father's inability to protect K.M.M. from it – contributed to K.M.M.'s difficulty forming healthy attachments. CP 107 (finding XI).

Before K.M.M.'s birth, the father had suffered serious injuries from an accident during a military training exercise. RP 465-68. He had become dependent upon his prescription pain medication. RP 531. After his children were removed, the father successfully completed inpatient and outpatient chemical dependency treatment, domestic violence treatment², and anger management treatment. CP 409, 411, 413, 421. He also completed four different parenting classes and the "safecare" program. CP 415, 417, 423, 425, 427, 433. The father also worked to get his military discharge changed from "other than honorable" to "honorable." CP 429.

The father actively participated in visits with his children. RP 632-35. He planned tea parties and manicure sessions to keep the girls

² The father was not deemed to be a DV perpetrator. RP 538. He was, however, caught up in a single DV incident involving the mother and her new boyfriend after the children were removed. RP 536.

entertained in the department visitation room. RP 508-09, 635. The children enjoyed the visits with their father. RP 635.

Meanwhile, K.M.M. moved to a second foster home. CP 59. Her new foster parents participated extensively in therapy with her for four years. RP 147-49, 183-88, 206-07. They were given instruction on how to help K.M.M. re-form a healthy attachment. Among other things, they were told to rock her in their laps and to engage her in imaginative play. RP 100-02, 147-49, 184. K.M.M.'s therapist taught her foster parents to treat her like a much younger child in order to meet her developmental, rather than chronological, age. RP 101-02. K.M.M.'s therapist also had separate sessions with the foster parents to discuss how they could meet her needs. RP 99. This therapy successfully helped K.M.M. form an attached bond with her foster parents. CP 107 (Finding XI).

The department never offered the father the same type of training or attachment therapy with K.M.M. *See RP generally.* The father did not know that the foster parents were receiving that service until a few months before the termination trial. RP 510-11, 536.

When her foster parents adopted a young boy, K.M.M. attended the ceremony and celebration. RP 167-68, 207. She decided that she wanted to be adopted like him. RP 297. K.M.M.'s CASA also talked to her about being adopted. RP 163-65, 208. The CASA attempted to

pressure the father into relinquishing his parental rights early in the case.³

RP 487.

K.M.M.'s sister's case progressed toward reunification. The younger sister was eventually placed with her mother. CP 61. By the time of trial, the father had unsupervised overnight visits with his younger daughter. CP 62, 399.

In April of 2012, however, K.M.M. started refusing to visit with either of her parents. She also refused to visit with her sisters. RP 30, 394. The father asked the social worker for family therapy to address the problem. RP 500. The court ordered the father to engage in family therapy with K.M.M. CP 334. Other service providers and the child protection team (CPT) also recommended family therapy. CP 341, 355, 439. The case rotated among eight different social workers, none of whom ever offered the father family therapy. RP 492, 500.

A specialist recommended that the department arrange incidental contact between the K.M.M. and her parents. RP 239-43, 320. After K.M.M. refused to visits her father for over six months, the social worker arranged for the father to be present at the office when K.M.M. arrived in

³ Long after he removed himself from the case, the CASA maintained his relationship with K.M.M., taking her on trips to a museum in Seattle. RP 298. K.M.M. calls her ex-CASA "uncle Keith." RP 167.

a van so they could have “natural” contact. RP 326. The social worker told the father about the plan during a brief phone call. RP 366, 523-24.

When the van pulled up, the father could not see K.M.M. through the windows because she was hiding in the trunk area. RP 329, 353, 523. He opened the back doors and found her lying facedown on the floor. RP 329. He tried to comfort her by putting his hands on her shoulders.⁴ RP 329. The social worker ordered the father to step away from his daughter and ended the visit. RP 329. At the department’s request, the court ordered all visits to stop. RP 330.

At the close of the termination trial, the court found that the father did not have any parental deficiencies:

X.

The father’s testimony was credible. The father’s parental deficiencies have been corrected. The father never posed an abuse risk to [K.M.M.] ... The father was willing to enter into, to attend, and to make progress in, and complete all of the services that were offered to him by the state. The absence of a parent/child relationship today between the father and [K.M.M.] is not due a parental deficiency but due to the absence of a relationship, which cannot now be corrected without great harm being caused to [K.M.M.].
CP 107.

XIV.

The lack of the attachment bond is not due to any of [the father]’s parental deficits. [The father]’s parental deficits have been

⁴ The father’s attempts to comfort his daughter made her more upset. RP 329.

corrected. The father here has successfully participated in court ordered rehabilitative services and has remedied these individual parental deficits. He has fully complied with substance abuse, domestic violence, and hand on parenting services.
CP 109.

The court also found⁵ that the father was a fit parent to his younger daughter:

No evidence has been presented that the father is anything less than a proper and appropriate parent for [the younger child].
RP 721.

Additionally, the court found that family therapy at a critical point in the case could have prevented K.M.M. from refusing to continue her relationship with her parents:

XII.

It is not due to parental deficiencies that [K.M.M.]’s psyche got to a point where she would no longer tolerate or engage in visits with her biological parents. Through no fault of the father, [K.M.M.] had taken the strong position that she did not want to engage in visitation. In 2011, the relationship between [K.M.M.] and her father was at a critical juncture and the provision of reunification therapy at that time may have prevented her from extinguishing her attachment to her father.
CP 108.

This finding was also echoed in the court’s oral ruling:

... there was a failure to provide reunification therapy at a critical juncture for [K.M.M.]... because there was that failure, [K.M.M.] was allowed to form a strong attachment with her foster parents...
RP 722.

⁵ The court adopted its oral ruling in its written findings of fact. CP 111 (Finding XXII).

See also CP 108 (Finding XII); RP 722.

Finally, the court found that providing attachment therapy to the foster parents but not to the father exacerbated the problems in the case:

... this was a critical juncture in time for the relationship between [K.M.M.] and the father, [J.M.], and the tenuousness of her attachment to her father during that time period was more easily extinguished because she was working hard on facilitating attachments with adults, who happen to be her foster parents. RP 715-16.

Even so, the court found that the department had provided the father with all necessary services because it was too late, by the time of trial, to repair the bond between the father and child. CP 108 (Finding XIII).

The court terminated the father's parental rights as to K.M.M. CP 113-14. This timely appeal follows. CP 182.

ARGUMENT

I. THE COURT VIOLATED DUE PROCESS BY TERMINATING THE FATHER’S RIGHTS WHEN HE IS CURRENTLY FIT TO PARENT.

A. Standard of Review.

Constitutional issues are reviewed *de novo*. *Dellen Wood*

Products, Inc. v. Washington State Dep’t of Labor & Indus., ___ Wn. App. ___, 319 P.3d 847, 859 (2014).⁶

B. Termination in this case is directly foreclosed by the Supreme Court’s decision in *In re Welfare of A.B.*

Due process prohibits a state from severing a parent-child relationship unless the state proves that the parent is currently unfit. *In re Welfare of A.B.*, 168 Wn.2d 908, 918, 232 P.3d 1104 (2010) (*citing Santosky v. Kramer*, 455 U.S. 745, 760, 102 S.Ct. 1388, 71 L.Ed.2d 599 (1982)); U.S. Const. Amend. XIV. The state must prove parental unfitness by a standard of proof “equal to or greater than clear, cogent, and convincing evidence.” *Id.*

In *A.B.*, the trial court terminated a father’s parental rights based on a finding of “profound and intractable” problems in the bond between the

⁶ The father raised this issue below in his written closing argument. The closing arguments were not included in the court file but the father is in the process of attempting to add them to the record on appeal. In any event, this issue constitutes manifest error affecting a constitutional right, which may be raised for the first time on appeal. RAP 2.5(a)(3).

father and child. *Id.* at 922. The problems, however, were not the fault of the father who had made “heroic” efforts to have meaningful visits with his child. *Id.* Termination in that case violated due process because the superior court did not find current parental unfitness and the Supreme Court could not infer the finding from the record.⁷ *Id.* at 924-25.

The same is true in this case. The court’s findings established that the father is a fit parent. CP 105-14; RP 705-25. The court found that the rupture in the father’s relationship with his daughter was not due to any parental deficiency. CP 107-08 (Findings X, XIV). The court pointed out that the father had successfully completed all services offered to him.⁸ CP 107 (Finding X).

Given the court’s finding that the father is currently fit, the termination order cannot stand. *A.B.*, 168 Wn.2d at 924-25.

The court violated the father’s right to due process by terminating his parental rights without finding that he was currently unfit to parent. *A.B.*, 168 Wn.2d at 918. The termination order must be reversed. *Id.*

⁷ If the trial court fails to make an explicit finding of parental unfitness, an appellate court may infer such a finding “if – but only if – all the facts and circumstances in the record... clearly demonstrate that the omitted finding was actually intended, and thus made, by the court.” *A.B.*, 168 Wn.2d at 921.

⁸ The court also expressed hope that the child would reach out and re-form her relationship with her father “in a few years, when she is starting high school.” RP 725.

II. THE STATE PRESENTED INSUFFICIENT EVIDENCE TO TERMINATE MR. MILLER’S PARENTAL RIGHTS.

A. Standard of Review.

An order terminating parental rights is reviewed for substantial evidence. *In re Welfare of C.B.*, 134 Wn. App. 942, 952-53, 143 P.3d 846 (2006) (C.B. I). Substantial evidence is “evidence sufficient to persuade a fair-minded rational person of the truth of the declared premise.” *Id.*

The substantial evidence analysis varies based on the burden of proof at trial. *In re Dependency of C.B.*, 61 Wn. App. 280, 283, 810 P.2d 518 (1991) (C.B. II). In a termination case, the state must prove the factors at RCW 13.34.180(1) by clear, cogent, and convincing evidence. *A.B.*, 168 Wn.2d at 911. To meet this burden, the state must show that a fact is “highly probable.” *C.B. I*, 134 Wn. App. at 952.

B. The department did not offer the father all services ordered, and failed to provide services necessary for reunification.

Before terminating parental rights, the court must find by clear, cogent, and convincing evidence:

That the services ordered under RCW 13.34.136 have been expressly and understandably offered and provided and all necessary services, reasonably available, capable of correcting the parental deficiencies within the foreseeable future have been expressly and understandably offered or provided;

RCW 13.34.180(1)(d).

To meet its statutory burden, the state must show that it has tailored the offered services to meet a parent's individual needs. *In re S.J.*, 162 Wn. App. 873, 881, 256 P.3d 470 (2011), *reconsideration denied* (Sept. 21, 2011).

Here, the department failed to offer the father family therapy, bonding and attachment services (which were offered to the child's foster parents), and services to facilitate continued visitation. Each of these services could have prevented the eventual rift that the dependency process created between the father and child. The state has not met its statutory burden. RCW 13.34.180(1)(d).

1. The department never offered the father court-ordered interactive family therapy with his daughter.

After ten months without any visits, the court ordered that the father participate in family therapy "to address issues with visitation." CP 334. K.M.M.'s child protection team (CPT) staffing report also recommended that the parents be integrated into the child's therapy sessions.⁹ CP 341, 355, 439. The father's parenting coach also told the social worker that he would benefit from interactive therapy with K.M.M.

⁹ The department is required to follow the advice of the CPT staffing unless the court orders otherwise. RP 338, 356.

RP 341. Even so, the department never offered the father that service. RP 500.

The court explicitly found that the deterioration of the father's relationship with his daughter resulted from the department's failure to provide family therapy "at a critical juncture." RP 722; CP 108 (Finding XII). The court also found that the father was willing to engage and make progress in all services that the department offered. CP 107 (Finding X). Nonetheless, the court also found that the state had met the element at RCW 13.34.180(1)(d) because "the absence of any bond between [K.M.] and her father cannot now be corrected." CP 108 (Finding XIII).

The court misconstrued RCW 13.34.180(1)(d), which looks to the past, not the future. *See e.g. S.J.*, 162 Wn. App. 873. In *S.J.*, the court reversed a termination order because department had failed to offer attachment and bonding therapy to parent at the time when it would have helped repair her relationship with her child. *Id.* Reversal was required even though an expert opined that such services were unlikely to repair the relationship within the near future at the time of trial. *Id.*

The state fails to offer all necessary services if it did not offer a critical service at a time when it would have permitted reunification. *Id.* Whether the service could have corrected K.M.M.'s refusal to see her

parents at the time of trial is not relevant. *Id.* The court's finding XIII must be vacated.

The department never offered this family court-ordered interactive therapy services. These services could have remedied the rupture in the relationship between the father and child. RP 722, CP 107 (Finding XI). The order terminating the father's parental rights is unsupported by substantial evidence and must be reversed. *S.J.*, 162 Wn. App. at 884.

2. The department never offered the father bonding and attachment services, which the state provided to the child's foster parents.

It is fundamentally unfair to place the burden on the parent to repair damage to the parent-child attachment that occurs while a child is in state care. *S.J.*, 162 Wn. App. at 884. The state does not meet its burden under RCW 13.34.180(1)(d) if the department provides the foster parents with services that successfully permit them to care for a child but does not offer the parents the same opportunity. *In re Welfare of C.S.*, 168 Wn.2d 51, 55-56, 225 P.3d 953 (2010).

C.S. involved a child with special needs. *Id.* The department provided the foster mother training to help her deal with the child's behavioral problems and other needs. The training permitted her to successfully care for the child. *Id.* Because the department never offered *C.S.*'s mother that same training, the Supreme Court reversed a

termination order based on the department's failure to offer her all necessary services. *Id.* at 56-57.

Here, the department provided K.M.M.'s foster parents the opportunity to participate extensively in her therapy sessions. RP 147-49, 183-88, 206-07. During that time, the foster parents were instructed to hold her in their laps, rock her like a much younger child, and engage her in imaginative play. RP 101, 147-49, 184. These techniques allowed the foster parents to successfully form an attached bond with K.M.M. RP 68.

But the department never offered the father the same attachment and bonding services. *See RP generally.* In fact, the visit supervisor prohibited the father from holding K.M.M. in his lap because she did not consider it age-appropriate. RP 510.

The court found that the department had failed to offer the father reunification services at a critical juncture. RP 722, CP 107 (Finding XI). The type of attachment and bonding service offered to the foster parents could have prevented deterioration of the relationship in the first place. The court's finding that the department offered all necessary services because the relationship was not reparable by the time of trial must be vacated.

The court did not offer the father all necessary services. RCW 13.34.180(1)(d). The order terminating his parental rights must be reversed. *C.S.*, 168 Wn.2d at 57.

3. The department failed to facilitate the parent-child bond through regular visitation.

The termination statute defines “remedial services” as “those services defined in the federal adoption and safe families act as time-limited family reunification services.” RCW 13.34.025(2)(a).¹⁰ Federal law was amended in 2011 to expand “time limited family reunification services” to include “[s]ervices and activities designed to facilitate access to and visitation of children by parents and siblings.” 42 U.S.C. § 629a (a)(7).¹¹

The department must “encourage the maximum parent and child... contact.” RCW 13.34.136(1)(b)(ii). The legislature has found that “[e]arly, consistent, and frequent visitation is crucial for maintaining parent-child relationships and making it possible for parents and children

¹⁰ The “remedial services” in RCW 13.34.025 are equivalent to the services required in RCW 13.34.180 (1)(d). Both refer to the services ordered by the court during a dependency with the goal of correcting parental deficiencies so the child can return home. RCW 13.34.025; RCW 13.34.180(1)(d).

¹¹ A statute incorporating a portion of another statute should be interpreted to include subsequent amendments to the referenced statute, absent a clear expression of contrary legislative intent. *State v. Billie*, 132 Wn.2d 484, 492, 939 P.2d 691 (1997).

to safely reunify.” *Id.* Numerous studies support that finding and have demonstrated that:

Regular frequent visitation increases the likelihood of successful reunification, reduces time in out-of-home care, promotes healthy attachment, and reduces the negative effects of separation for the child and the parent.

Smariga, Margaret, *Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know*, American Bar Association Center on Children and the Law (July 2007) (Appendix A); *see also* Weintraub, Amber, *Information Packet: Parent-Child Visiting*, National Resource Center for Family-Centered Practice and Permanency Planning (April 2008) (Appendix B) (collecting studies showing that frequent visits are associated with shorter out-of-home placements, more successful reunifications, and better adjustment for children).

Visitation during dependency is not just a service but a right. RCW 13.34.136(2)(b)(ii).¹² A court may only restrict visitation upon a showing that visits would harm the child’s health, safety, or welfare. RCW 13.34.136(2)(b)(ii)(C); *In re Dependency of Tyler L.*, 150 Wn. App. 800, 804, 208 P.3d 1287 (2009); *In re Dependency of T.L.G.*, 139 Wn. App. 1, 14, 156 P.3d 222 (2007).

¹² Division I has held visitation is not a service under RCW 13.34.180(1)(d). *In re Dependency of T.H.*, 139 Wn. App. 784, 162 P.3d 1141 (2007). Because of the recent developments in federal law, however, this court should not follow Division I’s conclusion in *T.H.*.

Here, the department asked a specialist named Tom Sherry to provide a recommendation about what to do when K.M.M. began refusing to attend visits with her parents. RP 239-43, 320. Sherry told the social worker that he may not be the right person to make that determination. RP 342. But the department contracted with him to do it anyway. CP 435.

Sherry recommended that the department facilitate “natural contact” between the K.M.M. and her father. RP 239-43. The social worker only attempted one such contact, which she discontinued after the father attempted to engage with his daughter. RP 326-29. Notably, the social worker had provided the father with very little preparation regarding her expectations for the incident. RP 366, 523-24.

After the single “natural contact,” the department ceased all efforts to facilitate visitation between K.M.M. and her father. Instead, the department asked the court to discontinue visits altogether. RP 330. The department never made any efforts to reinstate visits after that. RP 365. The social worker testified that she based the request to suspend visits on K.M.M.’s therapist’s recommendation. RP 349-50. But K.M.M.’s therapist testified that she never provided such a recommendation and that doing so was not part of her role. RP 120, 136-37.¹³

¹³ The court found that K.M.M.’s therapist was one of the most credible witnesses at trial. RP 719.

The department did not offer the father adequate “[s]ervices and activities designed to facilitate” visitation. 42 U.S.C. § 629a (a)(7). The department’s failure permitted K.M.M. to withdraw further, from both her father and from her sisters as well. The court’s finding that the department offered the father all necessary services must be vacated.

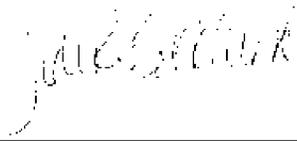
The department did not offer the father all services necessary to reunite his family. 13.34.180(1)(d). The order terminating his parental rights must be reversed. C.S., 168 Wn.2d at 57.

CONCLUSION

The court violated due process by terminating the father’s parental rights even though he was fit to parent his daughter at the time of trial. The department failed to offer the father family therapy, attachment and bonding services, or services to facilitate visitation, all of which were necessary to maintain the bond between the father and child. The order terminating the father’s parental rights must be reversed.

Respectfully submitted on April 30, 2014.

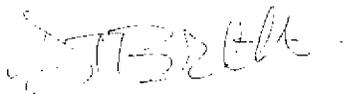
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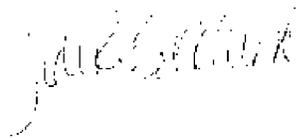
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I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Signed at Olympia, Washington on April 30, 2014.



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APPENDIX A

Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know

American Bar Association Center on Children and the Law (July 2007)



Visitation with Infants and Toddlers in Foster Care:

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Need to Know

July 2007

Author

Margaret Smariga

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About the ABA's Improving Understanding of Maternal and Child Health Project: This project seeks to enable legal professionals to improve the health outcomes for vulnerable young children who are involved in the legal and judicial systems. It develops new materials and provides training and technical assistance to improve child health-related knowledge and skills of attorneys and judges who handle cases involving young children.

About the ZERO TO THREE Policy Center: The ZERO TO THREE Policy Center is a research-based, nonpartisan program at ZERO TO THREE that brings the voice of babies and toddlers to public policy at the federal, state, and community levels by translating scientific research into language that is accessible to policymakers, cultivating leadership in states and communities, and studying and sharing promising state and community strategies.

About the ABA Center on Children and the Law: The ABA Center on Children and the Law, a program of the Young Lawyers Division, aims to improve children's lives through advances in law, justice, knowledge, practice, and public policy. Its areas of expertise include child abuse and neglect, child welfare and protective services system enhancement, foster care, family preservation, termination of parental rights, parental substance abuse, child and adolescent health, and domestic violence.

Photos by EyeWire

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Introduction

One-third of all children entering foster care are zero to three years of age, and 15 percent are babies under age one.¹ Children are removed from their parents and placed in out-of-home care because a court has determined that it is not safe for them to live at home. However, children who are removed from home, particularly those who are very young, are exposed to a new danger—the emotional and developmental harm that can result from separation. Children at different stages in life react differently to separation from a parent, based primarily on their ability to understand the reasons for separation and the range and maturity of their coping strategies.² The younger the child and the longer the period of uncertainty and separation from the primary caregiver, the greater the risk of harm to the child.³ Therefore, frequent, meaningful parent-child visits are critical for infants and toddlers in foster care.

Visitation is planned, face-to-face contact between a child in out-of-home care and his/her parents and siblings. This brief:

- explains why visitation is particularly important for very young children,
- emphasizes the role of visitation in permanency planning,
- highlights key elements of successful visitation plans for infants and toddlers,
- suggests strategies for addressing barriers to visitation,
- reviews the judge's role in supporting parent-child visits, and
- shares promising community approaches to visitation.

Tight budgets, high caseloads, and scarce community resources make it difficult to implement all of the visitation best practices presented here. Judges and attorneys are encouraged to incorporate as many of these practices as possible and to take a leadership role in their communities to explore how to safely expand visitation opportunities.

Fast Facts

Of the 311,000 children who entered foster care in 2005, 46,954 were under age one and 103,090 were age three or younger.¹

15 percent of all children in foster care were admitted before their first birthday and 33 percent were zero to three years of age when they entered care.²

In 2004, approximately three-quarters (72.9 percent) of child victims of maltreatment ages birth to three years were neglected.³

Infants placed in foster care within three months of birth spend the longest time in care—twice as long as other children.⁴

Up to 82 percent of maltreated infants have unhealthy attachments to their caregivers.⁵

- Infants are less likely to be reunified with their parents than they are to be adopted.⁶

1. AFCARS Report #13: Preliminary FY 2005 Estimates as of September 2006. Washington, DC: U.S. Department of Health and Human Services, 2006, October 23, 2006 <<http://www.acf.hhs.gov/programs/ch/stats/research/afcars/tar/report13.htm>>

2. Ibid.

3. U.S. Department of Health and Human Services, Administration on Children, Youth and Families. "Victims," chap. 3 in *Child Maltreatment 2004*. Washington, DC: U.S. Government Printing Office, 2006.

4. Wulczyn, Fred and Kristen B. Hislop. "Babies in Foster Care: The Numbers Call for Attention." *Zero To Three Journal* 22(4), 2002, 14-15; Dicker, Sheryl, Elysa Gordon, and Judith Knitzer. *Improving the Odds for the Healthy Development of Young Children in Foster Care*. New York, NY: National Center for Children in Poverty, Mailman School of Public Health, Columbia University, 2005.

5. Goldsmith, Douglas F., David Oppenheim, and Janine Wanlass. "Attachment and Reunification: Using Attachment Theory and Research to Inform Decisions Affecting the Placements of Children in Foster Care." *Juvenile and Family Court Journal* 55(2), 2004, 2.

6. Wulczyn and Hislop, 2002, 15.

Understanding Attachment and the Effects of Separation on Young Children

The first few years of life are a time of unparalleled growth. A child's experiences and relationships during these critical years build the foundation for future social, emotional, and cognitive development.⁴ Infants and toddlers are completely dependent on the adults in their lives, and the care that they receive and the attachments that they form "are critical building blocks for future development and adult well-being."⁵

During the first few months of life, babies begin to show a marked preference for one or two primary caregivers. By about four months, babies communicate this preference through their behaviors (e.g., following with the eyes, smiling, quieting more easily) in the presence of the familiar caregiver. As babies get older (age 7 to 14 months), the attachment intensifies, and they often cry or protest when separated from the primary attachment figure. In addition, they may initially protest or avoid their caregiver when reunited. By age three, children begin to generalize attachment (that is, they can feel secure with other attachment figures such as relatives). Attachment behaviors are still present in older children but are less urgent than those shown by infants.⁶

Attachment theory provides a framework within which to understand the effects of separation on very young children and the importance of frequent visitation for infants and toddlers in foster care. Child development specialists regard attachment relationships as "one of the primary goals of infancy."⁷ Secure and stable attachments with a primary caregiver form the foundation for a child's social, emotional, and cognitive development. Children who develop secure attachments show a greater capacity for self-regulation, effective social interactions, self-reliance, and adaptive coping skills later in life.⁸

Researchers have found that up to 82 percent of maltreated infants have disturbed attachment patterns.⁹ Babies who learn that they cannot consistently depend upon their caregiver to provide nurturing, protection, and security often develop unhealthy attachments. For example, a baby might turn away from or appear indifferent to the caregiver, alternate between seeking closeness with the caregiver and resisting contact, or freeze or show fear when the caregiver approaches.¹⁰ Research has shown that infants and toddlers who do not develop secure attachments produce elevated levels of cortisol (a stress hormone), which may alter the developing brain circuits and cause long-term harm.¹¹ In addition, young children with unhealthy attachments are at much greater risk for delinquency, substance abuse, and depression later in life.¹²

Secure and stable attachments with a primary caregiver form the foundation for a child's social, emotional, and cognitive development.



Interaction with Infants and Toddlers in Foster Care

Even children with secure attachments can be harmed by the loss or disruption of a primary relationship (e.g., through death, military deployment, or placement in foster care).¹³ Children's reactions to and ability to cope with separation from a parent depend upon their age and developmental stage.¹⁴ For example, infants who enter foster care before the age of six months—when placed in a stable, nurturing relationship with a foster parent—may not experience harm to their social and emotional functioning. Children placed in care between six months and three years of age are particularly vulnerable to separation and more likely to experience subsequent emotional disturbances. Children older than age three or four when they enter foster care are able to use language to help them cope with loss and adjust to change.¹⁵ Because multiple placements and attachment disruptions are likely to be harmful at any age,¹⁶ and because infants are less likely to be reunified with their parents than they are to be adopted,¹⁷ concurrent planning should be used at the outset of each case. To limit attachment disruptions, very young children should be placed in what could become a new permanent home if reunification efforts fail.

Professionals working with very young children in foster care often do not understand the extent of the child's distress over being removed from the parent and placed in a strange environment. It is important to remember that very young children grieve the loss of a relationship. Even though the parent has maltreated the child, she or he is the only parent the child has known, and separation evokes strong and painful emotional reactions.¹⁸

To promote attachment and strengthen the parent-child relationship, very young children in foster care need frequent and consistent contact with their parents. They need to know that their parent cares for and is there for them. In many jurisdictions, visits consist of brief, weekly encounters, in a neutral setting, under the supervision of a caseworker. According to the American Academy of Pediatrics:

For younger children, this type of visit is not conducive to optimal parent-child interaction and may minimally serve the parents' needs for ongoing contact with the child or may even be harmful for the child. A young child's trust, love, and identification are based on uninterrupted, day-to-day relationships. Weekly or other sporadic "visits" stretch the bounds of a young child's sense of time and do not allow for a psychologically meaningful relationship with estranged biological parents. . . . For parent-child visits to be beneficial, they should be frequent and long enough to enhance the parent-child relationship.¹⁹

"A young child's trust, love, and identification are based on uninterrupted, day-to-day relationships."

American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care (2000)

Benefits of Frequent Visitation

Frequent visitation offers the following benefits:¹

- Promotes healthy attachment and reduces the negative effects of separation for the child and parents.

Establishes and strengthens the parent-child relationship.

Eases the pain of separation and loss for the child and parent.

Keeps hope alive for the parent(s) and enhances parents' motivation to change.

Involves parents in their child's everyday activities and keeps them abreast of the child's development.

- Helps parents gain confidence in their ability to care for their child and allows parents to learn and practice new skills.

- Provides a setting for the caseworker or parenting coach to suggest how to improve parent-child interactions.

Allows foster parents to support birth parents and model positive parenting skills.

Provides information to the court on the family's progress (or lack of progress) toward their goals.

Facilitates family assessments and can help the court determine whether reunification is the best permanency option for the child.

Helps with the transition to reunification.

1. Dougherty, Susan. *Promising Practices in Reunification*. New York: National Resource Center for Foster Care and Permanency Planning, Hunter College School of Social Work, 2004. <<http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/promising-practices-in-reunification.pdf>>; Ohio Caseload Analysis Initiative and ProtectOhio Initiative. *Visitation/Family Access Guide: A Best Practice*. Columbus, OH: Ohio Caseload Analysis Initiative in Partnership with ProtectOhio Initiative, 2006. <<http://www.ohiocaseloadanalysis.org/CLA/VisitationGuidefinal.pdf>>; Ginther, Norma M. and Jeffrey D. "Facilitating Successful Visitation." Presentation to the Ohio Caseload Analysis Initiative, University of Wisconsin River Falls, July 2005, 12-13; Wright, Lois E. *Permanency*. Washington, DC: CWLA Press, 2001. 15-18.

Visitation in the Permanency Plan

Visitation, which has been called “the heart of permanency planning,”²⁰ is a key strategy for reunifying families²¹ and achieving permanency.²² To preserve and strengthen parent-child attachment, promote permanency, and reduce the potentially damaging effects of separation, attorneys who represent very young children in foster care or their parents should make visitation that ensures the child’s safety and well-being a focus of their advocacy.²³ Because children in foster care often come from families where the parent-child attachment is unhealthy, visitation should be viewed as a *planned, therapeutic intervention* and the best possible opportunity to begin to heal what may be a damaged or troubled relationship.²⁴ In addition, visits offer a real-life opportunity to view parental capacity and provide critical information to the court about the parent-child relationship. In this regard, visitation is a *diagnostic tool* to help determine as quickly as possible if reunification is the best permanency option for the child.²⁵

Because the term *visitation* does not adequately describe the quality and quantity of time that families need to spend together when children are removed from the home, child welfare experts have begun using other terms, such as *family time*,²⁶ *family access*,²⁷ and *family interaction*.²⁸ Research shows that regular, frequent visitation increases the likelihood of successful reunification, reduces time in out-of-home care,²⁹ promotes healthy attachment, and reduces the negative effects of separation for the child and the parent.³⁰

Visitation plays an important role in concurrent planning. While frequent visits allow parents to show their motivation for getting their child back and demonstrate new skills, they also provide evidence when a parent is not making progress toward case goals. For example, when a parent repeatedly does not show up for scheduled visits or fails to make required behavioral changes during visits, this information can help the court decide more quickly to order an alternative permanency plan for the child.³¹

Promoting Successful Visits

Family visitation is a cooperative venture, and all participants (parents, foster parents, relatives, caseworkers, the court, lawyers, and service providers) must work together to ensure that visits “meet the attachment and connectedness needs of children and their families . . . [and] support parenting and case decisionmaking.”³² The following recommendations should be addressed when advocating for visitation for young children in foster care.

Ensure that visits are in the child’s best interest.

Visitation should be considered a conditional right of parents and children.³³ Unless the court finds substantial evidence to believe that visitation or supervised visitation would place the child’s life, health, or safety at risk, the parent should be allowed to visit his or her child.³⁴ For example, the court might deny or discontinue visitation

Research shows that regular, frequent visitation increases the likelihood of successful reunification, reduces time in out-of-home care, promotes healthy attachment, and reduces the negative effects of separation for the child and the parent.

How Visitation Helps Meet Federal Permanency Planning Requirements

Well-crafted visitation plans are an essential component of permanency planning and can actively support the permanency goals of the Adoption and Safe Families Act of 1997 (ASFA) (P.L. 105-89). ASFA emphasizes moving quickly toward permanency so that children who enter foster care do not grow up in temporary living situations. Among other things, the Act:

1. Provides a timeframe for states to achieve permanency for children in state care. Visitation that helps develop and support a parent's caretaking abilities can help her complete the requirements of the case plan and work toward reunification if that is the child's permanency goal. The court may order reunification as the permanent plan at the 12-month permanency hearing if the parent has been diligently working toward that goal and reunification is expected in a timeframe consistent with the child's developmental needs.
2. Requires states to make reasonable efforts to finalize a permanency plan, in addition to the initial reasonable efforts to prevent removal of the child from home. Proof that the agency devised a thoughtful, individualized visitation plan can support a judicial finding that reasonable efforts were made.
3. Encourages concurrent planning. Frequent visitation facilitates family assessments and can help the court determine whether reunification is the best permanency option.

Although ASFA does not directly address visitation it is clear that visitation supports its goals of timely permanency for all children in foster care.¹

1. Wright, Lois E. *Toolbox No. 1: Using Visitation to Support Permanency*. Washington, DC: CWLA Press, 2001, 41-43; Leathers, Sonya J. "Parental Visiting and Family Reunification: Could Inclusive Practice Make a Difference?" *Child Welfare* 81(4), 2002, 596; Allen, MaryLee and Mary Bissell. "Safety and Stability for Foster Children: The Policy Context." *The Future of Children* 14(1), 2004, 49-73.

when there is danger that the parent will again physically or psychologically abuse the child, even during supervised visits, or when the parent's visits are extremely traumatic to the child.³⁵

When there is any doubt about the safety or benefit of visitation, there should be thorough assessments of the child, the parent(s), and the relationship between the child and parent (known as an attachment assessment). Mental health clinicians can provide important information to attorneys and the court about what is in a child's best interest.

Ensure the placement decision supports frequent, meaningful visits.

Successful visitation begins with the child's placement. If reunification is a permanency option, very young children should be placed in out-of-home care as near to their biological parent(s)' home as possible to allow frequent visitation.³⁶ Traveling long distances to visits is inconvenient for everyone involved and is hard on young children. Infants and toddlers who arrive at a visit after a lengthy confinement in their car seat may be cranky or sleepy from the trip, which detracts from the quality of the visit.

Foster parents can be critical partners in successful visits. Foster parents of infants and toddlers should understand the importance of the child's relationship with his/her parents and the role they can play to help strengthen that relationship. In a growing number of communities, foster parents receive training and support to supervise visits in their home so birth parents can be involved in the child's daily routines.³⁷

When a child is placed in kinship foster care (in the home of a relative or another adult who has a kinship bond with the child), the kinship caregiver should receive training and assistance so they can be involved in concurrent planning, support the parent-child relationship, and teach and model parenting skills. In addition, the caregiver must be willing to support the formal visitation plan.³⁸

Ensure the visitation plan is individualized and promotes permanency.

The written visitation plan should be tailored to the circumstances and needs of each family and the reason for removal of the child from the home. The plan, which the caseworker should develop in consultation with the child's parent(s) and foster parent(s), should be based upon a thorough assessment of the family (including an assessment of the child's needs and the parent's ability to respond to those needs) and reviewed and updated frequently. The plan should specify the frequency, length, participants, location, if and how visits are to be supervised, expected behaviors of parents during visits, visitation services, and planned activities of family visits. A well-crafted plan that clearly states what is expected of parents during visits reduces mistakes and misunderstandings.

Visitation should be reviewed at every court hearing to determine whether terms and conditions need to be modified.

Lawyers for the child and the parent(s) should review the written plan to make sure it serves their client's best interests and that only necessary restrictions and supervision are imposed. The judge who oversees visitation should ensure that the plan best serves the child and promotes permanency. The judge should stipulate in the court order the specific frequency, duration, and location of visits, thereby ensuring that visitation begins promptly and is permitted frequently.³⁹ Visitation should be reviewed at every court hearing to determine whether terms and conditions need to be modified. The court should require the child welfare agency to submit periodic reports about implementation of the plan and the impact on the young child and should hold all parties accountable for meeting plan requirements.⁴⁰

The visitation plan should be guided by careful and ongoing assessment of the parent's ability to safely care for and appropriately interact with the child. The plan may require the parent to meet conditions related to visits (for example, to refrain from a behavior that contributed to the child's removal). If the parent does not comply, it is appropriate to impose restrictions (such as increased level of supervision) to protect the safety and well-being of the child. However, visits should never be used as a reward or punishment. Increased or reduced visitation should be a direct consequence of reduced or increased danger to the child and not linked to some other measure (such as engagement in other court-ordered services or drug test results).⁴¹

Visitation planning is an ongoing process that should correspond to the child's placement phase in the child welfare system.⁴² Although the underlying goal of visitation (to preserve and enhance the parent-child relationship while providing for the safety and well-being of the child) remains the same through all phases, each phase emphasizes different purposes and uses different visitation arrangements.⁴³

1. *Initial phase.* This phase focuses on maintaining ties between parent and child, assessing the parent's capacity to care for her child, and goal planning. To ensure the child is safe and appropriately cared for, visits are generally supervised and controlled for location and length. This phase generally lasts from four-to-eight weeks, but the length varies from family to family.

If, after the initial visitation phase, the caseworker and other professionals working with the family continue to have concerns about moving to less supervision, it may be time to reconsider whether reunification is an appropriate goal for the child. If the court changes the permanency plan to adoption, the visitation plan might call for a gradual decrease in visits and a focus on grief work rather than parenting skills.⁴⁴

2. *Intermediate phase.* During this phase, the parent is working to meet his or her case goals, and visitation activities allow the parent to learn and practice new skills and behaviors. Visits typically occur more frequently, for longer periods, in a greater variety of settings, and with gradually reduced supervision as the parent assumes more and more responsibility for the child.

3. *Transition phase.* This phase focuses on smoothing the transition from placement to home and determining what services are required to support the child's needs and the parent's ability to meet those needs following reunification. Visits should provide maximum opportunities for parent-child interaction. After the child leaves the foster parent's care, it is important to arrange visits between the child and foster parent, recognizing the value of that relationship to the child.

The visitation plan should encourage the birth parent to directly care for the child as much as possible.

Ensure the frequency, length, and timing of visits promote attachment.

Because physical proximity with the caregiver is central to the attachment process for infants and toddlers,⁴⁵ an infant should ideally spend time with the parent(s) daily, and a toddler should see the parent(s) at least every two-to-three days.⁴⁶ To reduce the trauma of sudden separation, the first parent-child visit should occur as soon as possible and no later than 48 hours after the child is removed from the home.⁴⁷

Visits should be long enough to promote parent-child attachment. The length of visits should gradually increase as the parent shows she is able to respond to her child's cues in consistent and nurturing ways, soothe her child, and attend to her child's needs. During the initial phase, limiting visits to one-to-two hours allows the parent to experience small successes without becoming overwhelmed. By the transition phase, as the family approaches reunification, unsupervised all-day, overnight, and weekend visits should be completed.⁴⁸

Visits should be scheduled at a convenient time for the parents and the foster parents. For example, if a parent works during the day, it may be necessary to schedule visits during the evening. However, the visitation plan must also consider the child's daily schedule. If a toddler goes to bed at a certain time, it would not be reasonable for the parent to expect to visit after bedtime.

Advocate for visits to occur in the least restrictive setting that ensures the child's safety and well-being.

The visitation plan should encourage the birth parent to directly care for the child as much as possible, and family visits should take place in the least restrictive, most natural setting that can ensure the safety and well-being of the child.

In a growing number of communities, the parent visits the child in the foster home. This model of care, known as *inclusive practice*, regards the foster parent as a temporary caregiver for the child and a supportive role model to the parent. Researchers have found strong links between inclusive visiting practices and (1) frequency of mothers' visits and (2) chances of reunification.⁴⁹ Parent-child visits in foster homes can only succeed if the foster parents' role as mentor to the parent is clearly defined from the outset and the foster parents are trained and supported. Similarly, birth parents must have clear guidance about what is expected from them during visits in the foster home. For example, they should be instructed not to say inappropriate things that could jeopardize their child's relationship with foster parents.



For infants and very young children, other appropriate settings for parent-child visitation may include:

- the parent's home (with in-home supervision or in later phases of placement)
- the home of a family member who can supervise and support the parent and model positive parenting skills
- a service provider's office (particularly if the parent is receiving therapy or parenting instruction)
- an early childhood program such as Early Head Start
- parenting classes that include the child
- a supervised visitation center (during the initial phase of placement or if significant safety concerns exist)
- the child welfare agency (This setting should be used only as a last resort. Often agency offices are sterile and uninviting, and many do not provide private rooms or age-appropriate toys and activities for visiting families. Also, this environment can remind parents of their failure as parents and the agency's power over their lives, a sentiment that does not promote good visits.)

In addition, the parent should be encouraged to accompany the child to medical appointments and therapy sessions. Involvement in the child's professional appointments keeps the parent informed about the child's developmental progress and special needs, teaches the parent to respond more effectively to the child's needs, and reinforces the parent's continuing involvement in and responsibility for the child's well-being.⁵⁰

Ensure visitation activities promote parent-child attachment and support the child's development.⁵¹

Because many maltreated infants and toddlers show developmental delays and many parents of children in foster care do not know how to interact appropriately with their child, parents often need coaching about how to care for their child and how to plan appropriate activities during visits. Many parents simply do not know how to perform daily caregiving routines, play with their child, comfort their child, respond to their baby's nonverbal cues, respond to their child's special medical or developmental needs, or enjoy their child's company. In such cases, the child's attorney can request and the court can order parents to receive services that educate them about their infant or toddler's specific needs. Services such as home visiting programs, Early Head Start and other high-quality early childhood education programs, and early intervention programs provide an opportunity for the parent to interact with her child in a supervised setting while learning to support the child's development.

Home visiting programs, Early Head Start, and early intervention programs provide an opportunity for the parent to interact with her or child in a supervised setting while learning to support the child's development.

In addition, caseworkers, foster parents, or parent aides can help parents select visitation activities. The following table lists emotional, cognitive, and motor development tasks of infants and toddlers along with developmentally related visit activities. These activities allow parent and child to enjoy each other's company and to develop a healthy relationship.

Developmentally Related Visit Activities

Age	Developmental Tasks	Developmentally Related Visit Activities
Infancy (0-2)	Establish eye contact	Meet and hold the child
	Respond to touch	Play with the child
	Respond to voice	Hold the child and talk to the child
	Respond to sight	Name pictures
Toddler (2-4)	Establish eye contact	Encourage the child to play together
	Respond to touch	Make and consistently enforce rules
	Respond to voice	Read simple stories; play word games
	Respond to sight	Play "let's pretend" games; encourage imitative play by doing things together such as "clean house," "go to store"
	Small motor coordination	Play together at park; assist in learning to ride tricycle; dance together to music
Develop basic sense of time	Draw together; string beads together	
Identify and assert preferences	Discuss visits and visit activities in terms of "after breakfast," "after lunch," "before supper," etc.	
		Allow choices in activities, clothes worn, food, etc.

Reprinted with permission from Peg McFalls Herzog and Kathleen O'Hara-Poeh, *Family Visitation: Out of Court Care - A Guide to Practice*. Washington, DC: Child Welfare League of America, 1988, 3.

Visitation activities should occur in a variety of contexts (feeding, playing, bathing, diapering, soothing, putting to bed, medical appointments, etc.). Visits should be planned along a continuum of increasingly challenging and stressful situations to help the parent build a positive relationship with the child and develop confidence and competence in parenting.

For example, during the first phase the parent might visit at playtime when the child is well rested and then begin visiting at increasingly challenging times such as bedtime or when the child is sick and fussy. This strategy allows parents to gain competence and self-confidence in limit setting and effective discipline.⁵²

Parents need to understand that a key goal of visitation is to strengthen their relationship with their child and the importance of this brief time they have together. While it is beneficial for young children to have siblings and family caregivers (such as grandparents) present at some visits, parents should be discouraged from bringing friends, significant others who do not have a relationship with the child, and extended family members to visits.

Request the appropriate level of supervision.

Plans for supervising parent-child visits should be individualized, ensure the child's safety and well-being, and further the goals of the family's case plan. Visitation plans should never impose unnecessary supervision and restrictions. If supervision is required during parent-child visits, the visitation plan should specify the reason(s) (e.g., to protect the child, observe and evaluate interactions between parent and child, or model positive parenting behaviors).

The visitation plan should state who will supervise the visits. Depending upon the purpose of supervision and the degree of supervision necessary, a range of people may do this, including a caseworker, therapist, foster parent, relative, parent aide, or early intervention home visitor. Foster parents or family members who supervise visits should receive training on the child's developmental/attachment needs, mentoring/coaching parents, and knowing when and how to intervene.⁵³

Be sensitive to participants' emotions around visitation.

Judges and lawyers need to understand that a young child's emotional dysregulation following a visit does not necessarily mean the parent did something harmful during the visit.⁵⁴ Visitation can be extremely upsetting for children, and it is important to understand the developmental context of their feelings and behaviors. Very young children cannot understand the separation, and they tend to respond with bewilderment, sadness, and grief. During visits, they may cling or cry, act out, or withdraw from their parent. At the end of a visit, when another separation is imminent, they may become confused, sad, or angry. Following visits, infants and toddlers may show regressive behaviors, depression, physical symptoms, or behavioral problems.

Parents also find visits to be a time of emotional upheaval, particularly during the first phase of placement. Parents often experience pain and sadness resulting from the separation. They may feel shame, guilt, depression, denial that there is a problem, anger, and/or worry about the child. During the first visits, the parent is likely to be awkward, tense, and uncertain. All parties must help the parent process her emotions and help her interact with her child.⁵⁵ See pages 16–17 for guidance on interpreting behaviors of young children and parents during visits.

Judges and lawyers need to understand that a young child's emotional dysregulation following a visit does not necessarily mean the parent did something harmful during the visit.

Interpreting Behaviors of Young Children and Parents During Visits By Victoria Youcha

The following scenarios offer guidance on interpreting behaviors of young children and parents during visits.

Example 1

Case: A toddler avoids eye contact and resists his mother's touch for the first 20 minutes of a weekly visit. He and his mother then engage in mutually enjoyable play, only to have the visit end with the child going into a hysterical tantrum.

Question: Should visits be increased or curtailed?

Discussion: In the absence of physical or emotional abuse, this pattern of avoidance, engagement, and distress at separation can indicate a positive relationship between the toddler and his mother. The mother's ability to read his cues by allowing him time to warm up to her and reestablish their relationship can indicate that the visit is going well. Even the child's extreme distress at the end of the visit could be a healthy protest against another separation from the mother with whom he maintains a strong connection.

Example 2

Case: A foster parent reports that the eight-month-old in her care does not eat and wakes frequently for several nights following the weekly one-hour visit with her mother. She asks that visits be curtailed because they are upsetting the baby.

Question: What information does the judge need to decide whether visits are in this child's best interest?

Discussion: Absent documented physical abuse or erratic behavior by the visiting parent, the judge might ask for the following additional information:

1. What does the interaction between parent and child look like during visits? Is there a pattern of warmup, engagement, and mutual delight followed by increased upset at the end of the visit?
2. What is the relationship between the parent and the foster parent? Is it possible that the foster parent's bond with the baby is so strong that she consciously or unconsciously resents the time the baby spends with the mother?

If mother and baby seem to have a strong attachment, increasing the number of visits per week might reduce the child's distress because there will be less time between contacts. Ideally, the mother and foster parent should work together to help ease the baby's transition into and out of each visit.

If the baby seems fearful of his mother or is unable to be comforted by her, the judge can order an evaluation of the relationship between mother and baby by a clinician with specific training in infant mental health. The results can provide critical information to help the court decide whether visits are in the child's best interest.

Example 3

Case: The mother of one-year-old twins misses the first three scheduled visits. When contacted, she seems sad and depressed.

Question: Why is this mother missing visits?

Discussion: If the mother is clean and sober, several options should be investigated. For example, she might be so devastated by the separation from her children that she cannot bear the pain of seeing them briefly and leaving them again; she might feel that the babies will miss her less if they don't see her; she may be experiencing clinical depression or other mental illness that prevents her from being emotionally available to her twins; or she may lack transportation.

In situations like this, parents are often prejudged because they have already been accused of abuse or neglect. Most parents of children in foster care face a complex array of co-occurring challenges including poverty, substance abuse, domestic violence, and mental health issues. Careful gathering of information and individual assessment is needed to uncover the reasons behind a parent's missed appointments.

Example 4

Case: A two year old became hysterical when taken for a supervised visit at her mother's house. She had been scalded in the bathtub by the mother's boyfriend and could not tolerate entering the home or seeing her mother. The mother's attorney argued that, because the mother was not the perpetrator, she had a right to see the child. The child's mental health therapist strongly recommended against visits. The judge ordered the parties to proceed slowly and to start with the child listening to a tape recording of her mother reading favorite stories. They then were to videotape the mother and show that to the child. The child's reactions would dictate the next steps. If exposure to the mother continued to be too upsetting, visits would be discontinued.

Discussion: The safety and well-being of the child is paramount, and even very young children can be traumatized. When there is any doubt about the safety or benefit of visitation, there should be a thorough assessment of the child, the parent(s), and the relationship between each adult in question and the child. Infants and toddlers can be excellent communicators even before they can talk. Mental health clinicians and other early intervention personnel can assess the child and parents and provide important information to attorneys and the court about what is in a child's best interest.

... e, and Margaret
Workers " In
Contemporary Issues in Permanency Planning. Edited by Gerald P. Mallon and Bogart R. Leash. e. Washington, DC
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Ensure visits are well documented.

Caseworkers and other professionals must carefully document the family's progress (or lack of progress) during visits, emphasizing the objectives of the visitation plan, behaviors of and interactions between the parent and child, and assessment of risk to the child and the parent's capacity to care for the child. This information provides important evidence for the court to order reduced or increased restrictions, reunification, or termination of parental rights.⁵⁶

Work in Partners

Because child welfare agencies and juvenile courts are often overwhelmed by high caseloads and lack funding for supervision, many communities lack adequate visitation services for families of infants and toddlers in foster care. Working together, the court, the child welfare agency, child advocates, early childhood mental health specialists, and other service providers should analyze the availability of visitation and explore how visitation resources can safely and realistically be expanded in their community. General strategies for expanding visitation include:

- *Examine supervision policies.* Assess and develop criteria for unsupervised visitation and relative or third-party supervision. These practices will promote visitation and reduce the burden on caseworkers.⁵⁷
- *Prioritize cases.* For example, if a child welfare agency does not have the resources to overhaul its visitation practices for all infants and children in foster care, it could set aside additional visitation resources for the families that are most likely and those that are least likely to be reunified.⁵⁸ When reunification appears likely, frequent, successful visits can provide evidence to support timely reunification. In cases where reunification appears unlikely, frequent visits can provide evidence of parental disinterest, which can lead toward a timely decision to move to an alternative permanency plan and termination of parental rights.⁵⁹
- *Involve foster parents.* Recruit and train foster parents who are willing to mentor birth parents and supervise visits within their homes.
- *Use volunteers.* Recruit and train volunteers to serve as visitation monitors and parent mentors.
- *Collaborate with community stakeholders.* Partner with other groups in the community to address gaps in visitation services. (See “Promising Practices” on page 23.)
- *Explore alternative funding for visitation services.* A number of federal and state agencies and nonprofit, charitable, and professional organizations offer grants to improve child welfare services and the court process as it relates to children in foster care.

The Judge's Role

Judges hearing cases involving children in foster care play a critical role ensuring the child has full opportunities for meaningful visitation with the family. Although it is counterproductive for judges to order daily visitation if the community does not have the resources to support this practice, judges are in a unique position to inform the community about the gaps in services and to mobilize community leaders and resources to address these gaps.

Working together, community partners can develop creative solutions to overcome barriers to successful visitation.

To encourage improved visitation practices, Judge Leonard P. Edwards of the Superior Court in San Jose, California, and a former president of the National Council of Juvenile and Family Court Judges, suggests judges take a number of steps:⁶⁰

- Oversee the child's initial placement decision to ensure that it supports frequent, meaningful visitation.
- Develop clear, enforceable, written visitation orders for each case.
- Develop local rules that address visitation issues.
- Encourage cross-systems training for all participants in the juvenile dependency court to address child development principles and strategies to improve the quality and quantity of visitation.
- Examine best practices and draw from model programs to improve visitation practices.
- Facilitate collaborative community efforts to improve visitation practices and overcome barriers to successful visitation.

The checklist on pages 20–21 is a useful tool for judges to refer to when considering visitation for infants and toddlers in foster care.

Infant Visiting Checklist for Family Court Judges¹

Visiting Plan

- What is the current visiting arrangement? (Where? How frequent? For how long? Who is there? What is the level of supervision?)
- Is this visiting plan frequent enough to build attachment between the infant and parent?
- Does this visiting arrangement allow and support the parent to parent, including changing and feeding the infant; learning about the infant's cries, habits, growth; and demonstrating the ability to keep her/his child safe in real-life situations?
- Was the purpose of visits clearly communicated to the parent and by whom? (to utilize the time to meet the infant's needs, stimulate the child's growth and development, communicate love for and enjoyment of the child to the child, ease the toddler's adjustment to separation)
- What are the beginning and the end of the visit like? (infant's response, parent's response, source of this information, possible reasons for assessment if any negative reports, changes over time, efforts put into place to ease transition)
- If there are other children living separately from the infant, have sibling visits been set up?

Evolution

- How long has this specific arrangement been in place? If longer than three months, what are the reasons the visiting arrangement has not progressed? Answers should be child-related (e.g., safety or developmental concerns) or related to the parent's ability to meet the child's needs—not punitive (e.g., parent has not followed through with referrals or completed service plan, parent relapsed three months ago).

Permanency

- Is this visiting plan moving the court closer to achieving the permanency goal? Whenever possible, are the visits close to real-life situations that will allow the parent to address real-life parenting challenges?

Parental Participation in Child's Life

- Is the parent participating in the infant's medical appointments, early intervention services, and other activities?

- Has attention been paid to arranging visits on birthdays, holidays, anniversaries, and other special occasions that may be important to the child, parent, and family?
- Is mutual communication facilitated between the parent and the foster parent regarding the infant's habits, routines, behavior, preferences, and development/growth?

Limiting, Suspending, or Terminating Visits

Unless there is imminent risk to the infant's safety or well-being or evidence of visit-based harm, before suspending or limiting visits, consider the following:

- What is the basis of this request?
- Has adequate time and explanation of attachment building been given to the parent? Has the parent been encouraged to persistently, actively, and patiently build attachment with the infant? Have efforts to slowly wean the foster parent out of the visits been tried?
- For parents with substance abuse issues: Has the caseworker or substance abuse counselor discussed the expectations, parameters, and purpose of visits with the parent? Have they discussed relapse prevention to address the difficulties underlying issues visits may present?
- If due to the parent's inconsistent attendance at visits: What efforts have been made to identify the reasons for irregular attendance? Have there been efforts to engage and support the parent to build an attachment with and parent her/his infant?
- If parental ambivalence toward resuming full-time care of the infant is assessed (including cases where the parent has prior termination of parental rights), has a referral for counseling about options been made?

1. Adapted with permission from Dicker, Sheryl and Tanya Krupat. "Permanent Judicial Commission on Justice for Children Infant Visiting Checklist for Family Court Judges." Unpublished draft. New York State Permanent Judicial Commission on Justice for Children, 2006.



Promising Practices

Lawyers and judges should be familiar with the resources and services for children and families in their community and think creatively to improve visitation practices. In many communities across the country, courts, child welfare agencies, service providers, nonprofit organizations, and faith-based or community organizations are partnering to enhance the visitation experience and promote permanency. Working together, community partners can develop creative solutions to overcome barriers to successful visitation. Promising practices include:

- *Therapeutic Visitation Programs.* Because many parents of infants and toddlers in foster care did not experience positive, nurturing relationships in their own childhoods, they must learn new parenting approaches. Therapeutic visitation programs promote attachment and help parents improve their parenting skills.
- *Supervised Visitation Centers.* Supervised visitation centers serve families of children in foster care who can only visit when an impartial supervisor is present. The centers provide a warm, homelike environment where parents can visit with their children in a safe and supervised setting. The Supervised Visitation Network (www.svnetwork.net) is a helpful resource for advocates interested in learning more about supervised visitation centers.
- *Around-the-Clock Visitation.* Recognizing the importance of parent-child contact, several programs are pushing the envelope on visitation practices and providing what could be regarded as around-the-clock visitation in a controlled setting. For example, shared family care is an arrangement in which the parent is placed with her child in a foster home. The foster family is trained to mentor and support the parent as she develops the skills to care for her child and move toward independent living.⁶¹

See pages 24–25 for a discussion of several promising community approaches to visitation.

The Supervised Visitation Network (www.svnetwork.net) is a helpful resource for advocates interested in learning more about supervised visitation centers.

Promising Visitation Programs

Across the country, community stakeholders are working to create and improve visitation programs for children in foster care.

Therapeutic Visitation

Therapeutic visitation programs promote attachment and emotional stability for children in foster care. These programs often involve a therapist who works with the child and the parent to create a safe and supportive environment for visitation.

For example, in Florida, the **Miami-Dade Juvenile Court** refers maltreated toddlers and their parents to a therapeutic visitation program. The program provides a safe and supportive environment for visitation, and includes individualized therapeutic intervention and parental guidance.

Individualized therapeutic intervention and parental guidance are provided to help parents learn to play reciprocally with their child, understand their child's emotional cues, and support their child's health and development. Three years of data show substantial improvements in child-parent interaction, no further acts of abuse or neglect, and a reunification rate of 86 percent.¹

Head Start and Children in Douglas County, Colorado, is a partnership between the local child welfare agency and the local child development center that provides specialized services for young children in foster care and their parents. Birth parents spend three days each week with their child in a safe and supportive environment.

An evaluation of the program concluded that Early Head Start has a positive effect on a range of parenting outcomes as well as on children's cognitive and language development.²

The **Family Partnership** program, developed by the **Department of Children, Youth, and Families** in Washington, is an innovative therapeutic visitation program. Families of children in out-of-home care are invited to visit their children in a safe and supportive environment. The program includes individualized therapeutic intervention and parental guidance. Caseworkers and other members of the treatment

team work with parents to help them learn how they can better interact with and meet the needs of their children.³

Supervised Visitation Centers

Supervised visitation centers serve families of children in foster care who can only visit when an impartial supervisor is present. For example, public and private community partners in Colorado Springs, Colorado, collaborate to run the **Family Visitation Center**. Located in a renovated Victorian house, the center provides a homelike setting where parents visiting their children can participate in daily parenting activities (playing, bathing, preparing meals, reading together, etc.). County staff and trained volunteers supervise visits, provide support, and offer hands-on parenting instruction. The center is open six days a week and works with each family to develop a visitation schedule that meets its treatment needs.⁴

In some communities, faith-based organizations have partnered with the court and the child welfare agency to expand supervised visitation opportunities. For example, in Douglas County, Georgia, **Saint Julian's Episcopal Church** runs the **Starting Over Supervised Visitation Program**. Trained volunteers supervise family visits in a cheerful, warm environment at the church. The program is open one evening each week and on Saturdays, so parents do not have to miss work.⁵

In Wisconsin, **Lutheran Social Services of Upper Wisconsin and Upper Michigan** works with the **Eau Claire County Department of Human Services** to offer the **Family Interaction Program**. The multidimensional visitation program promotes attachment and permanence in a safe and supervised setting. During the first phase of placement, parents visit with their children in the office, which is a homelike environment. Program staff observe parent-child interactions, provide hands-on parenting information as the situation calls for it, observe how the parent responds to and uses the information, and document the interactions.

The **Supervised Visitation Network** is a good resource for information about supervised visitation programs. Visit svnetwork.net.

Around-the-Clock Visitation

The two models discussed below provide what could be regarded as around-the-clock visitation in a controlled setting.

Shared Family Care

Shared family care is an arrangement in which the

foster care and shared family care programs are operated in several states including California, Minnesota, Virginia, and Colorado.

Residential Treatment Programs in which Children Are Placed with Their Mothers

Chicago's Haymarket Center, a nonprofit agency that offers comprehensive alcohol and drug treatment programs, helps mothers in treatment continue contact with their children. The center's Athey Hall is a residential treatment facility for chemically addicted mothers and their dependent children. The program provides continuity of care and support for the mother and her children, incorporating inpatient services and activities at three different stages of care. Typically, it takes three-to-six months to complete the program. The program requires clients to cooperate with human service agencies that help them prepare to live independently. Mothers are allowed to house up to two young children on the unit.⁹

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Conclusion

Parent-child interaction is critical to the healthy development of infants and toddlers, and visitation is an essential component of family reunification and permanency planning. When reunification is a permanency option, judges and those who represent children in foster care and their parents should advocate for frequent, safe, and high-quality visitation.

Notes

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APPENDIX B

Information Packet: Parent-Child Visiting

National Resource Center for Family-Centered Practice and Permanency Planning (April 2008)



Information Packet

Family-Centered Practice Models

National Resource Center for Family-Centered Practice and Permanency Planning

A Service of Children's Bureau/ACF/DHHS

By Teija Sudol

July 2009

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Summary

Traditionally, child welfare work focused on providing and caring for children and youth who were separated from their families because of maltreatment or abuse, with minimal or no support to families as a whole. This led to an increasing number of children/youth in care, especially children of color.

In recent decades, federal legislation has shifted the focus in child welfare from child-centered to family-centered practice. The National Resource Center for Family-Centered Practice and Permanency Planning¹ (NRCFCPPP) concluded that jurisdictions are required to plan for and provide services that:

- Help families manage the tasks of daily living, adequately nurture children, and remedy problem situations;
- Make reasonable efforts to keep children and youth in their own homes whenever possible;
- Keep children safe and out of dangerous living situations and protect their right to grow up with a sense of well-being, belonging, and permanence.

The focus of the attention in family-centered practice is the family unit, ensuring the safety and well-being of all family members. It emphasizes the capacity and potential of families to care for themselves, and engages them in decision-making, goal-setting and planning for services. In family-centered child welfare practice, families are linked with individualized, comprehensive and culturally appropriate supports and services that are based in their own communities. The core of family-centered practice is family engagement through a series of intentional interventions, as well as integrated and shared efforts with families and different systems of care to promote safety, permanency and well being for children, youth and families (NRCFCPPP, 2009).

Family-centered practice “acknowledges that there are times in the lives of families when they may be weak from exposure to stressors such as poverty, poor housing, substance abuse, domestic violence, or mental illness” and in need of help and timely intervention. The goal of family-centered practice is “strengthening and supporting all families – birth, adoptive, kinship, guardian, and foster – ... to ensure children’s timely permanence, stability, safety and continuity in family relationships” (NRCFCPPP, 2005).

¹ The National Resource Center for Family-Centered Practice and Permanency Planning (NRCFCPPP) was established in 2004 to continue the work of its predecessor, the National Resource Center for Family-Centered Practice (NRCFCP). Some of the material referenced in this information packet and credited to NRCFCPPP originally may have been published by the NRCFCP. NRCFCPPP is a service of the Children’s Bureau/ACF/DHHS.

Fact Sheet

Federally Monitored Practice Principle

Family-centered practice is one of the practice principles that guide the Federal Child and Family Services Reviews (CFSR) to evaluate and monitor the States' current child welfare systems. The current services should be evaluated with the family-centered practice framework (among others) in mind and improved as necessary through a continuous quality improvement (CQI) process. The first round of the CFSR completed in 2004 revealed a need for further engagement of families in case planning and more supports for foster and relative caretakers, as well as a failure to engage fathers. Family-centered practice also serves as a model for child welfare practice and utilizes the systems of care approach in that it "builds partnerships to create a broad, integrated process for meeting families' multiple needs" (NRCFCPPP, 2009). The systems of care approach is based on the principles that the Children's Bureau promotes and monitors through the CFSR: interagency collaboration; individualized, strengths-based care practices; cultural competence; community-based services; and full participation of families at all levels of the system.

Defining Family-Centered Practice

According to the federal guidelines for CFSR, family-centered practice means that, "in the delivery of services to children involved in the child welfare system, the jurisdiction's practice is to work with and support the entire family, including fathers, as we address the abuse or neglect of a child within that family" (NRCOI, 2008). The assumption is that "the most fundamental needs of children, such as needs for nurturing, belonging and safety, cannot be addressed effectively without attending to the entire family's needs" (Milner & al, 2005). Engaging and collaborating with the entire family at all stages of the work is critical in the process of achieving safety, permanency, and well-being for them.

Defining Practice Model Framework

According to a working document by two federal child welfare resource centers, NRCFCPPP and National Child Welfare Resource Center for Organizational Improvement (NRCOI), a child welfare practice model is a "conceptual map and organizational ideology of how agency employees, families, and stakeholders should unite in creating a physical and emotional environment that focuses on safety, permanency, and well-being of children and their families" (2008). This practice model should fit the federally promoted framework for child welfare that is child-focused, family-centered, individualized, parental capacity strengthening, collaborative, community-based, culturally responsive, and outcome oriented.

Legislation & Policies

The new *Fostering Connections to Success and Increasing Adoptions Act* of 2008 P.L. 110-351 was “designed to connect and support relative caregivers, improve outcomes for children in foster care, provide for tribal foster care and adoption access, and improve incentives for adoption.”

For a full discussion and Text of P.L. 110-351 see:

http://www.childwelfare.gov/systemwide/laws_policies/federal/index.cfm?event=federallegislation.view/eqis&id=121.

Adoption and Safe Families Act (ASFA) of 1997 made family-centered practice a focus for child welfare systems reform and gave states specific requirements for both safety and family-centered practice in child welfare:

“Child and family services must be designed to ensure the safety and protection of children as well as the preservation and support of families...”

When safety can be ensured, strengthening and preserving families is seen as the best way to promote healthy development of children.

Services focus on families as a whole...family strengths are identified, enhanced, respected, and mobilized to help families solve problems...

Most child and family services are community-based; involve community organizations, parents, and residents in their design and delivery; and are accountable to community and client needs (45 CFR 1357).”

Other federal laws that refocused the scope of child welfare programs to include family-centered services are: *Adoption Assistance and Child Welfare Act* of 1980 (PL 96-272), *Family Preservation and Support Act* of 1993 (PL 103-66), *Safe and Stable Family Program* of 1997 (funded through ASFA), *Child Abuse Prevention and Treatment Act* (CAPTA) that was reauthorized as part of *Keeping Children and Families Safe Act* in 2003, as well as *Promoting Safe and Stable Families Amendments* (PSSF) of 2001.

Family-centered practice, as one of the four child welfare practice principles, is promoted and monitored through the Children and Family Services Reviews (CFSR) that the Children’s Bureau (ACF/DHHS) administers. It is designed to:

- Strengthen, enable, and empower families to protect and nurture their children
- Safely preserve family relationships and connections when appropriate
- Recognize the strong influence that social systems have on individual behavior
- Enhance family autonomy
- Respect the rights, values, and cultures of families
- Focus on an entire family rather than select individuals within a family

For the Children’s Bureau Child and Family Service Reviews Practice Principles (2007), visit: http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/hand-2.htm

Best Practices and Model Programs

According to the National Resource Center for Family-Centered Practice and Permanency Planning (NRCFCPPP), the following four components are essential to family-centered practice in child welfare:

1. **The family unit is the focus of attention:** family-centered practice works with the family as a collective unit, insuring the safety and well-being of family members.
2. **Strengthening the capacity of families to function effectively is emphasized:** the primary purpose of family-centered practice is to strengthen the family's potential for carrying out their responsibilities.
3. **Families are engaged in designing all aspects of the policies, services, and program evaluation:** family-centered practitioners partner with families to use their expert knowledge throughout the decision- and goal-making processes and provide individualized, culturally-responsive, and relevant services for each family.
4. **Families are linked with more comprehensive, diverse, and community-based networks of supports and services:** family-centered interventions assist in mobilizing resources to maximize communication, shared planning, and collaboration among the several community and/or neighborhood systems that are directly involved in the family.

The National Child Welfare Resource Center for Organizational Improvement (2008) lists the following practices as examples of a family-centered approach:

- Assessment of the entire family
- Family engagement in the case and services planning
- Work with both mothers and fathers
- Use of family-based rather than institutional placements or temporary shelters
- Focus on the underlying issues affecting child safety, permanency and well-being

Additional resources for family-centered practice approaches can be found at

<http://www.childwelfare.gov/famcentered/overview/approaches/> and <http://www.childwelfare.gov/famcentered/casework/>.

The best practice for child welfare agencies is to develop a family-centered practice framework that fits their unique needs. Child Welfare Information Gateway and the National Resource Center for Family-Centered Practice and Permanency Planning provide examples of state and local practices, some of which are listed below. Click on <http://www.childwelfare.gov/famcentered/overview/values/examples.cfm> and

http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/family-centered-practice.html for further information.

- The child welfare system of **Alabama** was transformed by putting the focus on professional practice, employee quality and support, being family-centered, and performance standards. The 19-year federally overseen process was guided by four principles:
 - Children should live with their families when they can do so safely;
 - Comprehensive services should be provided to children and their families;
 - Regular family planning meetings with the family and individualized community support teams should be held with the focus on reunification, relative placement or adoption;
 - Reports of child abuse and neglect should be investigated in a timely manner.

- With the Congressional relief money to rebuild after Hurricane Katrina, **Louisiana** went through a massive system reform. This reform movement is “designed to help serve children in the best place for them – safe and secure families” (NRCFCPPP, 2008). The six initiatives within Louisiana child welfare are:
 1. Improving intake decisions
 2. Meeting family needs using family-centered assessment and evaluation tools
 3. Offering community-based services
 4. Recruiting foster and adoptive parents and enhancing supports for them
 5. Residential treatment as a short-term intervention
 6. Securing permanent family connections and vocational, housing and educational supports for youth transitioning out of care

- Working with Families Right from the Start initiative in **Massachusetts** identified the following “six core values that describe the specific behaviors and practices that define good child welfare practice” (NRCFCPPP, 2008): child-driven, family-centered, community-focused, strength-based, committed to cultural diversity and competence and committed to continuous learning.

Online Resources

Center for the Study of Social Policy (<http://www.cssp.org/>) is dedicated to creating opportunities for America's children, families and communities. It develops resources and publishes articles to support the strengths-based and family-centered child welfare practice.

Child Welfare Information Gateway (<http://www.childwelfare.gov/famcentered/>) provides resources to support the local, state and Tribal child welfare agencies in creating a framework for family-centered practice, as well as resources on family-centered practice approaches, cultural competence, casework practice, and providing and evaluating family-centered services.

National Child Welfare Resource Center for Organizational Improvement (www.nrcoi.org) is funded by the Children's Bureau (ACF/DHHS), and provides free, on-site training and technical assistance (T/TA) to local, state and Tribal child welfare agencies with the Child and Family Services Reviews, including strategic planning, quality improvement and evaluating outcomes.

National Resource Center for Family-Centered Practice and Permanency Planning (NRCFCPPP) at the Hunter College School of Social Work (<http://www.hunter.cuny.edu/socwork/nrcfcpp/>) is a service of the Children's Bureau (ACF/DHHS). It offers training, technical assistance, and information services to state, local, tribal and other publicly administered or supported child welfare agencies to strengthen their capacity to institutionalize a safety-focused, family-centered, and community-based approach to meet the needs of children, youth and families. NRCFCPPP recently published the Family Engagement: A Web-based Practice Toolkit that provides information on promising practices, programs and resources (<http://www.hunter.cuny.edu/socwork/nrcfcpp/fewpt/index.htm>).

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