

Colorado Evaluation & Action Lab

Using data to drive action

# Best Practices for Family Time in Colorado: A Data-Informed Approach to Drive Outcomes

# **Technical Report**

## **REPORT HIGHLIGHTS:**

- House Bill 23-1027 authorized a statewide study on family time practices.
- The Colorado Lab partnered with the High Quality Parenting Time Task Force to fulfill this legislative opportunity.
- Study results are packaged as datainformed best practice recommendations for family time in Colorado. These are presented in a strategy report and executive summary to inspire actionability.
- This technical report is a supplement to the strategy report. It outlines methods used and underlying data from each source used in the full study.
- Methods and findings are included for:
  - Statewide survey to Colorado counties.
  - Subject matter expert interviews.
  - National research evidence review.
  - Child welfare administrative data.

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# Acknowledgements

This research was supported by House Bill 23-1027 and the High Quality Parenting Time Task Force (Task Force). The opinions expressed are those of the authors and do not represent the views of the General Assembly, the Task Force, its state members or their agencies, or the University of Denver. Policy and budget recommendations do not represent the budget or legislative agendas of state agencies, the Governor's Office, or other partners. Any requests for funding or statutory changes will be developed in collaboration with the Governor's Office and communicated to the legislature through the regular budget and legislative processes.

Thank you to our partners who provided subject matter expertise and guidance on this project: Melanie Jordan, Esq., Policy Director, the Office of Respondent Parents' Counsel; Claire Hooker, Client Service Analyst, Child Protection Ombudsman of Colorado; Ashley Chase, JD, Staff Attorney and Legislative Liaison, Office of the Child's Representative; Korey Elger, Permanency Manager, Division of Child Welfare, Colorado Department of Human Services; Tiffany Ramos, Manager, Child, Adult, and Family Services, Broomfield County Department of Human Services; Heather Durosko, Executive Director, Colorado Human Services Director Association; Jessica Starr, Research Analysis and Data Unit Manager, Colorado Department of Human Services; and James "JP" Sleeger, Trails Product Manager, Colorado Department of Human Services. We also extend our deepest appreciation to members of the High Quality Parenting Time Task Force; the directors and staff of the county departments of human services who completed the survey; and the many experts who participated in interviews. Special thanks to the parents, kin, and youth who shared their lived experience and helped shape meaningful change for Colorado families.

# **Data Sources**

The study uses data from four sources:

- 1. Evidence review of the best available national literature.
- 2. Statewide survey to all 64 counties in Colorado (human services departments).
- 3. Subject matter expert interviews with cross-system, community, and family partners.
- 4. Child welfare (Trails) administrative data.

# **Suggested Citation**

Everson, C. L., & Kallmann Wegner, A. (October 2024). Best Practices for Family Time in Colorado: A Data-Informed Approach to Drive Outcomes. Technical Report. (Report No. 24-04C). Denver, CO: Colorado Evaluation and Action Lab at the University of Denver.

# Introduction

During times of separation, it is crucial that families receive regular and quality family time, including between parent(s), children/youth in placement, and siblings. A statewide study was done to develop best practice recommendations and build capacity for family time in Colorado.

House Bill (HB) 23-1027, Parent and Child Family Time, authorized a leadingedge study to develop best practice recommendations for family time.

The High Quality Parenting Time Task Force partnered with the Colorado Evaluation and Action Lab to fulfill this legislative opportunity.

## What is Family Time?

Family time refers to the opportunity for families to interact together in meaningful ways when children/youth have been removed from the home during a dependency and neglect case. It is also known as "parenting time" or visitation." Family time involves parent to child/youth interactions, sibling interactions, and whole family interactions to promote family strengthening and cultural connections. (<u>Reference: 2509-1-7.000.2</u>)

The best available research evidence makes clear that family time is essential to achieving positive outcomes during and after a child welfare case, and a fundamental right of families.

# **Project Overview**

<u>House Bill 21-1101</u> created the High Quality Parenting Time Task Force (Task Force) to explore and make recommendations on statutory and regulatory changes to ensure every family in Colorado has access to family time when they are separated through a dependency and neglect case. The Task Force brings together the Office of Respondent Parents' Counsel (ORPC), the Office of the Child's Representative (OCR), the Colorado Department of Human Services (CDHS), the Child Protection Ombudsman's Office, county departments of human services, family time providers, and families with lived experience. Pursuant to HB21-1101, high quality family time is an essential mechanism to achieve family preservation and strengthening, including reducing trauma to children/youth and parents, increasing reunification, and improving family well-being.

<u>HB23-1027</u> extended the Task Force and its statutorily defined duties, which includes conducting a statewide study on family time practices and making recommendations for the future. The Colorado Evaluation and Action Lab (Colorado Lab) partnered with the Task Force to fulfill this legislative opportunity and increase the capacity for high quality family time services that drive positive outcomes.

Recommendations are formatted as best practice standards. Funding structure considerations are included to maximize feasibility and sustainability. Standards include:

- 1. Minimum requirements: Broad strokes essential standards (to guide policymaking).
- 2. Suggested guidelines: Granular guidance on achieving best practices (to guide implementation).

The data-informed best practice recommendations for family time in Colorado are presented in a <u>strategy report</u> and <u>executive summary</u> to inspire actionability. This technical report is a supplement to provide more details on methods and findings for each data source.

### Language Matters

During times of separation, it is crucial that families receive regular and quality time together, including between parent(s), children/youth in placement, and siblings. In accordance with HB23-1027 and reflecting a national movement to reduce trauma during child welfare involvement, this study uses the term "family time" wherever possible.

"Visitation" or "parenting time" is used only when referencing source material or prior literature.

# **Study Overview**

To develop recommendations, a rigorous, mixed methods approach was used. Quantitative and qualitative data from four sources were analyzed:

- Evidence review of the best available research evidence and grey literature on factors associated with quality family time and case-, person-, and system-level outcomes.
- Statewide survey to all 64 counties in Colorado on current practices, implementation supports, data collection, and funding for family time.
- Subject matter expert interviews on strengths, gaps, and opportunities to improve and build capacity for family time in Colorado.
- Child welfare (Trails) administrative data on distribution and structure of family time.

In addition, the High Quality Parenting Time Task Force provided iterative feedback and meaning making during the development process and approved final recommendations.

The mixed methods approach surfaced a fuller story of family time strengths, challenges, and opportunities for Colorado. Data from each source were analyzed independently and then together to identify relationships and inform the final set of best practice recommendations. Colorado's evidence-based decision making approach (Figure 1) was used in synthesizing data from across sources and translating the evidence into policy and practice action.



#### Figure 1. Evidence-Based Decision Making Approach

## **Research Questions**

The purpose of this study was to develop data-informed recommendations on best practice standards for delivering family time in Colorado and building capacity to meet standards. Three research questions guided this study:

- 1. Research Question 1: How is family time structured across the state?
  - a. What are the strengths?
  - b. What are the needs?
- 2. Research Question 2: What are the costs of implementing family time in the state?
  - a. What is currently paid for?
  - b. Where are there gaps?
- 3. **Research Question 3**: What practices can Colorado adopt to ensure every family has access to quality family time when separated through a dependency and neglect case?
  - a. What does the best available research and practice evidence indicate improves family time and associated outcomes?
  - b. What will it take to make best practice standards feasible and sustainable?

# **Theory of Change**

The project's theory of change (Figure 2) identifies the "North Star" goal of ensuring every family in Colorado has access to high quality family time during periods of separation. The building blocks show the drivers of change necessary to achieve outcomes. First, counties and the state must build capacity. This includes sustainable funding mechanisms that cover the full range of costs necessary

for implementation and evidence-building. With capacity built and using a data-informed lens, best practice standards must then be developed and codified to guide implementation. This includes essential standards in statute and rule, as well as more granular guidance provided through training and resources for systems, providers, and families. With a shared mental model and agreed-upon structure in place, best practice standards must then be implemented consistently. Consistent implementation means with full reach to all families across Colorado and with fidelity to the guidance provided in best practice standards. Together, the three building blocks will help Colorado achieve proximate (e.g., improved positive relationships) and ultimate (e.g., increased reunification) outcomes.

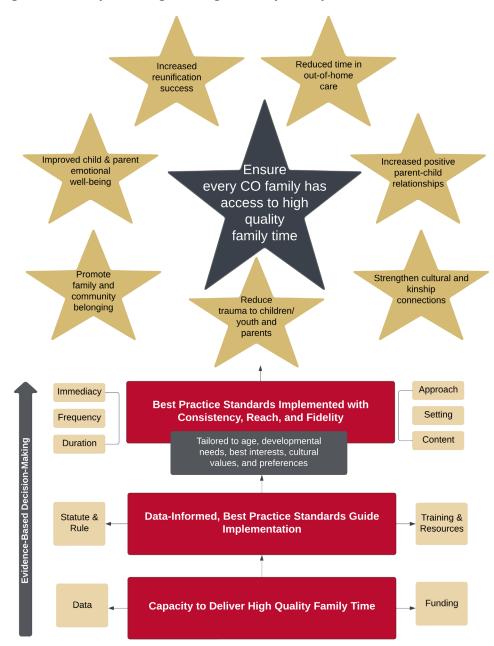


Figure 2. Theory of Change for High Quality Family Time in Colorado

# **Data Source: Evidence Review**

The evidence review synthesized data from academic and grey literature sources focused on the practices and outcomes of family time for children/youth and parents.

Leading data sources included University of Denver Library Compass, guidance documents from the Child Welfare Information Gateway, and grey literature from national family strengthening organizations.

A systematic process was applied to identify all relevant literature published 2013 to 2024 and each article critically appraised to arrive at the best available research evidence.

# **Methods**

A systematic process was used to identify all relevant literature from academic peer-reviewed sources and grey literature, including state and national guidance documents. The process was iterative and forward- and backward- citation chaining was used. For example, academic citations contained in guidance documents were added to the search, and citations from academic articles were then also examined. This allowed saturation in the search and leading sources became evident. Details on the search approach are below. Table 1 outlines data sources included in the evidence review.

### Finding the Best Available Research Evidence

It is important to use a systematic process and a variety of sources in the evidence review, as no one source alone provides sufficient data to inform best practice standards. Using academic and grey literature, including state and national guidance, helps to ensure all domains of <u>evidence-based decision making</u> are included in recommendations development.

### **Peer-Reviewed Literature Search**

Two exemplar articles on family time anchored the initial search. Their citations were used to identify relevant and recent sources across the academic literature. The University of Denver Library Compass search tool was then used to deepen the search across a wide range of academic databases. The search was restricted to articles published 2013 or later. To determine whether to include an article in the review, each abstract was scanned. If the abstract signaled relevance, the article was included.

The following keywords (in varying combinations) were used in the search: "child welfare" AND "visitation;" OR "parenting time;" OR "family time;" OR "contact;" "out-of-home;" OR "removal," "age," "race," "ethnicity," "language," "virtual," "frequency," "duration," "cultur,\*" "re-ent,\*" "reent,\*" and "reunification."

## **Grey Literature and State/National Guidance Documents**

Grey literature on practitioner-facing documents, state/national guidance documents, evaluation reports, and similar materials were sourced from organizations leading research and policy work in the child welfare space. Search terms from the academic search were used and citation chaining applied to reach saturation. Family time guidance documents (e.g., rule, statute, and best practice documents) from states with a state-supervised, county-administered system were first identified using the Child Welfare Information Gateway portal. Implementation and evaluation documents on family time from state and national sources were then searched. This included literature from the Administration for Children and Families, Casey Family Programs, Zero to Three, the American Bar Association, training and professional development networks, and child advocacy organizations.

| Туре                                       | Sources  |  |
|--|--|--|
| Academic<br>(peer-reviewed)<br>literature. | <b>University of Denver (DU) Library Compass:</b> Sources health, social science, physical science, medicine, policy, law, and other databases and journals publishing research. Searches were restricted to articles from academic journals and e-books (excluding dissertations) published in 2013 or later. |  |
| Grey literature.                           | Evaluation and implementation documents from leading national and state organizations:   |  |
|  | Casey Family Programs.   |  |
|  | • Zero to Three.   |  |
|  | Harris Professional Development Network.   |  |
|  | <ul> <li>Rose Wentz Training resources (recommended by both California and<br/>Washington state).</li> </ul>   |  |
|  | Child advocacy organizations.  |  |
|  | Reports from state governments.  |  |
| State and<br>national<br>guidance.         | <ul> <li>Child Welfare Information Gateway: Database of state and national provider-facing resources and relevant statutes. Searches focused on states with state-supervised, county-administered child welfare systems:</li> <li>Child welfare manuals.</li> </ul>  |  |
|  |  |  |
|  | <ul> <li>Practice guidelines and field guides for family time.</li> <li>Permanency and case planning guides.</li> </ul>  |  |
|  | • I childrency and case planning guides.   |  |

#### Table 1. Data Sources Included in the Evidence Review

## **Findings**

Key findings from the evidence review are summarized below. These are reported as a) outcomes of quality family time; and b) person-, case-, and system-level factors that influence decision making around family time. <u>Appendix A</u> provides citations for leading articles behind key findings.

#### Outcomes

The best available research evidence revealed six major outcomes that are correlated with high quality family time, alongside mediating and moderating factors that have been measured within these outcomes (Table 2).

### Table 2. Outcomes of Family Time

| Outcome  | Measurement Construct (How the<br>Outcome Is Being Measured)  | Moderating and Mediating Factors   |
|--|---|--|
| Out-of-Home<br>Care.   | Days in out-of-home care  | <ul> <li>Placement with kin and with siblings.</li> <li>Contact with mother or father.</li> <li>Type of abuse or neglect.</li> <li>Race/ethnicity.</li> <li>Frequency of visits.</li> <li>Format of visits.</li> </ul> |
| Reunification<br>and Re-entry.                                   | <ul> <li>Parent and child/youth were reunified.</li> <li>Permanent placement is with kin.</li> <li>Re-entry into foster care within 18 months after reunification.</li> <li>Time to re-entry.</li> </ul>  | • Contact with father.   |
| Parent-<br>Child/Youth<br>Interactions<br>During Family<br>Time. | <ul> <li>Reducing visit cancellations.</li> <li>Communication.</li> <li>Management and supervision.</li> <li>Family time activities.</li> <li>Enrichment of family time<br/>environment.</li> <li>Parenting skills and knowledge of<br/>child development.</li> </ul> | <ul><li>Format of visit</li><li>Frequency of visit</li><li>Age</li></ul>   |

| Outcome                                 | Measurement Construct (How the<br>Outcome Is Being Measured)   | Moderating and Mediating Factors  |
|---|--|---|
| Quality of<br>Relationships.            | <ul> <li>Quality of attachment between children/youth and birth parents, including positive/nurturing relationships.</li> <li>Quality of attachment between children/youth and foster parents.</li> <li>Sensitivity of foster parents to children/youth.</li> <li>Quality of relationship between birth parents and foster parents.</li> </ul> | <ul> <li>Frequency and amount of visits.</li> <li>Age.</li> <li>Staff and foster parent attitudes toward birth parents.</li> <li>Quality of child attachment with birth and foster parents.</li> <li>Length of time in out-of-home care.</li> <li>Length of time in current placement.</li> <li>Type of placement.</li> </ul> |
| Child/Youth<br>Mental<br>Health.        | <ul> <li>Internalizing behaviors (e.g., anxiety and depression).</li> <li>Behavioral disturbances / externalizing behaviors.</li> <li>Emotional safety and stress during visitation.</li> <li>Prosocial behavior.</li> </ul>   | <ul> <li>Attachment quality and pre-<br/>existing relationships between<br/>child/youth and birth parents.</li> <li>Type of placement.</li> <li>Type of abuse or neglect.</li> <li>Age.</li> <li>Frequency of visits</li> </ul>   |
| Child/Youth<br>Academic<br>Performance. | Caregiver ratings of student performance in academic subjects (e.g., math and reading).  | <ul><li>Frequency of visits.</li><li>Quality of contact.</li><li>Age.</li></ul>   |

## **Decision-Making Factors**

The best available research evidence—in concert with implementation literature—surfaced several major factors that influence decision making around family time (Table 3). These factors exist at the person-, case-, and system-level.

## Table 3. Decision-Making Factors in Implementing Family Time

| Decision-Making Factor    | What the Evidence Says  | Key Considerations   |
|---------------------------|---|--|
| Immediacy after removal.  | Grey literature and state/national guidelines:<br>Following removal, family time should happen<br>quickly, with state and national guidelines<br>ranging from 48 hours to one week. Develop a<br>written plan for family time within two weeks<br>to 60 days.<br>Colorado statute (for context): "Commencing<br>within seventy-two hours after any hearing<br>excluding Saturdays, Sundays, and any court<br>holiday" and "at the first hearing that occurs | Immediate contact should prioritize in-person interactions whenever possible.  |
|                           | after the emergency hearing or no later than<br>thirty days after the removal date, the county<br>department shall provide the court with a<br>proposed family time plan on the record."<br><b>Research:</b> Immediacy of family time is critical<br>for reducing trauma during child welfare<br>involvement.   |  |
| Frequency of family time. | <b>Grey literature and state/national guidelines:</b><br>Based on the need to maintain relationships<br>between parent and child/youth, child/youth<br>best interest, and case goals. Should increase as<br>parent demonstrates increased ability to<br>respond safely and appropriately to child/youth<br>needs. Family time must be regular and as<br>frequent as possible.   | <ul> <li>Age:</li> <li>0 to 12 months: daily or 3–5 times/week.</li> <li>12 months to –5 years: daily or 2–4 times/week.</li> <li>6 to 12 years: at least 1–3 times/week.</li> <li>13 to 18 years: at least 1–2 times/week.</li> </ul> |

| Decision-Making Factor | What the Evidence Says  | Key Considerations   |
|------------------------|---|--|
|                        | <ul> <li>Colorado statute (for context): "Encourage the maximum parent, child, and sibling contact possiblewhen it is in the best interest of the child." Frequency and length of visits are specified as necessary components of family time plan.</li> <li>Research: Frequency is essential to drive outcomes. More frequent family time is associated with: <ul> <li>Less time in out-of-home care.</li> <li>Higher likelihood of reunification.</li> <li>Higher quality relationships and stronger attachment between parents and children/youth.</li> <li>Fewer child/youth mental health symptoms.</li> <li>Mixed effect on child/youth externalizing behaviors.</li> <li>More prosocial behaviors.</li> <li>No association with academic performance.</li> </ul> </li> </ul> | <ul> <li>Particularly for young children, consistency is important.</li> <li>Age: Some research shows that with more contact, older children experienced more time in out-of-home care, but fewer mental health problems. Infants' attachment quality with biological and foster parent(s) should be considered.</li> <li>Contact with mother versus father: More contact with mothers is associated with less time in out-of-home care. More contact with fathers is associated with fathers is associated with less time in out-of-home care and higher reunification rates.</li> <li>Type of maltreatment: Stronger effects of family time on mental health symptoms for children/youth who experienced sexual abuse; more contact in cases where the child had experienced physical abuse is associated with less time in out-of-home care.</li> <li>Contact with mothers for children who had experienced physical abuse is associated with more time in out-of-home care.</li> <li>Race/Ethnicity: More contact is sometimes associated with more time in out-of-home care.</li> </ul> |

| Decision-Making Factor   | What the Evidence Says   | Key Considerations   |
|--------------------------|--|--|
| Decision-Making Factor   | What the Evidence Says   | <ul> <li>Key Considerations</li> <li>Black and Hispanic parents, but systematic racism may influence these findings.</li> <li>Placement: More contact is associated with fewer mental health symptoms for children/youth placed with siblings or in a kinship home.</li> <li>Interactions: <ul> <li>Increased contact among mothers who identify as Hispanic resulted in less time in out-of-home care.</li> <li>Increased family time among fathers who identify as Black resulted in less time in out-of-home care.</li> <li>Increased family time among mothers where the maltreatment allegation was sexual abuse resulted in fewer mental health problems.</li> </ul> </li> </ul> |
|                          |  |  |
| Duration of family time. | <b>Grey literature and state/national guidelines:</b><br>Based on the need to maintain relationships<br>between parent and child/youth. Time should<br>increase as parent demonstrates increased<br>ability to respond safely and appropriately to<br>child/youth needs, including overnights and<br>weekends. | <ul> <li>Age:</li> <li>0 to 12 months: at least 60 minutes.</li> <li>12 to 24 months: 60–90 minutes.</li> <li>2 to 5 years: 1–2 hours.</li> <li>6 to 18 years: 1–3 hours.</li> </ul>   |

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| What the Evidence Says  | Key Considerations   |
|---|--|
| Colorado statute (for context): Frequency and<br>length of visits are specified as necessary<br>components of family time plan.<br>Research: Time between parents and   | Infants' attachment quality with biological and foster parent(s) should be considered.   |
| children/youth vary by development stage and age, with quality activities, frequency, and length vital to healthy development.  |  |
| Grey literature and state/national guidelines:<br>1 or more times per week for any siblings they  | Age: Recommendations did not vary by age.  |
| do not live with. Sibling contact included in written case/family time plans.   | Sibling time is facilitated by placement together.   |
| <u>Colorado statute</u> (for context): "Encourage the<br>maximum parent, child, and sibling contact<br>possiblewhen it is in the best interest of the<br>child." Calls out sibling family time as part of<br>family time plan and promotes contact if in the<br>best interest of the child.   |  |
| Research: Sibling time can strengthen bonds.  |  |
| <b>Grey literature and state/national guideline:</b><br>Typically permits and encourages the<br>supplementary use of virtual methods, phone<br>calls, and letters, but expresses preference for<br>face-to-face. Attend other activities, such as<br>child/youth extracurriculars and medical<br>appointments, as supplements to in-person<br>family time | Age: Children's developmental stage and related<br>lack of engagement in virtual visits are a barrier to<br>using virtual formats.<br>During the COVID-19 pandemic, attorneys<br>perceived that the transition from in-person to<br>virtual visits was a threat to parent-child/youth  |
|   | <ul> <li>Colorado statute (for context): Frequency and length of visits are specified as necessary components of family time plan.</li> <li>Research: Time between parents and children/youth vary by development stage and age, with quality activities, frequency, and length vital to healthy development.</li> <li>Grey literature and state/national guidelines:         <ol> <li>or more times per week for any siblings they do not live with. Sibling contact included in written case/family time plans.</li> </ol> </li> <li>Colorado statute (for context): "Encourage the maximum parent, child, and sibling contact possiblewhen it is in the best interest of the child." Calls out sibling family time as part of family time plan and promotes contact if in the best interest of the child.</li> <li>Research: Sibling time can strengthen bonds.</li> <li>Grey literature and state/national guideline: Typically permits and encourages the supplementary use of virtual methods, phone calls, and letters, but expresses preference for face-to-face. Attend other activities, such as child/youth extracurriculars and medical</li> </ul> |

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| Decision-Making Factor                           | What the Evidence Says  | Key Considerations  |
|--|---|---|
|  | Colorado statute (for context): "may include,<br>but is not limited to, telephone, virtual, or in-<br>person visits."<br>Research: Lack of resources (e.g.,<br>transportation and limited family time space) is<br>a barrier to providing more regular face-to-face<br>family time. Virtual family time can be used as<br>supplements to, not replacements for, in-<br>person contact, as the format inherently limits<br>the kinds of interactions that promote bonding<br>and attachment.                             | relationships and reunification. Parents and<br>caseworkers expressed similar concerns.<br>Social workers perceived the advantages of virtual<br>visitation to be supporting relationship<br>maintenance, increasing access due to distance,<br>and adding a visual component (relative to phone<br>calls). |
| Location of family time and<br>related logistics | <ul> <li>Grey literature and state/national guidelines:<br/>Home-like and safe, ranging from:</li> <li>Home of the parent.</li> <li>Home of a member of the parent's network or extended family.</li> <li>In the community (e.g., park, restaurant).</li> <li>Visitation center.</li> <li>An agency or other care setting.</li> <li>The location should limit burden to the children/youth and parents.</li> <li>Colorado statute (for context): "the least restrictive setting" and "there is a presumption</li> </ul> | Whenever possible, do not take children/youth out<br>of school or planned extracurricular activities for<br>family time.  |

| Decision-Making Factor      | What the Evidence Says  | Key Considerations  |
|-----------------------------|---|---|
|                             | that supervised family timeoccur in the community, a homelike environment, or other agreed-upon location."  |   |
|                             | <b>Research:</b> Location impacts both parent and child/youth comfort in attending family time, with office settings identified as particularly unnatural.  |   |
| Supervision of family time. | Grey literature and state/national guidelines:<br>Assume that family time will be unsupervised<br>and that any need for supervision must be<br>explained and justified.   | Feeling of awkwardness, embarrassment, or<br>shame when a relative is supervising family time<br>may prevent parents from attending family time.  |
|                             | If supervision is needed, ensure it comes from<br>someone who can support safety and promote<br>the parent-child/youth relationship. Preference<br>for less-restrictive options, such as kin,<br>whenever possible. | More restrictive supervision may be needed<br>depending on child safety concerns, age, type of<br>maltreatment, potential for abduction, location,<br>who will attend, goals for family time, and<br>emotional reaction of the child. |
|                             | Potential supervisors include:  | Substance use and behavioral health: supervision is based on parent's behavior during family time,  |
|                             | <ul> <li>Family members/other responsible<br/>adults.</li> </ul>  | not attending treatment and not clean urinalysis results.   |
|                             | Child welfare staff.  |   |
|                             | <ul> <li>Outside (third-party) family time<br/>services.</li> </ul>   |   |
|                             |   |   |

| Decision-Making Factor | What the Evidence Says   | Key Considerations |
|------------------------|--|--------------------|
|                        | Observation is needed when moving from supervised to unsupervised family time (i.e., monitoring period).   |                    |
|                        | The role of the supervisor changes based on<br>the level of safety concern. With greater safety<br>concerns, the supervisor is there to<br>mitigate/manage those concerns. With less<br>safety concerns, the supervisor's role is more<br>about providing education and support.   |                    |
|                        | <u>Colorado statute</u> (for context): "supervision at<br>the least restrictive level to satisfy the child's or<br>youth's safety or mental, emotional, or physical<br>health" and "there is a presumption that<br>supervised family time mustbe supervised by<br>informal supports identified by the family who<br>volunteer to supervise family time, including<br>relatives, or other persons identified by the<br>family." Whether family time must be<br>supervised is specified as a necessary<br>component of family time plan. |                    |
|                        | <b>Research:</b> Caseworkers view supervised family<br>time as an opportunity to observe parenting<br>skills and parent-child/youth interactions.<br>Training and support is needed for those<br>supervising family time to effectively improve<br>parenting practices.  |                    |

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| Decision-Making Factor                            | What the Evidence Says  | Key Considerations   |
|---|---|--|
| Decision-Making Factor<br>Content of family time. | <ul> <li>Grey literature and national/state guidelines:<br/>Support parents in setting intentions that foster child/youth development and attachment.</li> <li>Teach, practice, and observe parenting skills.<br/>This may include parents planning activities with/for their children/youth.</li> <li>Observe for parent's discipline, attentiveness to child/youth needs, and affection. Parents may be learning and practicing new skills in family time.</li> <li>Parent skill-building in family time can support reunification.</li> <li>Engage parents to reduce missed family time and reduce family stress.</li> <li>Colorado statute (for context): Not explicitly specified in statute. Does note that nothing in statute "precludes supplemental professionally coached or supervised family time to improve parenting skills."</li> <li>Research: Coaching during family time has the</li> </ul> | Key Considerations<br>Age: Engage in age and developmentally<br>appropriate activities with child/youth. Always<br>consider family goals in making decisions about<br>family time. |
|   | potential to improve parenting skills and can<br>improve reunification. When possible, use<br>evidence-based programs.  |  |

# **Data Source: Statewide Survey to Colorado Counties**

A statewide survey was administered to all county departments of human services to understand county-level implementation.

Nearly all counties participated (86% response rate), with representation from rural and urban counties and all regions were represented.

Data were descriptively analyzed for trends in family time practices, strengths, and barriers.

## Methods

The survey was administered statewide to county departments of human services through the Colorado Human Services Director Association (CHSDA). Each county selected one representative to complete the survey.<sup>i</sup> Typically, this was the department director or assistant director, followed by department and family time managers. Fifty-five counties were represented in the final survey dataset, for a response rate of 86%.<sup>ii</sup>. All CHSDA regions were represented. The nine counties who did not complete the survey represent < 4% of the state's population. Table 4 is the sample frame.

#### Table 4. County Survey Sample

| CHSDA Region    | Number of Participating Counties     | Response Rate |
|-----------------|--------------------------------------|---------------|
| Metro Area      | 10 (of 11)                           | 91%           |
| Northeast       | 9 (of 10)                            | 90%           |
| Northwest       | 7 (of 10)                            | 70%           |
| San Luis Valley | 6 (of 6)                             | 100%          |
| Southeast       | 13 (of 15)                           | 87%           |
| Southwest       | 10 (of 12)                           | 92%           |
|                 | Total Response Rate                  | 86%           |
|                 | Percent of State Population Captured | 96%           |

Data were collected via Qualtrics, an online secure survey platform. Descriptive analysis was applied for all close-ended questions; open-ended questions were analyzed for context and themes that triangulated with qualitative findings from interviews.

<sup>&</sup>lt;sup>i</sup> The survey focused on family time practice, with additional sections on funding and data systems. Because these can be distinct areas of knowledge, counties could ask another representative to complete these specialized sections.

<sup>&</sup>lt;sup>ii</sup> Three human service departments report covering two joining counties (where family time is treated exactly the same) and four reported no removals in the last few years. To ensure results reflected current practice, actual denominator (n = 48) was used for all survey analysis.

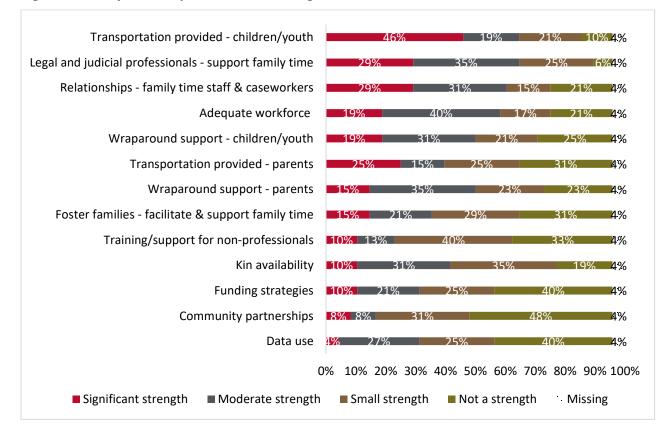
## **Findings**

Key survey findings are summarized below for 1) implementation practices, 2) data use, and 3) Funding structures.

#### **Implementation Practices**

# Leading strengths in implementing family time are providing transportation for children/youth and support for family time from other child welfare professionals.

The most frequent significant strength in implementing family time, identified by 46% of counties, was transportation to family time for children/youth (Figure 3). In contrast, only 25% of counties identified transportation for parents as a significant strength. This also reflects allowable costs, with counties more likely to able to pay for transportation for children/youth than for parents. Support from other professionals was another strength, including legal and judicial professionals and family time staff (29% each). Areas that counties most frequently described as "not a strength" included partnerships with other community agencies where family time can be held at little to no cost (48%), data use (40%), and funding strategies (40%).



#### **Figure 3. Family Time Implementation Strengths**

#### There is a tension between the benefits of HB23-1027 and the reality of implementation.

On the whole, counties recognized the extensive benefits of moving to a community-based model of family time and using kin to supervise. Leading benefits included reunification success, reducing trauma, and long-term family strengthening. However, this requires a large shift in how business is done, including moving resources out of the department and into the community.

The most significant barriers included lack of kin to supervise family time and lack of parent engagement (31% each) and lack of transportation for parents (27%) (Figure 4). A key moderate

barrier was lack of family-like setting (42%). Lack of funding was also explicitly called out as an issue, as funds (with flexibility) need to either be reallocated or found anew to:

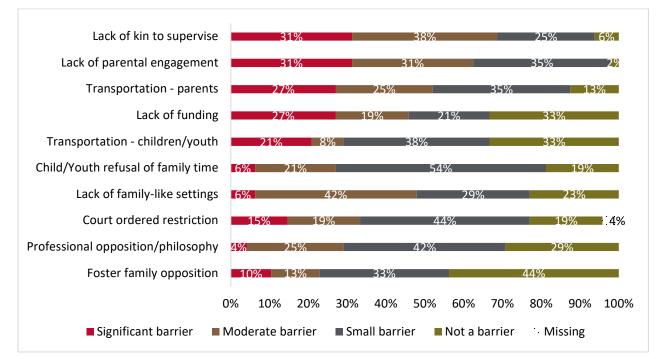
- Maintain and extend current activities.
- Pay kin to supervise.
- Pay for parent transportation services.
- Pay for activities during family time.
- Pay for legal costs.

*"Family time has made it impossible to make restrictions or reductions to family time without having to return to court. The necessity to have more documentation is overwhelming to staff."* 

- Human services staff

It is worth noting that the requirement to consult with the county attorney and work with the courts to further restrict family time is seen as unduly burdensome to counties. However, this burden in part reflects a philosophical tension where restriction is expected and normalized; as a shift towards only restricting for child safety and in an appropriate way (e.g., supervisor type is more restrictive, but not setting) takes hold, this burden is likely to be reduced.

#### **Figure 4. Family Time Implementation Barriers**



#### Counties' supervision philosophy does not fully align with HB23-1027.

HB23-1027 is underscored by a philosophy that supervision should occur "at the least restrictive level to satisfy the child's or youth's safety or mental, emotional, or physical health," and, when it must be supervised, is "supervised by informal supports identified by the family who volunteer to supervise family time" (CRS 19-3-217).

Supervision philosophy was examined by asking counties, "Which of the following best describes how the need for supervision is typically determined when first creating the family time plan?" The vast majority of counties (77%) reported that they start from the assumption that the parent will require supervision and adjust based on the unique circumstances of the case. This philosophy significantly differed between rural and urban counties (p < 0.05) with a larger share of rural counties holding a restrictive philosophy. Openended responses provide important context on this

"I know that the state and other parties would like us to start with the assumption that supervision is not needed for family time. However, the reality is that there was a safety concern that required the department to seek custody and the court agreed that it is unsafe to return a child to a parent at the shelter hearing."

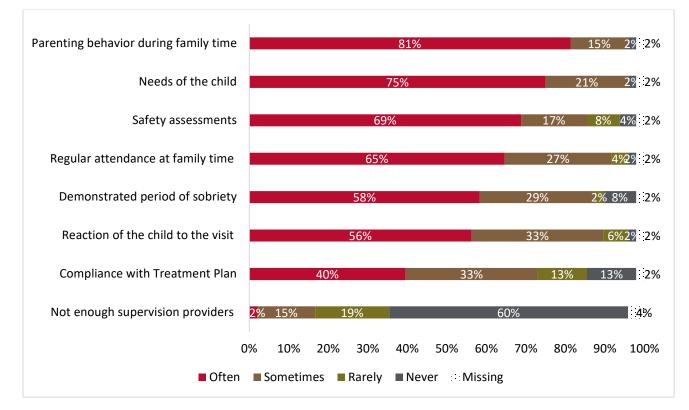
- Human services staff

trend: counties repeatedly noted that if the child was removed, there is a safety concern and, thus, family time should automatically be supervised. However, a safety concern requiring removal does not automatically equate to lack of safety during family time together. For example, the child may be removed for neglect due to not having a safe sleeping space and adequate food. This does not translate to an obvious safety concern during family time that warrants a high level of restriction.

# Parent behavior and needs of the child were the topmost considerations when determining supervision needs.

When deciding when to restrict further or loosen restrictiveness, factors most often considered are the parent's behavior during family time (81%) and the needs of the child (75%) (Figure 5). The factor with the most variability in responses was the parent's compliance with the treatment plan, a practice that goes against the updated Colorado statute that states that family time shall not be limited "as a sanction for a parent's failure to comply with court orders or services."

Child age, type of alleged maltreatment, parent disability, parent substance use, availability of kin, and previous child welfare or criminal history were all noted by multiple counties as other key factors used when determining supervision needs. While some of these are appropriate factors to determine safety (e.g., type of alleged maltreatment), others should not be used as an automatic reason to require professional supervision or otherwise restrict (e.g., disability).



#### Figure 5. Considerations When Determining Supervision Needs

# Very often, the first family time contact did not happen within the required 72 hours of removal, especially for older children/youth.

At a shelter hearing, HB23-1027 states, "the court shall order contact between the parent and child or youth, which contact may include, but is not limited to, telephone, virtual, or in-person visits, commencing within seventy-two hours [...] excluding Saturdays, Sundays, and any court holiday." As reported by counties, the first family time after removal tended to happen more quickly for younger children (63% for infants) than youth (38% for 12 years of age and older) (Figure 6).

Key factors noted by departments in the timing of the first family time included age of the child, caseworker availability, logistical barriers (such as distance between child placement and parent/ foster parent schedule/availability), and background checks and searches for kin. By and large, these are modifiable barriers that—with the right resourcing and capacity building—can be overcome.

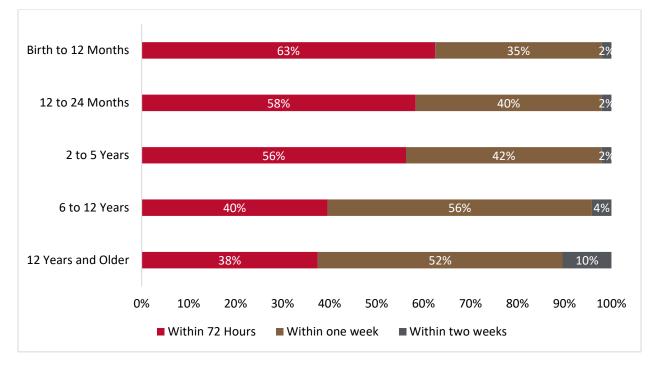
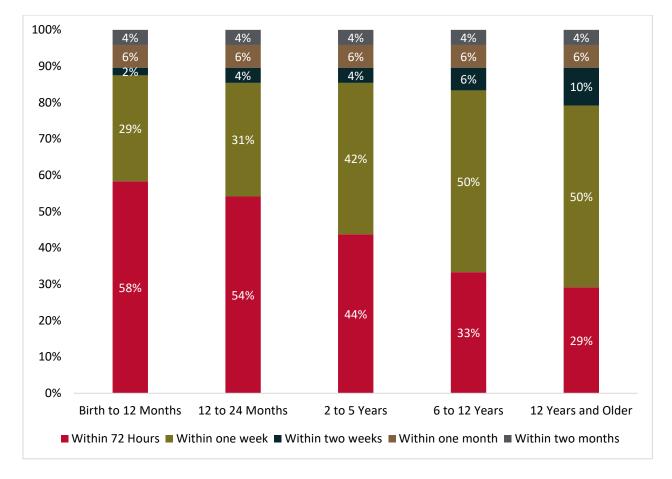


Figure 6. Timing of First Contact After Removal

#### The initial development of the family time plan typically happened within one week or sooner.

The family time plan is due to the courts no later than 30 days after removal, but in practice, the plan is needed for families to connect. Counties report typically developing the plan within a week (Figure 7). Plan development is happening much faster for younger children (58% of counties reported developing plans within 72 hours for infants) than youth (29% reported developing plans with 72 hours for youth ages 12 and older).

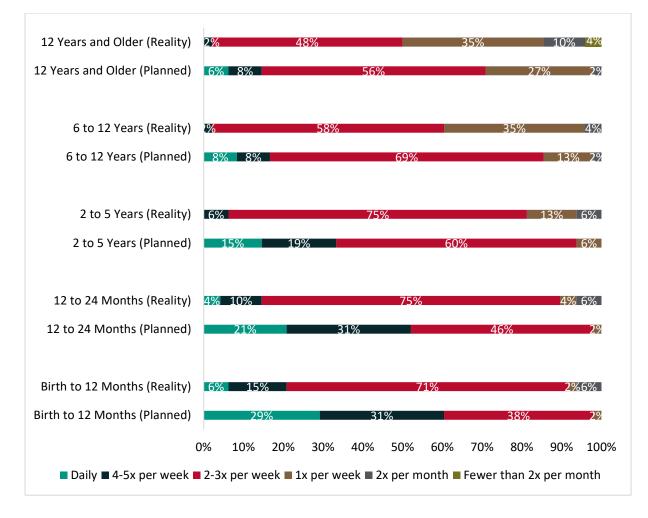
Key factors in timely development included communication with the family and parental engagement; communication and coordination between professionals on the case; and logistical barriers like transportation. These are modifiable factors that show the need to engage trusted supports in a family's life to improvement feasibility and motivation.





# There is a significant mismatch between "ideal" frequency of family time and the reality, with family time being held less than planned.

Across the board, counties report family time happening less than intended, with younger children experiencing more frequency in the ideal and the real (Figure 8). Across all age levels, the intended frequency and the real frequency of family time differed significantly (p < 0.05).



#### Figure 8. Comparison of Planned Versus Actual Family Time

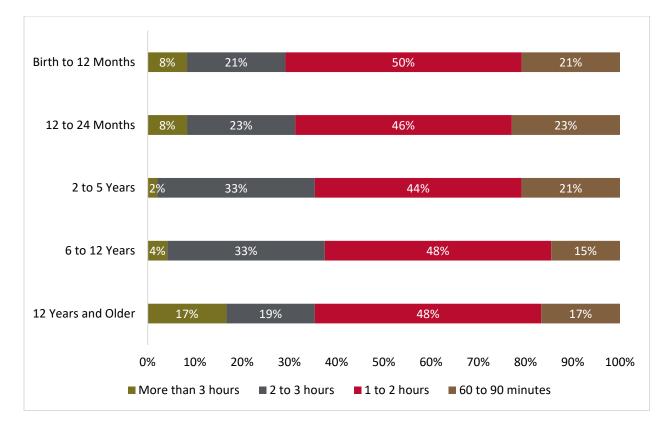
In about half of Colorado counties, family time typically lasts one to two hours, with older children/youth more likely to have longer family time.

Across age groups, over half of counties indicated that family time typically lasts 1 to 2 hours (Figure 9). Older children/youth are more likely to have longer family time; 17% of counties reported family time lasting more than 3 hours for children ages 12 and older, compared to just 2% for children ages 2 to 5. Counties recognized the value of longer family time, but length was commonly driven by factors such as availability of foster families, availability of supervisors, access to family time locations, and logistical barriers like transportation.

"It can be challenging for parents to fully engage and be attentive to their child in a meaningful way for less than 2 hours. In circumstances where the child is struggling with the contact, doesn't have a solid attachment to parent or feels physically/emotionally unsafe, a visit session may only be 1 hour."

- Human services staff





#### Figure 9. Duration of Family Time

#### Weekend and overnight family time is not common.

Duration and frequency of family time also connect with when all members of the family are available. Weekday hours are typically more packed with obligations and activities than weekends and evening hours. Yet, about half of Colorado counties reported offering overnight or multiday visits in less than 10% of cases, and about 38% of counties indicated that family time was rarely or never available at these times (Figure 10). A major challenge to weekends and evenings is a lack of availability among professional supervisors. This underscores the importance of using kin to supervise to increase availability and, thus, duration and frequency of family time. When expanding times available, school hours should not be interfered with; this is a current strength in Colorado, with most counties reporting they rarely or never take children/youth out of school for the purposes of family time.

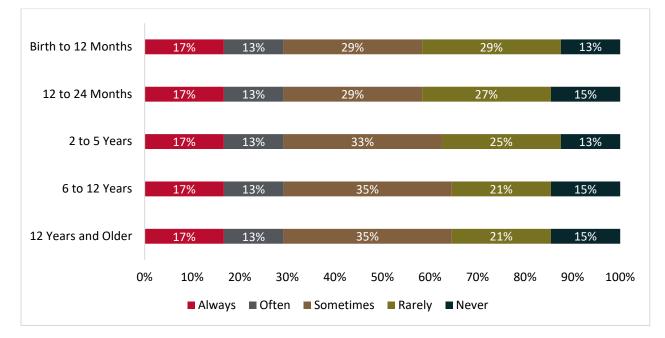


Figure 10. Availability of Weekend Family Time

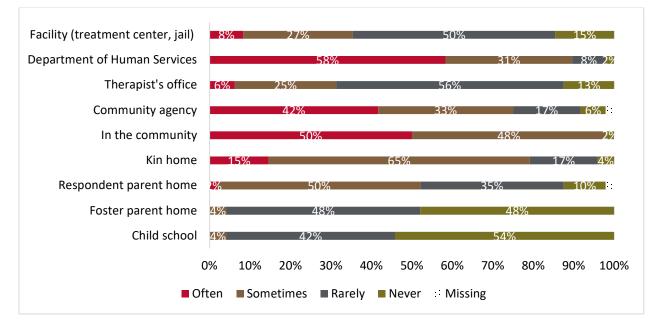
#### Family time most often occurs at the DHS office, followed by in a community setting.

Typically, family time happened most often at a county department of human services (DHS) office

or building (58%), followed by in the community (50%) (Figure 11). Less-restrictive options, such as kin homes, were used substantially less often. Counties reported that the location is guided by the level of supervision needed, the activities the parent wants to do during family time, child safety concerns, and logistics (e.g., where the child is placed and what transportation options are available). Rural counties experienced more challenges in using community settings due to confidentiality concerns.

"Being a rural county, it is difficult to have places that are confidential to have supervised family time."

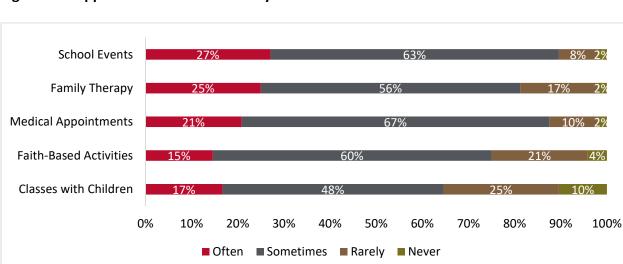
- Human services staff



#### Figure 11. Family Time Locations and Typical Use

#### Most counties offered some form of supplemental family time, but their consistent usage varied.

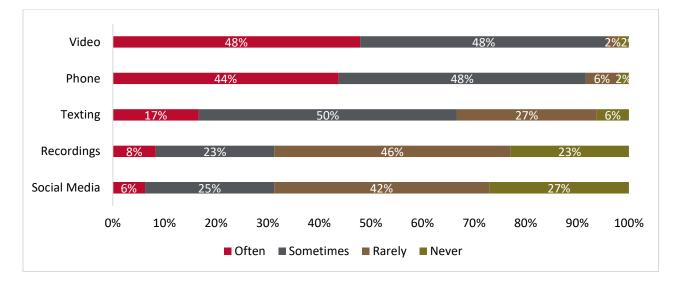
Nearly all counties provided opportunities for supplementary in-person family time, such as attendance at medical appointments or school events. However, consistency in use varied, with only 27% of counties reporting school events were often attended (Figure 12). Similarly, nearly all counties (90%) provided other ways for parents and children/youth to connect, with video and phone calls leading the way, though usage varied (Figure 13).



#### Figure 12. Supplemental In-Person Family Time

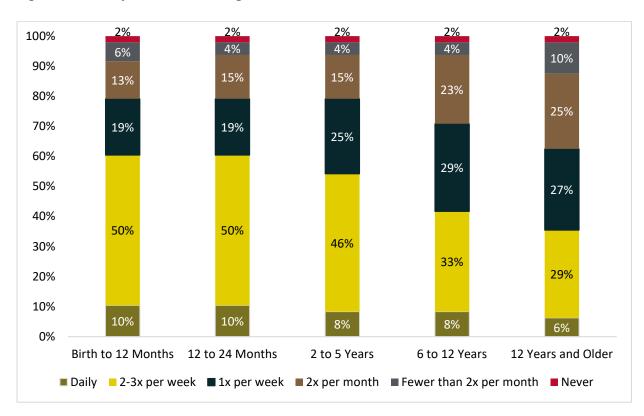






#### Sibling time was typically less often than family time with parents.

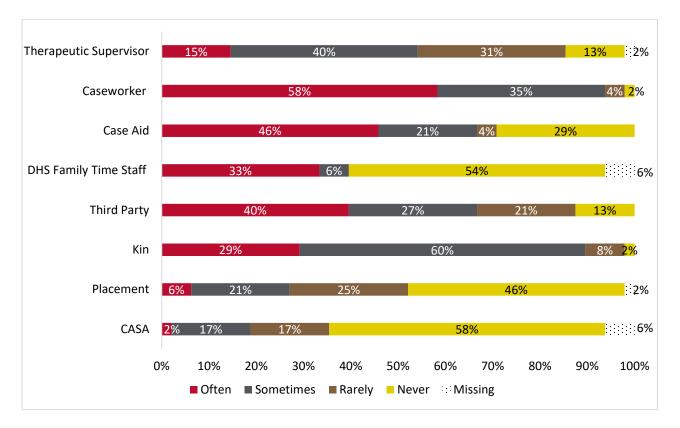
Family time between siblings varied somewhat by age, but was generally less often than family time with parents (Figure 14). About half of Colorado counties are providing sibling family time two to three times per week typically.

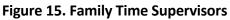


#### Figure 14. Family Time with Siblings

# Caseworkers are the most frequently used supervisor type, followed by other department staff, then third-party family time providers.

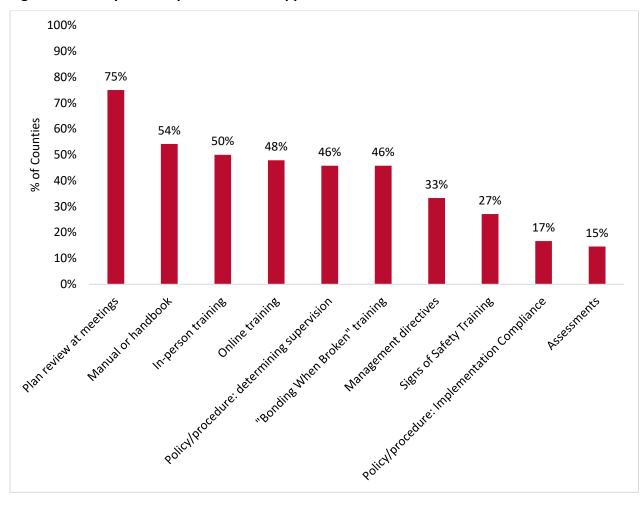
Most often, counties are using professional supervisors, which are more restrictive than natural based supports such as kin. Although many counties expressed enthusiasm about using kin to supervise, finding kin willing to supervise was identified as a barrier. Some options were also underutilized or unavailable in communities, such as Court Appointed Special Advocates for Children (CASA) volunteers.





#### Regular review of family time plans was the most commonly used implementation support.

The most frequently used implementation support was reported as regular review of the family time plan at collaborative meetings, such as Family Engagement Meetings (75% of counties). About half of counties also reported use of a manual or other written guidance on family time (54%) and training (50%). Very few counties used written policies or procedures to support implementation of family time in compliance with statute (17%) (Figure 16).





Parenting skill-based classes and parent coaching are the most commonly used wraparound supports.

Wraparound supports focused on skills targeted at parents, while practical supports like transportation were more targeted at children/youth. Some supports, like family therapeutic supervision, were used with both parents and children in 73% of counties (Table 5).

#### Table 5. Wraparound Supports

| Implementation Support  | Used with<br>Parents<br>Only | Used with<br>Children/Youth<br>Only | Used with<br>Parents &<br>Children/Youth | Not Used |
|---|------------------------------|-------------------------------------|--|----------|
| Parenting skill-based classes (n = 47).                       | 30 (63%)                     |                                     | 10 (21%)                                 | 7 (15%)  |
| Coaching on parenting in the context of family time (n = 47). | 30 (63%)                     |                                     | 15 (31%)                                 | 2 (4%)   |
| Transportation for Family Time<br>(n = 47).                   | 5 (10%)                      | 14 (29%)                            | 28 (58%)                                 |          |
| Family therapeutic visitation<br>(n = 46).                    | 5 (10%)                      | -                                   | 35 (73%)                                 | 6 (13%)  |

Leading resources and implementation supports used by counties include Love & Logic Trauma-Informed Training, the Family Time Coaching model, Partnering for Safety tools, Circle of Security, Nurturing Parenting through Supervised Visitation, membership to the Supervised Visitation Network, and the <u>protective factors framework</u>. Respondents noted the need for other implementation resources, including access to therapeutic family time and training on family time requirements for the judicial system. In contrast, training on HB23-1027 and associated rules for child welfare staff has been extensive, with over 600 child welfare staff trained by CDHS across all CHSDA regions; this number continues to grow.

#### Leading Implementation Recommendations

Counties provided recommendations for implementing family time through their survey responses. Leading recommendations are summarized below with quotes to illustrate:

- Group supervision: "Group/communal family time is an undeveloped and under-utilized option in Colorado! Creating opportunities for family time to occur as a collective would allow for healthy role-modeling for parents, create a positive atmosphere for change, allow opportunities for supportive professionals to provide education resources to parents during group family time, the possibilities are endless!"
- Using evidence-based practices: "Family time is absolutely a key component to reunification! Everyone engaging in family time should be trained in some level of coaching, motivational interviewing, and TBRI [Trust-Based Relational Intervention]. Every evidenced-based tool we can add to our tool boxes should be collected and practiced."
- Creating resources for kin who supervise: "It would be beneficial [if a] short video could be made to provide to kin families to know what to expect."
- Increasing resources to hire additional support: "Resources for counties to do family searches and implement the legislation around family time."

## Data Use<sup>iii</sup>

#### Trails was used by most counties, but how and to what extent varied greatly.

About 89% of counties reporting using Trails in some form to log family time. What was entered into Trails, by whom, and with what frequency varied greatly, however. As such, many counties also supplemented with additional in-house data systems or other supplemental tracking (Table 6).

| Data Tracking Location | Yes      | No       | Unsure   |
|------------------------|----------|----------|----------|
| Trails.                | 40 (89%) | 5 (11%)  |          |
| In-house data system.  | 18 (40%) | 26 (58%) | 1 (2%)   |
| Something else.        | 10 (13%) | 14 (31%) | 25 (56%) |

#### Using data for continuous learning and improvement was limited.

How (and if) data was used to inform practice varied widely by county. Counties noted that Trails had extensive limitations in both how family time data were collected and the extent to which data could be reported out of the system for reflection and learning. Department staff also report struggling to stay on top of data entry and often do not have the technical expertise or support to analyze data and engage in quality improvement. Smaller counties reported more strengths in data use by virtue of being small enough to review data real time in staff meetings or

"... Contract agencies do not input into Trails when visits happen or time of visits. It is a hand count of every case."

- Human services staff

supervision. When supervision was done by others (e.g., third-party providers and kin), data sorely lacked, as these supervisors are not typically expected to entering data into Trails or other county-owned systems. With HB23-1027 requiring counties to enter family time into Trails—and with a fiscal appropriation to support data system enhancements—there is significant opportunity to improve data-informed learning and evidence-building around family time. <u>Appendix B</u> makes recommendations for technical changes to the Trails data system based on study results.

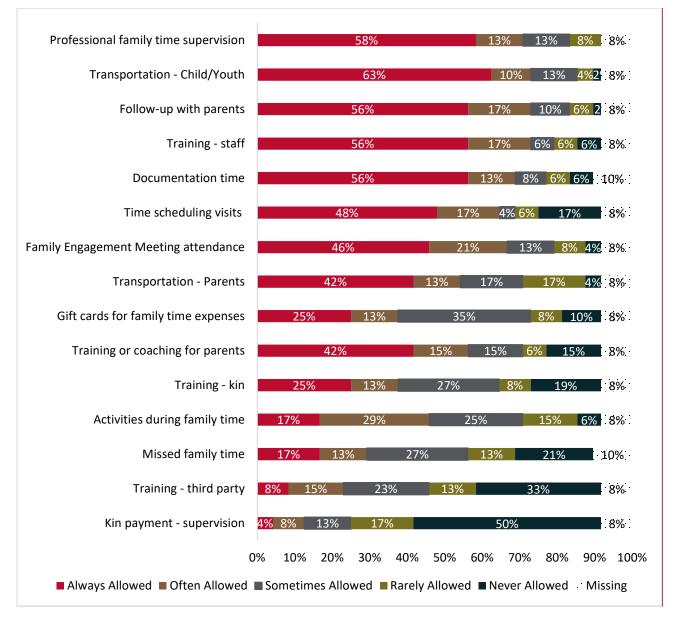
### **Funding Structures**

#### Several essential costs were only rarely or sometimes allowable.

Unfunded mandates on the child welfare system do not improve the quality of services for families and they have harmful implications for recruiting and retaining a skilled, thriving workforce. Counties reported several essential costs incurred in providing quality family time that are not typically considered allowable costs. These include compensation to kin for supervision (50% of counties reporting "never allowed"), training for third-party providers (33% reporting "never

<sup>&</sup>lt;sup>iii</sup> Technical note: because counties could choose to nominate someone else to complete the data section of the survey, the sample size for the findings in this section is n = 45.

allowed"), and missed family time (21% reporting "never allowed"). Related, only 42% of counties always allow transportation costs for parents to be covered, and only 25% always allow gift cards to cover family time expenses. These costs are notable because they directly impact the ability to move toward a community-based model of family time with consistency for families.

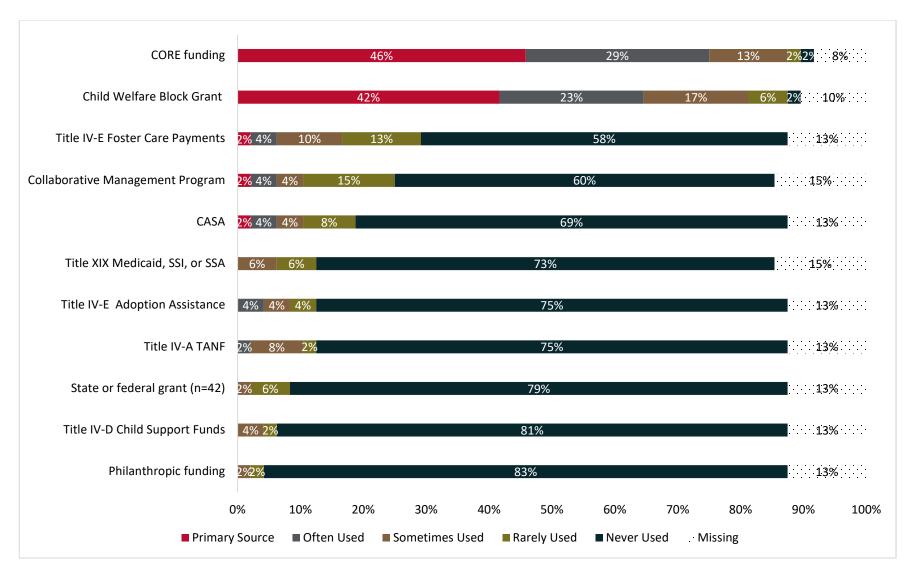


#### Figure 17. Allowable Family Time Costs

#### Child Welfare Block Grant funds and CORE funds are the primary sources of funding.

Funding was repeatedly cited as a barrier to family time and implementation of HB23-1027. This in part reflects a narrow use of all available funding streams that may be used for family time. Child Welfare Block Grants and CORE (Colorado Operations Resource Engine) are the primary funding sources for family time. All other potentially available sources were reported as "never used" by 58% to 83% of counties, depending on funding stream (Figure 18).

#### Figure 18. Funding Sources



# **Data Source: Subject Matter Expert Interviews**

Interviews with subject matter experts helped identify family time benefits, strengths, challenges, and opportunities for growth.

A total of 36 experts participated with representatives from rural and urban county departments of human services, state agencies serving families involved in child welfare, family time providers, foster families, judicial and legal, and kin, youth and parents with lived experience.

Data were analyzed using thematic analysis and a structured coding schema on priority needs within best practice standards development.

#### Methods

Qualitative research generates valuable data to inform policy and practice solutions. By including the voices of professionals, community, and family partners, best practice standards are more likely to be feasible, relevant, and positioned to drive change. Data were collected through subject matter expert (SME) interviews with a wide variety of partners invested in family time. Table 7 details the sampling frame.

#### Table 7. SME Interview Sample

| Subject Matter Expert Type   | Sample Size |
|--|-------------|
| Rural county human services staff.                                   | n = 4       |
| Urban county human services staff.                                   | n = 9       |
| Family Time third-party providers.                                   | n = 5       |
| Judicial and Legal professionals                                     | n = 3       |
| State agencies serving families involved in child welfare.           | n = 5       |
| Foster families.   | n = 3       |
| Lived expertise, including parents/caregivers, kin, and youth voice. | n = 7       |
| То   | tal n = 36  |

Participants were recruited through the High Quality Parenting Time Task Force; the Office of Children, Youth, and Families (OCYF) newsletter; and snowball sampling. A semi-structured, openended interview guide was used to collect similar information across participants, while also allowing room for emergent topics and the unique perspective brought by each participant. To maintain confidentiality, interested participants self-identified to the research team. The research team selected and interviewed interested participants in accordance with the sampling frame. Two rounds of interviews took place. In the first round, a small number of participants (n = 5) were interviewed to pilot the interview protocol and identify emergent categories that should be explored in more depth with subsequent participants. The bulk of the interviews happened in the second round with the refined protocol. Interviews were conducted virtually and lasted 60 minutes on average. With participant permission, interviews were recorded and transcribed for analysis.

Interview narratives were analyzed using QSR NVivo software. Analysis began with initial coding to identify main ideas and inform the structured coding schema. The coding schema focused on analyzing interview narrative for: a) philosophical approach to family time; b) benefits and value of family time; c) staffing and workforce; d) defining restrictiveness; e) implementation practices in using kin to supervise and community settings; f) barriers to quality family time; and g) facilitators of quality family time. These codes were examined within and across perspectives in the sampling frame, to better understand areas of convergence and divergence. Using this schema, focused coding then took place. Relationships between codes were identified and themes developed.

# **Findings**

Key thematic findings are presented below, followed by a brief description. Quotations are used to help center participant voice.

# **Philosophical Shift**

Colorado is experiencing a shift in how family time is approached. In the past, family time was significantly limited upfront and then "visits" were added as a reward for parents "doing good." This is contrary to an approach that centers family time as a fundamental right of parents and invests in it as a key mechanism for improving outcomes. Slowly, Colorado is shifting toward a philosophy that recognizes family time as essential to healthy child development, to parent well-being, to family functioning, and to success in the child welfare case. This philosophical shift is accelerated with the passage of HB23-1027. However, not all

"Our decisions for supervised and unsupervised are in flux Last year we would have had a different answer to this question [on how we approach supervision of family time]."

- County human services staff

stakeholders embrace this, and county staff expressed the most tension between idea of a community-based model of family time and the structural changes (e.g., availability of kin, reallocating funding) needed to achieve it.

# **Structural Changes**

Major structural changes are underway that reflect the philosophical and statutorily-defined shift toward a community-based model of family time. Participants spoke at great length on the need to build up safe and supportive community spaces and home-like environments for family time to take place. Ensuring these spaces are matched to ways parents and their children/youth naturally engage is a vital aspect of quality family time. Families and third-party providers were quick to provide options and acknowledged how availability of these locations is also dependent on expanding when (hours, days) family time can take place. This is also connected to ensuring family time is culturally responsive and respectful. For example, if a usual family activity and value is attending a faith-based activity weekly, and that activity is on a Saturday, then ensuring family time availability over the weekend is imperative.

*"We look for what is the most home-like environment. We believe in the philosophy that family time should take place in a home."* 

- Family time provider

Participants also spoke at great lengths around the challenges and benefits to using kin to supervise family time. Major benefits of using kin to supervise included having available host homes for

family time, strengthening whole family networks, ensuring continuity of relationships for the child/youth, maintaining cultural traditions, and facilitating more usual child/youth and parent activities. Major challenges of using kin to supervise include challenging family dynamics, no availability of kin or unwillingness to support the family in this way, the extensive expense and time burden of being the placement as well as facilitating family time, and lack of training and coaching support for kin as supervisors. Participants also noted that using kin as supervisors should not be the only way kin are leveraged to achieve quality and regular family

time. Kin can play many roles, from transportation, to providing a host home, to supervising, and more—and not just one individual needs to play any given role.

#### **Individual Case Factors**

The most commonly coded phrase was "it depends" because truly, every family and case are unique. Participants acknowledged that their approach to family time was done on a case-by-case basis, but also recognized there can—and should—be best practices that whenever possible are upheld with families. Some of the key individual case factors that participants spoke to were:

- Child/youth safety concerns.
- Age and developmental stage of the child or youth.
- Parent disability.
- Parent substance use and mental health concerns.
- Cultural and family values.
- Reason for child welfare involvement (mistreatment allegation).
- Availability of family strengthening services.

"We decide [what the family time practice should look like] on a case-to-case basis. We have ongoing conversations with caseworkers and the family team to assess and make recommendations that can be least restrictive as possible."

Judicial partner

"If in kinship [placement] and they are not comfortable having family time in the home, then we look for community-based areas for family time based on proximity, like zoos, museums."

- County human services staff

- Parental substance use and mental health concerns.
- Options for kinship support.
- Acuity of the case and extensiveness of treatment plan.
- Concurrent criminal charges, protection orders, or incarceration.
- Youth voice and rights.
- Parent behavior and engagement with family time.
- Child/youth behavior and engagement with family time.
- Transportation options.

#### **Collaboration and Rapid Coordination**

There are multiple players in a child welfare case and, by association, family time. Participants spoke to the importance of collaboration and rapid coordination for family time to be successful. When collaboration was achieved, the driving factor of this success was a shared understanding of

family time—the law, the practice options, and the benefits. A shared understanding helped different players prioritize their time relative to their unique roles and responsibilities. When different players were misaligned on the intent of family time or disagreed on approach, things quickly fell apart.

"We have foster parents that may not see the importance of collaborating with the parents, This can be a sticking point ... how do we bring these two parents together to increase collaboration?"

One of the most common areas of misalignment was non-kin foster families who did not support family time, such as being unwilling to transport the child/youth, or

- Human services staff

making the case that the child/youth is better off not seeing their parent at all because "it is too hard on them." Many professionals and families with lived experience spoke to the need to ensure foster families were better committed to the goal of reunification if they are to serve as a placement, as that philosophical alignment significantly improves the potential for collaboration during family time.

Another common example of misalignment was kin not feeling they had the right support or training to serve as family time supervisors, contrasted with county and state staff not wanting to overly burden kin with big training needs. When kin did not receive proper initial training and ongoing support (including for secondary trauma), expectations on roles were unclear, burnout more likely, and the opportunities for frequent family time were diminished. A clear example of this is kin who are also the placement falsely believing that if they don't say "yes" to everything the department of human services asks of them around family time, the child/youth will be removed from their care and "put into stranger homes." Ongoing, the lack of support for kin also meant they struggled to know how best to support their family members involved in child welfare, and kin felt that family time benefits were thus missed.

Rapid coordination was reported by participants as a natural extension of collaboration. When everyone understood their roles and responsibilities—and had a shared commitment to the family—they were quicker to respond, to understand the unique needs of the case, and to find creative solutions to deliver regular and quality family time. "I was just kind of winging it [supervising family time as kin]. I wanted more support, but DHS told me they don't offer that kind of thing to us [grandparents]."

- Lived experience expert

# **Transportation and Geographic Separation Hurdles**

Across all participant groups, transportation was noted as a leading barrier to regular and quality family time. Specifically, transportation support for parents. There was disagreement among professionals on what should and should not be provided to parents. Some argued that parents "don't deserve" help with their car repairs and that is not the role of the county or state, but they were willing to pay for an Uber or provide bus tickets. Others argued that sometimes it is more cost effective to help the parent with car repairs then pay for an Uber every time. Many professionals, as well as parents with lived experience, spoke to how practical supports like transportation can actually help them be more successful in reunification because it addresses underlying reasons for involvement.

While transportation for children/youth was more agreed upon and more widely available, it still posed several challenges. Older youth reported having the burden to get to family time placed on them without proper support. Kin and third-party providers spoke to the department of human services sometimes scheduling family time over a

child or youth's desired activity, like soccer, because "that is when a supervisor is available." They also noted how instead of this being an "or" situation, this could be an "and" situation by using events like a soccer game as an opportunity for supplemental in-person family time.

Rural counties were particularly hard hit with transportation challenges, both due to vast geographic distances and lack of public transportation infrastructure. Children placed far away from parents, and siblings placed separate from one another, also caused logistical barriers to regular family time. Participants noted the importance of these intersecting factors on the child welfare case and how improving placement cohesiveness was critical to improving family time.

# **Goals and Benefits of Family Time**

The majority of participants acknowledged that when family time is done well and all are engaged, it can be transformative for a family. Leading benefits identified include strengthening and repairing parent-child/youth relationships, supporting parents with skill-building (both as a parent and with life skills more broadly), minimizing

"Bonding ... I got the case because of her [the mom's] substance abuse ... After consistency of visits together for 6 months, that bond had really grown and changed."

- Family time provider

"They [the county department] expected me to take a two hour bus ride to family time. And then gave me expired bus passes."

# - Lived experience expert

trauma and facilitating healing, and improving the probability of family reunification by address root causes of involvement. Family time was seen as an opportunity to strengthen the family with an eye toward sustainability. Participants remarked that when family time reflected real life, families were better set up for long-term success. For example, supporting usual family activities, building parent support networks, and helping parents overcome logistical hurdles like busy schedules are all needs during the child welfare case and longer-term. When families are supported in this way, they are less likely to re-enter child welfare. This has cost offset potential as systems involvement is reduced within a family and across generations.

#### **Judgement and Bias**

While many professionals spoke at length to the importance of preserving, strengthening, and protecting the relationship between parents and children/youth, those with lived experience commonly reported that this emphasis did not come through in how their family time was supervised or development of the plan approached "without me." Lived experience experts spoke to how they felt constantly judged for "just being me" and for their choices in parenting. They felt so much pressure to "do the right thing" that they couldn't focus on just

"Expectations of parents can put stress on them rather than them focusing on the relationship with the child because they are more concerned on coming with diapers, snacks, and if they use the resources provided at the [family time] center, how is that viewed."

- Legal advocate

being together as a family. This feeling of judgement was especially harmful when cultural practices and family values were judged as "less than" or not appropriate—and this judgement was then communicated to the courts. Legal advocates, children/youth, and parents commonly reported similar experiences. Experiences of judgement bias, stigma, and discrimination were heightened for families of color, parents with a disability, those experiencing poverty, families previously involved in child welfare, and parents with substance use and mental health disorders.

## How Information is Used

How information is used, who is allowed to have a voice, and what information is shared with the courts was a theme wrought with contention. Reflecting a philosophical shift in Colorado, information from family time—such as how a parent behaved or how a child/youth reacted—is often (at best) used to show where parents need improvement to terminating parental rights (at worst). But information from family time is a "snapshot of the relationship" and the context around it is not always understood. Child and youth development was cited as a leading context factor that is misunderstood and is a specialized field, especially for children/youth experiencing trauma. "I've had cases where I've gotten reports from a supervising agency. But most of the time that comes through the department. And, so, then you are relying on the caseworker to accurately relay that information to the court, and parents do not always agree with it."

- Judicial partner

Parents often felt surprised by information in the court room, and they felt that they were being punished by family time rather than supported. Participants also recognized a shift in how information can be used— and some counties are excelling at this. Information can be used to coach parents, help children/youth process, and uplift strengths of the family. When this feedback is provided to families and they have time to integrate it, engagement increases and families have a better opportunity to build sustainable supports toward reunification.

## **Staffing and Perceived Burdens**

County departments of human services discussed how staffing was nearly always a challenge,

especially for caseworkers having to supervise family time on top of "all their other responsibilities" on a case. Bigger counties would often use case aids and dedicated family time staff to help address this challenge. Many county and state participants felt this challenge was intensified with HB23-1027, which requires them to do more frequent family time and to put other practices in place to support families. Even when they philosophically agreed that family time was essential and understood the research behind regular family time, they reported that it was practically impossible to do.

- "The flat rate [for payment of family time services] would just give us so much more leverage to be able to do amazing things the right way because we have an allinclusive contract. With the feefor-service counties, the family time plan is often delivered to us as a referral. In the flat-rate, there is so much more integration into everything we do."
- Family time provider

Third-party family time providers are used in counties across Colorado. When HB23-1027 passed, counties began reporting third-party providers shutting their doors due to the perception that kin would be supervisors a large majority of the time. This is an identified tension, as Colorado has not yet built full capacity to have kin regularly supervise family time. Participants also recognized that there are multiple types of supervisors, and that kin may not always be appropriate. How third-party providers are funded (fee-for-service versus flat rate contracts) adds to this issue.

"The overarching goal [of HB23-1027] is a positive step in keeping families connected. But, the resources are significantly lacking, including provider time, the department not being able to get orders reducing time—even when parents no show multiple times—and having to make the children available until the court holds a hearing , is a waste of resources ... Our caseworkers are hourly employees, and they are not able to keep up with their regular casework when providing so many hours of family time and transportation to meet the criteria of this law. It is impacting quality casework, and we are not allowed to pay overtime—there [are] not funds for that. So, caseworkers are once again carrying the burden of another mandate."

- Human services staff

The tensions noted above are also relate to the need to shift funding to match Colorado's aim of a community-based model for family time. For example, reallocating dollars to kin reimbursement, when appropriate, is both more cost-effective and can reduce burden on caseworkers. When professional supervision is needed, participants recommended a flat rate to third-party providers, rather than fee-for-service, to improve coordination and build a sustainable workforce.

## Parent Engagement and Youth Refusal

Participants identified parental engagement and youth refusal as two tension points in implementation of family time—tension points they were often at a loss to address. Parent engagement and youth refusal are especially hard because the control to "do something about it" does not lie with the department or other professionals. These are topics that reflect diverse human behaviors, including perceptions, motivations, and past experiences. Professionals commonly reported parent engagement (e.g., not being engaged in the family time, not showing up, cancelling a lot, and not answering professionals' calls to coordinate family time) as a barrier, and felt that this could also pose a child safety issue if the child is emotionally harmed by the lack of parent participation. Families with lived experience and professionals who partner closely with them (e.g., legal advocates) reported that a lack of engagement often stems from mistrust of the system, experiences of discrimination, feeling like "I don't have anyone in my corner who cares," practical barriers like being double-booked with therapy and family time, a lack of viable transportation options, and overly cumbersome requirements like five clean urinalyses (UAs) per week before family time can happen. Across the board, participants pointed to the need to uncover underlying reasons when parent engagement lacked. They also pointed to the role of peer specialists and other trusted partners in supporting the parent during family time.

Participants spoke to the tension that arises when children or youth refuse to attend in-person family time. Professionals made clear they will never force children/youth to attend, but also acknowledged that just saying "ok" and not doing family time is an inadequate solution long-term. Youth with lived experience discussed how they needed time to uncover their emotions and process them, especially when embarrassed or angry at a parent. They felt they were sometimes pressured into a "now or never" choice when it came to attending family time, versus having time and getting support to help repair the relationship. Professionals echoed

"I hear from youth a lot ... Sometimes, they [youth] refuse family time as an act of resistance. They love their mom, but they are angry at them for failing. And now all these people are involved in their private life. They try to regain control by refusing family time. Even though they really, really want to hug their parent."

- Legal advocate

the sentiment that youth and parents should be given therapeutic and other supports, and that youth refusing in-person family time does not mean other forms of contact cannot occur (e.g., texting). Professionals recognized that younger children refusing is even more of a gray zone, as understanding what is typical child behavior (versus what is distressing behavior) can be unclear, and they may not be professionally equipped to make this judgement call.

# **Data Source: Child Welfare Administrative Data**

Data on family time were requested from Trails, the administrative data system for child welfare, administered by CDHS.

While not all counties use Trails to document family time, available data provide a window into distribution and structure.

Data were descriptively analyzed for trends across calendar years 2022 and 2023, and January through June 2024.

## **Methods**

Colorado's Comprehensive Child Welfare Information System is Trails. Administrative data on child welfare practices can be tapped for secondary data analysis. There are limitations to using Trails data to examine family time trends, as not all counties use Trails and there are gaps due to variation in use by counties and third-party and non-professional supervisors not having direct access. Even with these limitations, Trails remains the most complete source of data on family time in Colorado. Trails data were analyzed after initial best practice recommendations were drafted so that data could be assessed relative to recommendations. This also allows a baseline for Colorado, as HB23-1027 brings significant culture change and structural shifts. De-identified data were requested and received from CDHS under a data access agreement with the Colorado Lab. Dummy case and client IDs were provided to protect client confidentiality. The sample consisted of all visitation records for children/youth in out-of-home care for open cases in calendar years 2022 and 2023, and for January through June 2024. This allowed analysis of family time trends before the passage of HB23-1027 and after the formal start of implementation on January 1, 2024. In each year, at least 44 counties (69%) had relevant records, representing all CHSDA regions. The sample available for analysis, by year, is summarized in Table 8.

| Year              | Number of<br>Visitation<br>Records | Number of<br>Counties | Number of<br>Children/Youth | Number of Cases |
|-------------------|------------------------------------|-----------------------|-----------------------------|-----------------|
| 2022              | 12,066                             | 47                    | 1,266                       | 772             |
| 2023              | 19,438                             | 49                    | 1,556                       | 951             |
| Jan. to June 2024 | 11,144                             | 44                    | 1,073                       | 680             |

#### Table 8. Trails Analytical Sample

Data were descriptively analyzed and when sample size allowed, disaggregated by child age and urbanicity. Disaggregation was used to identify gaps and make comparisons to best practice standards. Priority variables analyzed were family time frequency, duration, location, format, and completion rates. Table 9 summarizes measurement constructs and inclusion criteria.

#### Table 9. Measurement Constructions and Criteria

| Торіс       | Measurement   | Inclusion criteria   | Jan. to June 2022   | Jan. to June 2023   | Jan. to June 2024   |
|-------------|---|--|---|---|---|
| Frequency.  | Number of family<br>time contacts, per<br>child/youth, per<br>year (weighted<br>average). | <ul> <li>Held face-to-face.</li> <li>Completed.</li> <li>Case open date was before or<br/>during target year; and close<br/>date was during or after target<br/>year, or stayed open.</li> </ul> | <ul> <li>8,675<br/>contacts.</li> <li>1,098<br/>children.</li> <li>667 cases.</li> </ul>  | <ul> <li>13,658<br/>contacts.</li> <li>1,365<br/>children.</li> <li>833 cases.</li> </ul> | <ul> <li>7,542<br/>contacts.</li> <li>926<br/>children.</li> <li>583 cases.</li> </ul>    |
| Duration.   | Length of family<br>time, in hours<br>(average).  | <ul> <li>Held face-to-face.</li> <li>Completed.</li> <li>Duration was not missing and was &gt; 0.</li> </ul>   | <ul> <li>6,975<br/>contacts.</li> <li>849<br/>children.</li> <li>518 cases.</li> </ul>    | <ul> <li>11,089<br/>contacts.</li> <li>1,110<br/>children.</li> <li>684 cases.</li> </ul> | <ul> <li>5,749<br/>contacts.</li> <li>725<br/>children.</li> <li>457 cases.</li> </ul>    |
| Location.   | Frequency of<br>contacts in each<br>location (e.g., home,<br>community, DHS).             | <ul> <li>Held face-to-face.</li> <li>Completed.</li> <li>Location was not marked<br/>"failed attempt."</li> </ul>  | <ul> <li>9,007<br/>contacts</li> <li>1,162<br/>children.</li> <li>704 cases.</li> </ul>   | <ul> <li>13,770<br/>contacts.</li> <li>1,373<br/>children.</li> <li>839 cases.</li> </ul> | <ul> <li>7,542<br/>contacts.</li> <li>955<br/>children.</li> <li>604 cases.</li> </ul>    |
| Format.     | Frequency of<br>contacts held face-<br>to-face or in another<br>format (e.g., text).      | • Completed.   | <ul> <li>10,602<br/>contacts.</li> <li>1,239<br/>children.</li> <li>751 cases.</li> </ul> | <ul> <li>16,008<br/>contacts.</li> <li>1,503<br/>children.</li> <li>917 cases.</li> </ul> | <ul> <li>8,968<br/>contacts.</li> <li>1,028<br/>children.</li> <li>651 cases.</li> </ul>  |
| Completion. | Frequency of<br>contacts completed,<br>attempted, no show,<br>or cancelled.               | • N/A.   | <ul> <li>12,066<br/>contacts.</li> <li>1,266<br/>children.</li> <li>772 cases.</li> </ul> | <ul> <li>19,438<br/>contacts.</li> <li>1,566<br/>children.</li> <li>951 cases.</li> </ul> | <ul> <li>11,144<br/>contacts.</li> <li>1,073<br/>children.</li> <li>680 cases.</li> </ul> |

# **Findings**

While the frequency of in-person family time increased over the 30-month period, on average, family time occurred less than twice per month. This is well below the recommended frequency.

Overall, the number of annual in-person family time contacts per child/youth increased each year (Table 10).<sup>iv</sup> However, across all years, this frequency is well below best practice standards. This holds true for all age groups. Further, these trends do not align with counties' perception of how frequently children in each age group were engaging in family time, per the statewide survey. This discrepancy likely reflects a combination of some over-reporting in the survey and more significant under-reporting in Trails due to not all family time being captured, depending on supervisor type.

#### Table 10. Frequency of Family Time (Weighted Average)

| Year               | Number of Completed<br>In-Person Contacts | Number of<br>Children/Youth | Weighted Annual Average<br>Contacts per Child/Youth |
|--------------------|---|-----------------------------|---|
| 2022.              | 8,675                                     | 1,098                       | 10.3 contacts/year.                                 |
| 2023.              | 13,658                                    | 1,365                       | 13.1 contacts/year.                                 |
| Jan. to June 2024. | 7,542                                     | 926                         | 18.0 contacts/year.                                 |

#### Table 11. Family Time Frequency, by Age (Weighted Average)

| Age                    | Number of Completed<br>Face-to-Face Contacts | Number of<br>Children/Youth         | Weighted Annual<br>Average Contacts per<br>Child/Youth |
|------------------------|--|-------------------------------------|--|
| Birth to 24<br>months. | 2022: 2,711<br>2023: 4,678<br>2024: 2,564    | 2022: 268<br>2023: 359<br>2024: 268 | 2022: 13.6<br>2023: 18.6<br>January–June 2024: 21.3    |
| 2 to 5 Years.          | 2022: 2,819<br>2023: 4,708<br>2024: 2,329    | 2022: 331<br>2023: 432<br>2024: 289 | 2022: 10.8<br>2023: 14.0<br>January–June 2024: 17.8    |
| 6 to 12 Years.         | 2022: 2,488<br>2023: 3,543<br>2024: 2,211    | 2022: 370<br>2023: 446<br>2024: 285 | 2022: 8.8<br>2023: 10.2<br>January–June 2024: 17.1     |
| 13 to 18 Years.        | 2022: 652                                    | 2022: 128                           | 2022: 6.4  |

<sup>&</sup>lt;sup>iv</sup> To account for variation in case length, a weighted average was used. The number of contacts were divided by the weighted number of months the case was open within the time period.



| Age | Number of Completed<br>Face-to-Face Contacts | Number of<br>Children/Youth | $\sim$                  |
|-----|--|-----------------------------|-------------------------|
|     | 2023: 729                                    | 2023: 128                   | 2023: 7.0               |
|     | 2024: 438                                    | 2024: 84                    | January–June 2024: 11.0 |

Between January through June 2024, urban counties had greater frequency compared to rural counties (Table 12).

| Table 12. Average Frequency of Family Time, by Rural/Urban | I |
|--|---|
|--|---|

| Geographic  | Number of Completed   | Number of      | U                       |
|-------------|-----------------------|----------------|-------------------------|
| Designation | Face-to-Face Contacts | Children/Youth |                         |
| Rural.      | 2022: 2,049           | 2022: 247      | 2022: 10.7              |
|             | 2023: 2,059           | 2023: 239      | 2023: 11.3              |
|             | 2024: 953             | 2024: 154      | January–June 2024: 13.8 |
| Urban.      | 2022: 6,626           | 2022: 851      | 2022: 10.2              |
|             | 2023: 11,599          | 2023: 1,126    | 2023: 13.5              |
|             | 2024: 6,569           | 2024: 772      | January–June 2024: 18.8 |

Duration of family time is increasing and tends to be the longest for younger children.

The median duration<sup>v</sup> of in-person contacts increased from one hour in 2022 to two hours in 2023 and January through June 2024 (Table 13). The mean duration of family time also increased, from 1.68 hours in 2022 to 2.12 hours in January through June 2024. Best practice recommendations state one hour minimum across all age groups. However, ideally duration is longer for older children. In 2024, family time contacts were longest for infants (mean = 2.61 hours), nearly an hour longer on average than for youth ages 12 and older (mean = 1.72 hours) (Figure 13).

Table 13. Average Duration of Family Time

| Year               | Mean Duration (Standard Deviation) | Median Duration |
|--------------------|------------------------------------|-----------------|
| 2022.              | 1.68 hours (1.16)                  | 1 hour          |
| 2023.              | 1.84 hours (1.34)                  | 2 hours         |
| Jan. to June 2024. | 2.12 hours (1.69)                  | 2 hours         |

<sup>&</sup>lt;sup>v</sup> In Trails, Family Time is reported in one-hour increments. Many contacts did not have any length of time listed or time spent was zero hours; such instances were treated as missing data.

| Age                    | Mean Duration (Standard<br>Deviation)   | Median Duration                                 |
|------------------------|---|---|
| Birth to 24<br>months. | 2022: 1.82 hours (1.58)<br>2023: 2.04 hours (1.64)<br>2024: 2.61 hours (2.28) | 2022: 1 hours<br>2023: 2 hours<br>2024: 2 hours |
| 2 to 5 Years.          | 2022: 1.64 hours (0.93)<br>2023: 1.74 hours (1.15)<br>2024: 1.87 hours (1.33) | 2022: 1 hour<br>2023: 2 hours<br>2024: 2 hours  |
| 6 to 12 Years.         | 2022: 1.64 hours (1.01)<br>2023: 1.70 hours (1.07)<br>2024: 1.89 hours (1.07) | 2022: 1 hour<br>2023: 2 hours<br>2024: 2 hours  |
| 13 to 18 Years.        | 2022: 1.45 hours (0.68)<br>2023: 1.91 hours (1.36)<br>2024: 1.72 hours (0.69) | 2022: 1 hours<br>2023: 2 hours<br>2024: 2 hours |

#### Table 14. Average Duration of Family Time, by Age

Between January through June 2024, urban counties had longer duration compared to rural counties (Table 15).

#### Table 15. Average Duration of Family Time, by Rural/Urban

| Geographic<br>Designation | Mean Duration (Standard<br>Deviation)   | Median Duration                                |
|---------------------------|---|--|
| Rural.                    | 2022: 1.43 hours (1.16)<br>2023: 1.86 hours (1.3)<br>2024: 1.97 hours (1.23)  | 2022: 1 hour<br>2023: 2 hours<br>2024: 1 hour  |
| Urban.                    | 2022: 1.72 hours (1.16)<br>2023: 1.83 hours (1.64)<br>2024: 2.14 hours (1.72) | 2022: 1 hour<br>2023: 2 hours<br>2024: 2 hours |

Most family time took place at a county DHS office, with no substantial changes in the use of less-restrictive locations in the first half of 2024.

In-person location options in Trails include: the parent's home (least restrictive), kin home, the community, at a county DHS office, at a monitored facility (most restrictive), or another location. Across all years, the most common location was at a county DHS office (70% or greater). Other settings were variably used by counties (Figure 19). Location for family time did not vary

substantially by age (Table 16) or urbanicity (Table 17). Increasing use of home-like settings with the new family time legislation in place will take time, given the low current use of such locations.

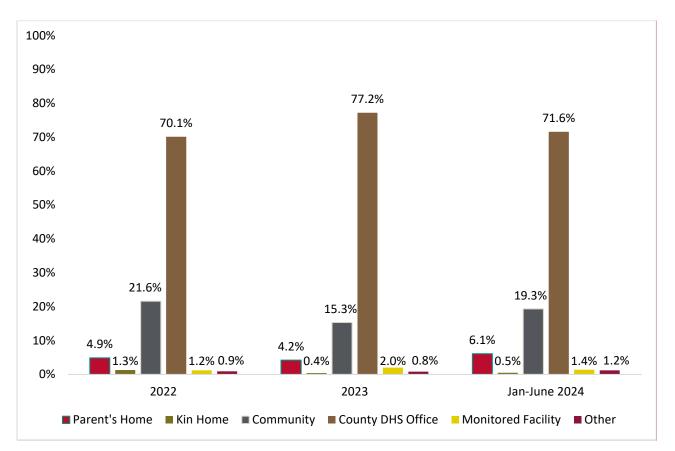


Figure 19. In-Person Family Time Locations, Least to Most Restrictive

#### Table 16. In-Person Family Time Locations, by Age

| Age                    | Parent's Home                          | Kin Home                               | Community                                 | County DHS<br>Office                      | Monitored Facility                     | Other                                  |
|------------------------|--|--|---|---|--|--|
| Birth to 24<br>months. | 2022: 4.8%<br>2023: 5.8%<br>2024: 8.9% | 2022: 1.2%<br>2023: 0.4%<br>2024: 0.5% | 2022: 21.8%<br>2023: 10.7%<br>2024: 16.7% | 2022: 69.6%<br>2023: 80.2%<br>2024: 69.9% | 2022: 1.6%<br>2023: 2.2%<br>2024: 2.6% | 2022: 1.0%<br>2023: 0.6%<br>2024: 1.4% |
| 2 to 5 Years.          | 2022: 4.9%<br>2023: 3.4%<br>2024: 7.2% | 2022: 1.1%<br>2023: 0.5%<br>2024: *    | 2022: 2.0%<br>2023: 18.9%<br>2024: 19.5%  | 2022: 69.4%<br>2023: 74.7%<br>2024: 71.4% | 2022: 1.4%<br>2023: 1.9%<br>2024: *    | 2022: 1.2%<br>2023: 0.6%<br>2024: *    |
| 6 to 12 Years.         | 2022: 4.5%<br>2023: 3.3%<br>2024: *    | 2022: 1.4%<br>2023: *<br>2024: *       | 2022: 20.1%<br>2023: 13.5%<br>2024: 19.8% | 2022: 72.9%<br>2023: 79.9%<br>2024: 74.9% | 2022: *<br>2023: 1.6%<br>2024: 0.8%    | 2022: *<br>2023: *<br>2024: 1.5%       |
| 13 to 18<br>Years.     | 2022: 7.2%<br>2023: 4.5%<br>2024: *    | 2022: 2.5%<br>2023: *<br>2024: *       | 2022: 63.6%<br>2023: 27.2%<br>2024: 29.5% | 2022: 63.6%<br>2023: 62.1%<br>2024: 65.0% | 2022: *<br>2023: 4.2%<br>2024: *       | 2022: *<br>2023: *<br>2024: *          |

\*Data suppressed due to sample size < 10

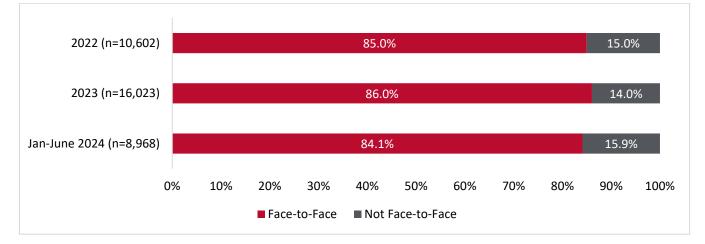
## Table 17. In-Person Family Time Locations, by Urbanicity

| Geographic<br>Designation | Parent's Home | Kin Home   | Community   | County DHS<br>Office | Monitored Facility | Other      |
|---------------------------|---------------|------------|-------------|----------------------|--------------------|------------|
| Rural.                    | 2022: 4.0%    | 2022: 1.9% | 2022: 19.7% | 2022: 71.8%          | 2022: 0.8%         | 2022: 1.9% |
|                           | 2023: 4.3%    | 2023: 0.6% | 2023: 19.4% | 2023: 72.3%          | 2023: 0.7%         | 2023: 2.7% |
|                           | 2024: 6.7%    | 2024: *    | 2024: 24.9% | 2024: 62.4%          | 2024: *            | 2024: 3.8% |
| Urban.                    | 2022: 5.2%    | 2022: 1.1% | 2022: 22.2% | 2022: 69.5%          | 2022: 1.3%         | 2022: 0.6% |
|                           | 2023: 4.2%    | 2023: 0.4% | 2023: 14.6% | 2023: 78.1%          | 2023: 2.3%         | 2023: 0.5% |
|                           | 2024: 6.0%    | 2024: *    | 2024: 18.4% | 2024: 73.0%          | 2024: *            | 2024: 0.8% |

\*Data suppressed due to sample size < 10

## Most completed family time is in-person, particularly for younger children.

Format of family time may be in-person, virtual (video conferencing), or other asynchronous methods (letter). Because best practices recommendations focus on in-person family time, we analyzed these data dichotomously as in-person or not in-person. The vast majority of completed family were conducted in-person, with little variation across years (Figure 20).





Young children were more likely to experience in-person family time compared to older youth (Figure 21). This aligns with best practices recommendations, as virtual options are less available to infants and toddlers.

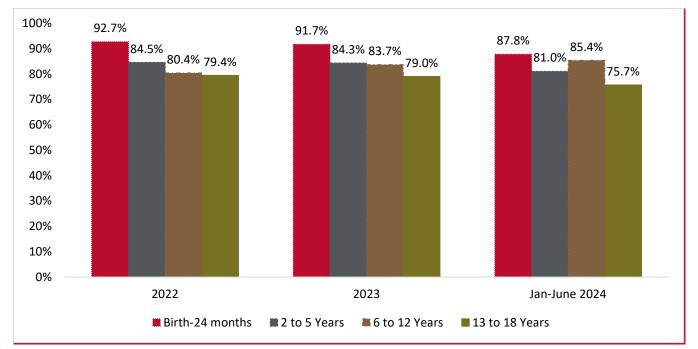


Figure 21. Share of Family Time Held In-Person, by Age

From January through June 2024, urban counties had a higher share of family time conducted inperson, compared to rural counties (Table 18). This likely reflects geographic expansiveness in rural areas of Colorado that can impede frequent in-person family time.

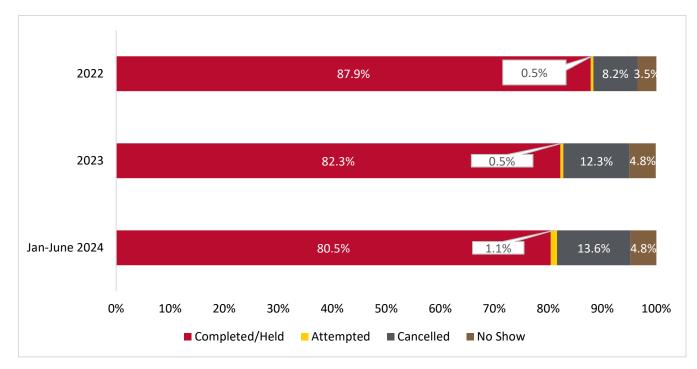
| Geographic Designation | 2022   | 2023   | January–June 2024 |
|------------------------|--------|--------|-------------------|
| Rural.                 | 88.66% | 87.95% | 78.22%            |
| Urban.                 | 83.91% | 85.69% | 85.05%            |

#### Table 18. Share of Family Time Held In-Person, by Rural/Urban

Most planned family time was completed as planned.

Planned family time can be recorded in Trails as attempted, cancelled (i.e., in advance), a no show (i.e., the parent did not attend and did not give advance notice), or completed/held. The vast majority of planned family time is held as expected (Figure 22). Per survey results, while counties hold a perception that family time is commonly not occurring due to the parent not showing up, Trails data showed very few contacts logged as no-shows (< 5% in any given year) and a small portion of cancellations (< 14% in any given year). This may in part reflect under-reporting in Trails, especially by third-party family time providers. Completion rates did not vary substantially by age (Table 19) or urbanicity (Table 20).





| Age                 | Completed   | Attempted     | Cancelled   | No Show    |
|---------------------|-------------|---------------|-------------|------------|
| Birth to 24 months. | 2022: 89.0% | 2022: *       | 2022: 7.6%  | 2022: *    |
|                     | 2023: 81.1% | 2023: 33 0.6% | 2023: 12.1% | 2023: 6.2% |
|                     | 2024: 78.9% | 2024: 0.8%    | 2024: 14.3% | 2024: 6.1% |
| 2 to 5 Years.       | 2022: 85.8% | 2022: 0.5%    | 2022: 9.4%  | 2022: 4.3% |
|                     | 2023: 82.9% | 2023: 0.4%    | 2023: 12.5% | 2023: 4.1% |
|                     | 2024: 82.3% | 2024: 1.5%    | 2024: 12.5% | 2024: 3.6% |
| 6 to 12 Years.      | 2022: 89.2% | 2022: 0.6%    | 2022: 7.3%  | 2022: 2.9% |
|                     | 2023: 82.5% | 2023: 0.6%    | 2023: 12.5% | 2023: 4.4% |
|                     | 2024: 81.0% | 2024: *       | 2024: 13.3% | 2024: *    |
| 13 to 18 Years.     | 2022: 89.4% | 2022: *       | 2022: 8.0%  | 2022: *    |
|                     | 2023: 84.4% | 2023: 0.9%    | 2023: 11.1% | 2023: 3.7% |
|                     | 2024: 77.6% | 2024: *       | 2024: 17.0% | 2024: *    |

#### Table 19 Completion Status of Family Time, by Age

\*Data suppressed due to sample size < 10

#### Table 20. Completion Status of Family Time, by Rural/Urban

| Geographic<br>Designation | Completed   | Attempted  | Cancelled   | No Show    |
|---------------------------|-------------|------------|-------------|------------|
| Rural.                    | 2022: 90.5% | 2022: 0.8% | 2022: 5.3%  | 2022: 3.4% |
|                           | 2023: 83.7% | 2023: *    | 2023: 13.1% | 2023: *    |
|                           | 2024: 82.3% | 2024: *    | 2024: 14.4% | 2024: *    |
| Urban.                    | 2022: 87.1% | 2022: 0.4% | 2022: 9.0%  | 2022: 3.5% |
|                           | 2023: 82.1% | 2023: *    | 2023: 12.2% | 2023: *    |
|                           | 2024: 80.2% | 2024: *    | 2024: 13.5% | 2024: *    |

\*Data suppressed due to sample size < 10

Appendix B includes suggested technical changes to Trails based on results from this study.

# Conclusion

This technical report provides details on methods and findings from each data source included in the statewide family time study. Policy and practice implications are outlined in the <u>strategy report</u> and <u>executive summary</u> on *Data-Informed Best Practices for Family Time in Colorado.* 

# **Appendix A: Evidence Review Materials (Select)**

Leading materials from the evidence review on family time are summarized below. This includes academic and grey literature.

# **Anchor Literature**

These documents served as anchor literature for the evidence review and emphasized the underlying philosophy needed for family time to positively drive outcomes:

U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau. (2020). *Family Time and visitation for children and youth in out-of-home care*. <u>https://www.acf.hhs.gov/cb/policy-guidance/im-20-02</u>

Zilberstein, K. (2023). Every state for itself: A comparison of states' visitation guidelines with research studies. *Children and Youth Services Review, 151,* Article 107049. <u>https://doi.org/10.1016/j.childyouth.2023.107049</u>

# Outcomes

**Out-of-Home Care** 

Coakley, T. M. (2013). The influence of father involvement on child welfare permanency outcomes: A secondary data analysis. *Children and Youth Services Review*, *35*(1), 174–182. <u>https://doi.org/10.1016/j.childyouth.2012.09.023</u>

McWey, L. M., & Cui, M. (2021). More contact with biological parents predicts shorter length of time in out of home care and mental health of youth in the child welfare system. *Children and Youth Services Review, 128,* Article 106164. <u>https://doi.org/10.1016/j.childyouth.2021.106164</u>

Ruiz-Romero, K. J., Salas, M. D., Fernández-Baena, F. J., & González-Pasarín, L. (2022). Is contact with birth parents beneficial to children in non-kinship foster care? A scoping review of the evidence. *Children and Youth Services Review*, *143*, Article 106658. <u>https://doi.org/10.1016/j.childyouth.2022.106658</u>

## **Reunification and Reentry**

Coakley, T. M. (2013). The influence of father involvement on child welfare permanency outcomes: A secondary data analysis. *Children and Youth Services Review*, *35*(1), 174–182. <u>https://doi.org/10.1016/j.childyouth.2012.09.023</u>

Goemans, A., Vanderfaeillie, J., Damen, H., Pijnenburg, H., & Van Holen, F. (2016). Reunification of foster children: Factors associated with reunification outcomes in Flanders and the Netherlands. *Children and Youth Services Review*, 70, 284–292.
 <a href="https://doi.org/10.1016/j.childyouth.2016.09.023">https://doi.org/10.1016/j.childyouth.2016.09.023</a>

- Goldberg, A. E., Brodzinsky, D., Singer, J., & Crozier, P. (2021). The impact of COVID-19 on child welfare-involved families: Implications for parent–child reunification and child welfare professionals. *Developmental Child Welfare*, *3*(3), 203–224. https://doi.org/10.1177/25161032211045257
- Hélie, S., Poirier, M. A., Lavergne, C., Dorval, A., & Lamothe, J. (2022). Factors associated with reunification and placement move for children placed in kinship care under the age of thirteen. *Child Abuse & Neglect*, *130*, Article 105357. <u>https://doi.org/10.1016/j.chiabu.2021.105357</u>
- Jedwab, M., & Shaw, T. V. (2017). Predictors of reentry into the foster care system: Comparison of children with and without previous removal experience. *Children and Youth Services Review*, 82, 177–184. <u>https://doi.org/10.1016/j.childyouth.2017.09.027</u>
- Luu, B., Collings, S., & Wright, A. C. (2022). A systematic review of common elements of practice that support reunification. *Children and Youth Services Review*, *133*, Article 106342. <u>https://doi.org/10.1016/j.childyouth.2021.106342</u>
- National Quality Improvement Center on Family-Centered Reunification. (2021). *Family-centered reunification in child welfare: A review of best practices*. <u>https://qicfamilyreunification.org/wp-content/uploads/2021/03/QICRcatalog.pdf</u>
- Ruiz-Romero, K. J., Salas, M. D., Fernández-Baena, F. J., & González-Pasarín, L. (2022). Is contact with birth parents beneficial to children in non-kinship foster care? A scoping review of the evidence. *Children and Youth Services Review*, 143, Article 106658. <u>https://doi.org/10.1016/j.childyouth.2022.106658</u>

Parent-Child/Youth Interactions During Family Time

Barkan, S., Rankin, L., Skinner, M., Orlando, L., Tajima, E., & Greenley, K. (2024). Strive to enhance supervised family time visits for children in foster care: Outcomes from a pilot study with randomization. *Children and Youth Services Review*, *160*, Article 107531. https://doi.org/10.1016/j.childyouth.2024.107531

The California Evidence-Based Clearinghouse for Child Welfare. (August 2023). *kContact*. <u>https://www.cebc4cw.org/program/kcontact/</u>

- Fischer, S., Harris, E., Smith, H.S., & Polivka, R.J. (2020). Family visit coaching: Improvement in parenting skills through coached visitation. *Children and Youth Services Review, 119*, Article 105604. <u>https://doi.org/10.1016/j.childyouth.2020.105604</u>
- Nesmith, A., Patton, R., Christopherson, K., & Smart, C. (2017). Promoting quality parent-child visits: The power of the parent-foster parent relationship. *Child & Family Social Work, 22*(1), 246–255. <u>https://doi.org/10.1111/cfs.12230</u>

- Singer, J., & Brodzinsky, D. (2020). Virtual parent-child visitation in support of family reunification in the time of COVID-19. *Developmental Child Welfare*, *2*(3), 153–223. <u>https://doi-org.du.idm.oclc.org/10.1177/2516103220960154</u>
- Tobin Smith, G., Shapiro, V. B., Sperry, R. W., & LeBuffe, P. A. (2014). A strengths-based approach to supervised visitation in child welfare. *Child Care in Practice, 20*(1), 98–119. <u>https://doi.org/10.1080/13575279.2013.847056</u>

## **Quality of Relationships**

- Barkan, S., Rankin, L., Skinner, M., Orlando, L., Tajima, E., & Greenley, K. (2024). Strive to enhance supervised family time visits for children in foster care: Outcomes from a pilot study with randomization. *Children and Youth Services Review*, *160*, Article 107531. https://doi.org/10.1016/j.childyouth.2024.107531
- Bernedo, I. M., & González-Pasarín, L. (2024). Impact of visits on fostered children's and families' well-being: Views of birth families, foster families and social workers. *Journal of Public Child Welfare*, 1–23. <u>https://doi.org/10.1080/15548732.2024.2399585</u>
- Chateauneuf, D., Turcotte, D., & Drapeau, S. (2018). The relationship between foster care families and birth families in a child welfare context: The determining factors. *Child & Family Social Work*, 23(1), 71–79. <u>https://doi.org/10.1111/cfs.12385</u>
- Chesmore, A. A., Weiler, L. M., Trump, L. J., Landers, A. L., & Taussig, H. N. (2017). Maltreated children in out-of-home care: The relation between attachment quality and internalizing symptoms. *Journal of Child & Family Studies, 26*(2), 381–392. <u>https://doi.org/10.1007/s10826-016-0567-6</u>
- Herbster, J. M., & Ocasio, K. (2021). The complex relationship between sibling contact and child and family well-being in foster care. *Children and Youth Services Review*, *131*, Article 106257. <u>https://doi.org/10.1016/j.childyouth.2021.106257</u>
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- Salas, M. D., Bernedo, I. M., Garcia-Martin, M. A., & Fuentes, M. J. (2021). Behavioral observation and analysis of participants in foster care visits. *Family Relations: Interdisciplinary Journal of Applied Family Science*, *70*(2), 540–556. <u>https://doi.org/10.1111/fare.12430</u>

- Salas Martínez, M. D., Fuentes, M. J., Bernedo, I. M., & García-Martín, M. A. (2016). Contact visits between foster children and their birth family: The views of foster children, foster parents and social workers. *Child & Family Social Work*, *21*(4), 473–483. <u>https://doi.org/10.1111/cfs.12163</u>
- Shalem, N., & Attar-Schwartz, S. (2022). Good enough residential care setting: Child-parent contact and youth adjustment in the context of staff attitudes towards parent involvement. *Children and Youth Services Review, 143,* Article 106687. <u>https://doi.org/10.1016/j.childyouth.2022.106687</u>
- Singer, J., & Brodzinsky, D. (2020). Virtual parent-child visitation in support of family reunification in the time of COVID-19. *Developmental Child Welfare*, *2*(3), 153–223. <u>https://doi-org.du.idm.oclc.org/10.1177/2516103220960154</u>
- Administration on Children, Youth and Families, Children's Bureau. (2020). *Child and youth connections: Results from CFSR Round 3.* U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/cb/child\_connections\_report\_2020.pdf

## **Child/Youth Mental Health**

- Bell, T., Romano, E., & Flynn, R. J. (2013). Multilevel correlates of behavioral resilience among children in child welfare. *Child Abuse & Neglect, 37*(11), 1007–1020. https://doi.org/10.1016/j.chiabu.2013.07.005
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- Fossum, S., Arlid Vis, S., & Holtan, A. (2018). Do frequency of visits with birth parents impact children's mental health and parental stress instable foster care settings. *Cogent Psychology*, 5(1), Article 1429350. <u>https://doi.org/10.1080/23311908.2018.1429350</u>
- Herbster, J. M., & Ocasio, K. (2021). The complex relationship between sibling contact and child and family well-being in foster care: An exploration of child and family functioning in a prepermanency cohort. *Children and Youth Services Review*, 131, Article 106257. <u>https://doi.org/10.1016/j.childyouth.2021.106257</u>
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- McWey, L. M., Cui, M., & Stevenson Wojciak, A. (2023). Current caregiver involvement and contact with biological parents are associated with lower externalizing symptoms of youth in out-of-home



child welfare placements. *Journal of Social Work Practice, 37*(1). 63–78. https://doi.org/10.1080/02650533.2022.2034767

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- Poitras, K., Porlier, S., & Tarabulsy, G. M. (2022). Child's adjustment and parent-child contact after child placement into foster care: A systematic review. *Journal of Public Child Welfare, 16*(5). 575–606. <u>https://doi.org/10.1080/15548732.2021.1940416</u>
- Poitras, K., Tarabulsy, G. M., & Pulido, N. V. (2022). Contact with biological parents following placement in foster care: Associations with preschool child externalizing behavior. *Clinical Child Psychology*, *27*(2). 466–479. <u>https://doi.org/10.1177/13591045211049295</u>
- Shalem, N., & Attar-Schwartz, S. (2022). Good enough residential care setting: Child-parent contact and youth adjustment in the context of staff attitudes towards parent involvement. *Children and Youth Services Review, 143,* Article 106687. <u>https://doi.org/10.1016/j.childyouth.2022.106687</u>

## **Child/Youth Academic Performance**

- Attar-Schwartz, S. (2009). School functioning of children in residential care: The contributions of multilevel correlates. *Child Abuse & Neglect*, *33*(7), 429–440. <u>https://doi.org/10.1016/j.chiabu.2008.12.010</u>
- Poitras, K., Porlier, S., & Tarabulsy, G. M. (2022). Child's adjustment and parent-child contact after child placement into foster care: A systematic review. *Journal of Public Child Welfare*, *16*(5). 575–606. <u>https://doi.org/10.1080/15548732.2021.1940416</u>

# **Decision-Making Categories**

**Immediacy after Removal** 

California: Advokids. (n.d.). Visitation. https://advokids.org/childhood-mental-health/visitation/

Harris Professional Development Network. (2020). *How to create meaningful family time with young children: Research, reflection, relationships.* <u>https://www.irvingharrisfdn.org/wp-content/uploads/2020/09/4\_Meaningful-Family-Time\_case-worker\_FNL\_DC.pdf</u>

Laver, M. (2017, March). *Family time/visitation: Road to safe reunification*. American Bar Association.

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Minnesota: Administrations for Child and Families, Child Welfare Information Gateway. (2018, April). *Case planning for families involved with child welfare agencies – Minnesota*. Children's

Bureau, U.S. Department of Health and Human Services.

https://www.childwelfare.gov/resources/case-planning-families-involved-child-welfare-agenciesminnesota/

- Minnesota: Minnesota Courts. (n.d.). *Child and family visitation: A practice guide to support lasting reunification and preserving family connections for children in foster care.* <u>https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5552-ENG</u>
- New York: New York State Office of Children and Family Services. (2017, October 5). *Family visiting policy for children in foster care* (Transmittal 17-OCFS-ADM-14) [Administrative Directive]. https://ocfs.ny.gov/main/policies/external/OCFS\_2017/ADFs/17-OCFS-ADM-14.pdf
- North Carolina: North Carolina Department of Health and Human Services. (2022, April). North Carolina child welfare manual: Permanency planning services policy, protocol, and guidance. <u>https://policies.ncdhhs.gov/wp-content/uploads/permanency-planning\_manual-april-2022 - 1.pdf</u>
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- Washington State Department of Children, Youth & Families, Office of Innovation, Alignment, and Accountability. (2021, February). *Topical brief: Sources of best practices for parent-child visitation*. <u>https://www.dcyf.wa.gov/sites/default/files/pdf/reports/Sources-ParentChildVisitation.pdf</u>

#### **Frequency of Family Time**

Arizona: Arizona Department of Child Safety. (2023, August 28). *Parenting time (visitation)*: *Planning safe supportive parenting time with families*. <u>https://extranet.azdcs.gov/DCSPolicy/Content/Practice%20Guides%20&%20Additional%20Info/Li</u> <u>nks/Guides/Practice%20Guidelines%20-%20Parenting%20Time%20Planning.pdf</u>

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Bullen, T., Taplin, S., Kertesz, M., Humphreys, C., & McArthur, M. (2015). Literature review on supervised contact between children in out-of-home care and their parents. <u>https://acuresearchbank.acu.edu.au/download/ecab16bcb8e88c8a670d70c6e32ab686e1a144da</u> <u>8f3486d768fdd1e342b16f5e/698199/Bullen 2015 kContact LiteratureReview.pdf</u>

California: Cal. Welf. & Inst. Code § 362.1. <u>https://leginfo.legislature.ca.gov/faces/codes\_displaySection.xhtml?sectionNum=362.1&lawCode</u> <u>=WIC</u>

California: Advokids. (n.d.). *Visitation*. <u>https://advokids.org/childhood-mental-health/visitation/#:~:text=Visits%20should%20be%20scheduled%20at,is%20an%20appropriate%20time%20range</u>

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# **Appendix B: Recommendations for Trails Data Enhancements on Family Time**

Recommendation C8 is to "Make technical updates to the child welfare data system (Trails) to align with and support changes to family time" (see <u>strategy report</u>). As part of recommendation development, the Colorado Lab consulted with data system and program experts at the Colorado Department of Human Services (CDHS) to discuss how data enhancements in Trails can be informed by results of this study. HB23-1027 carries a fiscal note with a modest portion dedicated to CDHS for use on any necessary Trails improvements. Considerations outlined below are intended to support CDHS in aligning family time components in Trails with the new legislation and with what counties report is most important, as well as accelerating opportunities to use Trails data for continuous quality improvement (CQI) and evidence building.

# Background

There is an appetite among Colorado counties, providers, and families for improved data tracking in Trails regarding how family time is implemented and associated outcomes. Through modifications to Trails on family time data, the goal is to be able to:

- Inform CQI and use data for learning (i.e., strengths, barriers, and achievements).
- Track key child welfare outcomes (e.g., reunification).
- Map actual practice to best practice standards identified as "best bets" for driving outcomes for children, youth, and families.

#### **Key Outcomes of Interest**

Family time data should be examined relative to key outcomes of interest, including:

- Reunification.
- Time spent in out-of-home care.
- Key milestones in the case (e.g., method of family time in the first 72 hours).
- Allocation of Parental Rights (APR), Termination of Parental Rights (TPR), Relative Guardianship Assistance Program (RGAP).
- Re-entry or re-involvement.

#### **Documented Plan / Plan Template**

The family time template should be expanded to include:

- Section/prompt on family culture and values.
- Initial "mission-critical information" before the full plan is developed.
- Section/prompt on sibling contact.

- Outline all appropriate methods, in-person and supplemental.
- Who led plan development: Parent/caregiver, professional staff, collaborative between parent/caregiver & staff, and other.

Whenever possible, picklists should be included for ease in data analysis (e.g., common locations).

#### **Key Data Elements in Trails**

Every family time interaction (regardless of supervisor type) should be logged into Trails. This is vital for an accurate understanding of frequency, duration, and level of restrictiveness, relative to outcomes. Ideally, the following information is included (priority information for every family time interaction is marked with an asterisk):

- Family Time Date\*
  - Flag (system-generated) for if this was a weekend visit.
  - Flag (system-generated) for if this was an evening visit.
- Duration (how long in minutes, for in-person only).\*
  - Flag (system-generated) if this was an overnight visit.
- Who was the Family Time between? (check all that apply)
  - Parents/caregivers.
  - Children and youth.
  - Siblings.
  - Kin (not acting as supervisors).
  - Other relationship: (specify).
- Setting (location).\*
  - In respondent parent home.
  - o In kin home.
  - In the community (e.g., park).
  - In county DHS office.
  - In a monitored facility.
    - In jail/prison/incarceration (facility name).
  - Other (specify).
- Supervision level.\*
  - Unsupervised.
  - Monitored/intermittent supervision.

- o Supervised.
- Other safety, security, or law enforcement present during family time.
- o Drop in.
- Other (specify).
- Type of supervisor\* (if "supervised" or "monitored" is selected above).
  - Kin or other informal support.
  - Third-party family time provider.
  - Human service family time provider.
  - Caseworker.
  - Therapeutic Supervisor.
  - Other (specify).
- Format (method).\*
  - In-person for purposes of strengthening and preserving ties.
  - In-person supplemental (e.g., medical visit, extracurricular activity, church, etc.).
  - Video call.
  - Other virtual method (e.g., messaging, phone call, and email).
  - Other not listed (specify).
- Family time completed or held as planned.\*
  - Completed/held.
  - Cancelled (specify by whom).
  - Parent no show.
  - Child/youth refused.
  - Other status (specify).
- Reason for child/youth refusal of in-person family time (if "child/youth refused" is selected above).
  - Child youth experiencing emotional distress or other trauma response.
  - Child/youth in conflict with parent.
  - Child/youth concerned about safety (e.g., parent not respecting gender identity).
  - Child/youth perceives family time as a burden.
  - Child/youth uncomfortable with individual supervising.
  - Child/youth uncomfortable with setting.
  - Other (specify).

- Missed family time: how often, who, and reason why.
- Is family time decreasing in frequency?\* (semi-permanent). If yes, why:
  - Department is motioning the court to decrease the family time.
  - Child/youth illness.
  - o Parent illness.
  - No viable transportation available for parent(s).
  - No viable transportation available for child/youth.
  - Family time schedule conflicts with a child/youth event (e.g., school, band concert).
  - o Family time schedule conflicts with parent treatment plan required activity.
  - Family time schedule conflicts with court dates.
  - Family Time schedule conflicts with parent work schedule.
  - Could not find a supervisor.
  - Could not find a location.
  - Parent canceled repeatedly.
  - Foster family canceled repeatedly.
  - Supervisor canceled repeatedly.
  - Department cancelled repeatedly
  - Child/youth refused.
  - Parent did not meet scheduling requirements.
  - Parental UA came back positive.
  - Child safety concerns.
  - Child behavioral concerns.
  - Other (please specify).
- Notes section, which should include a log of activities in relationship to documented purpose of family time and unique family goals.

#### **Considerations When Making Trails Data Enhancements**

- Workload burden on staff (what is feasible).
- Ability to pull data out of the system in a usable format for continuous quality improvement (e.g., Results Oriented management reports).
- How to capture family time information from non-DHS staff without access to Trails