

STANDARDS FOR SUPERVISED VISITATION PRACTICE

Prepared by:

SVN Standards Task Force and the
Standards and Guidelines Committee

Approved by:

SVN Board of Directors & General Membership

July 2006

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ACKNOWLEDGEMENTS

The SVN Standards and Guidelines Committee (S & G) co-chairs wishes to give thanks to the SVN Board of Directors for its support and direction in undertaking the project to revise and amend the SVN April 1996 Standards and Guidelines, to reflect up-to-date best practices. The S & G committee extends special thanks and appreciation to the SVN Standards Task Force members for their extraordinary wisdom, professional vision, and invaluable time spent with meetings, teleconference calls, reviewing, drafting, revising, and revising, and revising the standards: Barbara Flory, M.S.W., L.C.S.W., Program Manager, Heritage House, St. Louis, Missouri, Jane Grafton, Greater Vancouver Mediation/Supervision Services, BC, Canada, Judy Newman, Ministry of the Attorney General, Toronto, Ontario Canada, and Rob Straus, J.D., DMH, Director, Meeting Place: Supervised Child Access Services, Cambridge, Massachusetts. Without your steadfast leadership and dedication, we could never have been completed this project. The lessons you have taught us are priceless.

Sincere thanks and gratitude to the SVN Standards and Guidelines Committee members for your generosity of time and guidance: Laurie Casey, Family Tree Access Centers, Inc., Rutland, VT, Nancy Fallows, Executive Director, SVN, Mary Jaffe, West Palm Beach, Florida, Teri Walker McLaughlin, Children's Safety Centers, St. Paul, MN, and Nancy Porter, 30th Judicial District, DV-SA Alliance, Waynesville, NC. Many thanks to the California Administrative Office of the Courts staff members Shelly La Botte and Juan Palomares for their professional assistance and many hours spent on preparation and production of the new standards. Thank you Randy Fallows, SVN Webmaster, ITS, for all your technological support on this project. Finally, the committee would like to acknowledge the following individuals who provided reviews and comments on the revised standards: Karen Oehme, J.D., Clearinghouse on Supervised Visitation, Institute for Family Violence Studies in the Florida State University School of Social Work, Jeffrey Postuma, Director of Parenting Programs-Perspectives Family Center, and Margaret Carson, Seattle, Washington.

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INTRODUCTION

The Standards for Supervised Visitation Practice (“the Standards”) is the product of the Supervised Visitation Network (SVN) Standards Task Force (the “Task Force”), the Standards and Guideline (S & G) Committee, and public comments submitted during the 2006 Invitation-to-Comment period. The open Invitation-to-Comment period, which was held during January 6, 2006 through February 20, 2006, consisted of the solicitation of comments from the SVN membership and the general public (i.e., interested professional individuals and organizations) regarding the revised SVN Standards and Guidelines (i.e., the January 2006 draft version of the 1996 April SVN Standards and Guidelines).

The Standards are based in part on the original April 1996 SVN Standards and Guidelines. As a result of considerable modification and revisions to the April 1996 version, the Task Force and S & G Committee decided to divide the April 1996 SVN Standards and Guidelines into two separate documents: (1) Standards of Practice; and (2) Best Practice Guidelines. The Task Force and S & G Committee agreed that these two documents needed to compliment each other; however, the purposes and intent of each document would be different.

SVN Board of Directors’ Approved Review Process
The S & G Committee agreed to post the revised standards (i.e., January 2006 version) to the SVN Website, <http://www.svnetwork.net/>, and include a comment response form and instructions for submission of written comments. The comment response form requested information regarding whether the person (1) agreed with the proposed changes; (2) agreed with the proposed changes only if modified; or (3) did not agree with proposed changes. All comments were required to be submitted in writing, on the comment response form, and only comments submitted during the open comment period were reviewed and forwarded to the S & G Committee and Task Force for review and consideration.

Upon closure of the invitation-to-comment period, the S & G Committee and the Task Force convened several teleconference calls to discuss the public comments submitted and review and

outline proposed task assignments. The co-chairs of the S & G Committee were responsible for collecting, synthesizing, and coordinating all of the public comments into a “comment response table” as initially agreed upon. Comments were reviewed by the SVN Standards Task Force through an in-person meeting in March 2006. These modifications were then submitted to the S & G Committee for further review, revisions, and subsequent drafting of proposed final recommendations to be presented to the board of directors for review, discussion, and consideration. The committee reached unanimous consensus on the committee responses and on the final draft of the revised standards.

The committee’s recommendations regarding the final draft of the Standards came to the Special Board of Directors Meeting, scheduled April 6, 2006, for discussion, consideration, and final approval. The Board of Directors was requested to review, revise, and approve submission of the final draft document (i.e., the May 2006 version) to the general SVN membership for adoption and ratification at the annual SVN 2006 conference held in Rapid City, South Dakota. The Standards were passed by membership vote on May 18, 2006, and became effective on July 1, 2006.

The Standards are the first document to be completed by the Task Force and S & G Committee. The Standards are designed to be mandatory in nature (i.e., evidenced by the use of the words “shall and “must”) and establish minimum practice standards of professional supervised visitation and exchange services. The central criterion of these Standards is that there must be a match between the capacity of the provider, the service being provided, and the needs of and the risk presented by the family. Now that the Standards have been adopted, the Task Force and S & G Committee will next develop the Best Practice Guidelines. These will be permissive in nature (i.e., evidenced by the use of the words “should” and “may”) and will offer practice guidance and recommendations for implementation of the standards. The Guidelines will primarily serve as the “how to” component for implementation of the national standards. It is anticipated that the Best Practice Guidelines will be

completed and/or presented to the general SVN membership for consideration in fiscal year 2008.

In developing the new Standards, the S & G Committee and the Task Force strived to remain true to the overarching goal of ensuring that the standards were consistent, as far as possible, with other state and national practice trends while also providing clarity and structure for the operation of supervised visitation and exchange services without compromising the fundamental objective of maintaining the physical, emotional, and psychological safety and protection of parents and their children. Additionally, the committee sought to meet the underlying goal of flexibility and being broad enough to allow for jurisdictional applicability and differences.

To assist SVN members and other professional practitioners in comprehending the provisions of service delivery under these Standards, it is the intent of the S & G Committee to publish a background/history document and a rationale compendium to the Standards. The background/history document is intended to describe and outline the revision and amendment process while the rationale compendium is intended to provide understanding regarding the conceptual thinking of the final draft of this document. The committee responses (i.e., the public comment chart) to all the public comments submitted during the Invitation-to-Comment period is part of the public record and is posted on the SVN Website.

The SVN Board of Directors and the S & G Committee recognize that the Standards are only the first step in guiding the practice of supervised visitation and exchange services. The need for additional resources is paramount to the successful implementation of the Standards. To this effect, the S & G Committee made a formal recommendation to the Board of Directors requesting the creation and adoption of, at least, the following minimal documents. The following recommendations were approved by the Board of Directors on May 19, 2006:

- 1) Develop Guidelines for Best Practice: The Standards are the minimum requirements for supervised visitation and exchange practice. It is the consensus of the S & G Committee that it will be helpful for professional supervised visitation and exchange providers to have various options for providing services. The Best Practice Guidelines will offer providers greater details on a range of alternatives for adapting to different circumstances that may be unique to their individual jurisdictions.
- 2) Develop a Professional Code of Ethics: The Code of Ethics is intended to serve as a guide for professional conduct regarding the practice of supervised visitation and exchange services. The ethical standards will be designed to ensure professional accountability and set forth general values and principles of conduct.
- 3) Develop a SVN Approved Training Curricula: Under section 12.0, a list of required subject matter topics is provided but the section needs to be supplemented with well-designed curricula and training materials that are approved by SVN as meeting the training goals set by the Standards. The S & G Committee recommended and the Board approved that the SVN Training Committee, in collaboration and coordination with the Board of Directors and S & G Committee develop training curriculum that will meet the minimum requirements of the Standards, including advanced curricula needed to reflect both updated and new practices.
- 4) Provide SVN Training Support: The Standards are not intended to create barriers for entry into the field of

practice of supervised visitation or create obstacles that would limit the amount of service delivery offered by members. The Standards are not designed to exclude or stop provider services but to help ensure provider accountability, set minimum levels of service delivery, and ensure high-quality services provided by trained, skilled professionals. The S & G Committee proposed that the board of directors, in collaboration with the SVN Training Committee, seek to ensure that the general membership have the essential tools and support to ensure compliance and implementation of the revised standards.

The new standards do not set equivalencies or “credit” for other training and experience by providers because the absence of SVN approved curriculum does not allow an acceptable standard by which education, training, or experience can be established.

Additionally, to address the issue of how programs will meet the training requirements given budgetary costs and lack of resources, the consensus among the committee was that the standards need to be flexible enough to allow for innovative approaches and strategies in seeking and obtaining the required training. The committee acknowledged budgetary constraints that affect the entry into the field of practice and consequently the availability of affordable and accessible services. While the standards do outline the training subject areas required for supervised visitation and exchange services, the standards are not explicit regarding the methods for achieving compliance. The S & G committee proposes the following as a variety of cost-effective means for accomplishing this: on-the-job training; online resources; videos, audiotapes; written materials, publications; self-study aids; conferences; and trainings.

Furthermore, the Standards may communicate expectations that exceed those established by law or other regulatory bodies. Where

conflict exists, law, rules of the court, regulatory requirements, or agency requirements supersede these standards. SVN does not currently have an enforcement mechanism. However, as a condition of membership, SVN members are asked to certify that they support the standards and if providing supervised visitation and exchange services, members intend to strive to comply with these standards. The vision and mission of SVN is to promote excellence in the field of practice. By subscribing to the Standards, members demonstrate their commitment towards providing and supporting excellence of service.

Mission Statement

The Supervised Visitation Network(SVN) provides communities with education and support that promote opportunities for children to have safe, conflict-free access to both parents through a continuum of child access services.

SVN Values

The values of the Supervised Visitation Network were developed through the organizations strategic planning process and are contained in the SVN by-laws. The SVN by-laws are accessible to the public and the general membership through the SVN website located at <http://www.svnetwork.net>.

(Footnotes)

The Supervised Visitation Network acknowledges that the concept of both parents may not be applicable because of dependency cases.

1.0	INTRODUCTION
1.1	Supervised Visitation Network (SVN)
1.2	Purpose of the Standards
1.3	Historical Development of the SVN Standards
1.4	Philosophy of the Standards
1.5	Applicability
1.6	Adoption and Implementation

1.3 Historical Development of the SVN Standards
 In 1994, SVN adopted a resolution to develop a draft document of Standards and Guidelines to be reviewed and accepted by the SVN general membership. The document was intended to serve as a best practice resource for professionals operating and administering child access/ supervised visitation and exchange services. The current revision, effective July 1, 2006, is based on the original SVN Standards and Guidelines document created and approved by the general membership in April 1996. In this revised document, Standards and Guidelines have been separated out. This document sets forth mandatory minimum standards of practice. Best Practice Guidelines will be developed after the general membership approves and ratifies adoption of the Standards of Practice.

1.4 Philosophy of the Standards
 Consistent with the mission and values of SVN, the general philosophy of the standards are:

1) Quality and flexibility of service
 The standards are intended to be broad enough to be applicable to all supervised visitation providers operating and administering services and specific enough to ensure implementation of the core values of SVN.

2) Safety and well-being
 The underlying premise of these standards is that the safety of all participants is a precondition of providing services. After safety, the well-being of the child is the paramount consideration at all stages and particularly in deciding the manner in which supervision is provided.

3) Evolving standards
 The standards will be revised and updated periodically to reflect the evolving practice of supervised visitation services.

1.1 Supervised Visitation Network (SVN)
 The objectives of the Supervised Visitation Network are to:

- 1) Establish a network of professionals who are committed to supervised visitation and exchange services;
- 2) Act as a clearinghouse for information about supervised visitation and exchange services;
- 3) Develop and maintain standards and guidelines for supervised visitation and exchange practices;
- 4) Inform practitioners about funding sources; and
- 5) Educate policymakers about the need for supervised visitation and exchange services.

1.2 Purpose of the Standards
 This document establishes minimum practice standards for professional supervised visitation and exchange services. These standards are also intended to serve as a resource to courts, educators, funding sources, and others interested in this field of practice.

1.5 Applicability

The standards apply to SVN members who provide professional supervised visitation and exchange services. Membership in SVN explicitly implies agreement to follow the standards to the extent that they do not conflict with applicable law.

1.6 Adoption and Implementation

These standards were adopted and ratified by vote of the membership on May 19, 2006, with an effective date of July 1, 2006. SVN members agree to be in full compliance with the standards one year from the effective date of July 1, 2006

2.0 DEFINITIONS

The following definitions clarify terms used in these standards:

2.1 Assessment is a component of the planned change effort in which the mental health practitioner collaborates with the client to obtain information that provides the foundation for developing a plan of intervention (2005, Berg-Weger, M.).

2.2 Authorized person is a person approved by the court, or by agreement of the parents and/or the provider, to be present during the supervised contact.

2.3 Child refers to a minor, between the ages of birth and majority.

2.4 Client is a child or parent or authorized person to whom services are rendered. See also child, custodial parent, and non-custodial parent in this list of definitions.

2.5 Critical incident is an occurrence involving a client that threatens the safety or results in the injury of a participant and/or that requires the intervention of a third party such as child protection services or the police.

2.6 Custodial parent is a biological or adoptive parent, guardian, or state agency or its representatives that has temporary or permanent physical custody of a child. A custodial parent may also be referred to as a "residential" parent.

2.7 Domestic Violence refers to any form of physical, sexual, verbal, emotional, or economic abuse inflicted on any person in a household by a family or household member.

2.8 Evaluation is a component of the planned change effort in which the mental health practitioner and the client assess the progress and success of the planned change effort (2005, Berg-Weger, M.).

2.9 Group supervision is supervision of parent/child contact in which more than one family is supervised by one or more visit supervisors. Group supervision may also be referred to as “multiple-family” supervision.

2.10 Intermittent supervision is parent/child contact in which a parent and child are supervised for part of the time and purposely left unattended by a visit supervisor for certain periods of time.

2.11 Neutral/neutrality as used in the context of supervised visitation means maintaining an unbiased, objective, and balanced environment, and when providing the service, not taking a position between the parents in providing the service. Providing service in a neutral manner is intended to ensure respect for all individuals in their capacity as parents and to protect children who are attempting to remain in contact with their parents. Being neutral does not mean providers disregard behaviors such as abuse or violence of any kind.

2.12 Non custodial parent refers to a biological parent or other adult who has supervised contact with a child. A non custodial parent may also be referred to as a “visiting” and/or “nonresidential” parent.

2.13 One-on-one supervision is parent/child contact supervised by at least one visit supervisor focused on overseeing that contact.

2.14 Off-site supervision is supervision of parent/child contact that occurs away from a facility that is under the management of the provider.

2.15 On-site supervision refers to supervision of parent/child contact at a facility that is under the management of the provider.

2.16 Parent refers to a biological mother, father, or other adult, including an adoptive parent,

guardian, or state agency or its representatives. See also sections 2.6 and 2.12 in this document.

2.17 Parent/child contact is interaction between a parent or other authorized person and one or more children. Contact can be face-to-face, by mail and/or e-mail, telephone, video conference, or other means of communication.

2.18 Participant is a client, authorized person, provider, agency staff, or other on-site person.

2.19 Partner abuse refers to a form of family violence involving abuse by one adult of another when both share an intimate relationship.

2.20 Provider is any professional person or agency, either paid or unpaid, that is experienced in and trained to deliver supervised visitation services.

2.21 Recommendation is the drawing of conclusions and statement of a professional opinion concerning future visitation arrangements and/or child custody determination.

2.22 Risk Assessment is the review and analysis of historical information and observation of behavior for the purpose of deciding whether there is a match between the probability that a client will exhibit dangerous behavior and the capacity of a provider to manage that behavior. Risk assessment as used in these standards is not a mental health assessment.

2.23 Safety is protection from danger or risk of physical, psychological or emotional injury.

2.24 Security refers to measures put in place to effect safety.

2.25 Supervised exchange is supervision of the transfer of a child from the custodial to the non custodial parent at the start of the parent/child contact and back to the custodial parent at the end of the contact. The supervision is usually limited to the exchanges, with the remainder of the non custodial parent/child contact unsupervised. Exchanges may be supervised on-or-off the site. A supervised exchange may also be referred to as “exchange monitoring,” “supervised transfer,” “monitored exchange,” “safe exchange,” and “neutral drop-off/pick-up.”

contractor and any employee, trainee, intern, or volunteer of an agency provider. A visit supervisor may also be called a “child access monitor,” “observer,” or “visitation specialist.”

2.26 Supervised visitation is a generic term that describes parent/child contact overseen by a third party. It is also a term for contact between a non custodial parent and one or more children in the presence of a third person, in which the only focus is the protection and safety of the child and adult participants. Unless otherwise specified in this document, “supervised visitation” also includes supervised exchange services.

2.27 Supportive supervised visitation is contact between a non custodial parent and one or more children in the presence of a third person, in which the supervisor is actively involved in promoting behavioral change in parent/child relationships. Supportive supervision may also be referred to as “directed,” “educational,” or “facilitated visitation.”

2.28 Therapeutic supervision is conjoint parent-child therapy conducted by a licensed or certified mental health professional also trained to provide supervised visitation. This includes a student or intern in training for a post-graduate degree under the direct supervision of a licensed or certified mental health professional.

2.29 Trainee refers to a person training to become a visit supervisor and working under the direct supervision of a staff member responsible for his or her work. This definition includes interns and practicum students.

2.30 Visit supervisor is any person who observes and oversees safe parent/child contact during visits and during transitions from one parent to another. A visit supervisor includes an independent

3.0	SUPERVISED VISITATION PROVIDERS
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3.2	Providers
3.3	Role of the Provider
3.4	Neutrality
3.5	Conflict of Interest
3.6	Program Services

3.1 Purpose

This section is intended to identify what constitutes a “provider” and to require providers to know what supervised visitation is and is not and what providers can and cannot do.

3.2 Providers

Professional supervised visitation services must be provided by a qualified independent provider, by a free-standing agency, or by a subdivision or program of a larger agency. Qualifications and training of providers are described under sections 11 and 12 of this document.

3.3 Role of the Provider

- 1) Providers must offer supervised visitation services that are consistent with the training and capacity of their staff and program.
- 2) Providers must know and understand the scope of their services and the limitations of their role, and explain their role(s) to both clients and users of their services.

3.4 Neutrality

A provider must be neutral in providing supervised visitation service. See definition under section 2.11 of this document.

3.5 Conflict of Interest

- 1) Agency conflict of interest
 - a. When supervised visitation services are provided or operated by an agency whose primary function is not supervised visitation,

the agency is responsible for ensuring that staff or persons providing supervised visitation are trained and qualified according to these standards.

- b. When supervised visitation services are provided or operated by an agency whose primary function is not supervised visitation, the agency is responsible for ensuring that staff functions and roles remain clear and do not conflict with other interests when providing supervised visitation services.

2) Provider conflict of interest

Unless otherwise approved by the court, a provider must not be:

- a. Financially dependent on the person being supervised or any of the other clients in that family;
- b. An employee or employer of the person being supervised or any of the other clients in that family; or
- c. In an intimate relationship or have a personal relationship with the person being supervised or any of the other clients in that family.

3.6 Program Services

All providers must:

- 1) Offer only those services for which they and their staff have adequate education, training, and experience;
- 2) Clearly describe, in writing, the nature of the services provided and disclose to the parents and referring sources details about the program services; and
- 3) Seek consultation concerning service and client issues that are outside the scope of the provider’s education, training, or experience.

4.0 ADMINISTRATIVE FUNCTIONS

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5.0 PROGRAM OPERATIONS

- 5.1 Purpose
- 5.1 Resources and Functions
- 5.2 Program Policies and Procedures
- 5.3 Premises
- 5.4 Accessibility
- 5.5 Insurance

4.1 Purpose

This section is intended to define the parameters for maintaining financial records, personnel policies, and client records.

4.2 Financial Management

A provider must maintain financial records and follow generally accepted accounting principles. Financial records must be retained for the period required by local law.

4.3 Personnel Policies

A provider with employees or volunteers must have written personnel policies and maintain personnel records.

4.4 Client Records

A provider must keep client records in accordance with section 7.0 of this document. The collection and reporting of data based on client records must not compromise client confidentiality.

4.5 Case Review

1) Internal case review

A provider must review the status of all open cases, both active and inactive, to monitor client compliance with the service, program preparation for court review dates, if any, and follow up on outstanding issues.

2) Review by the court or referring agency

Subject to each jurisdiction, providers must work with the court or referring agency to have written policies and procedures for case review to consider the status of the case, any needed changes to the court order, or whether participation in the service will continue or terminate. Resource information about how to access court services must be made available to clients.

5.1 Purpose

This section is intended to set forth basic operating requirements for providers.

5.1 Resources and Functions

A provider must offer only those services and serve only the number of clients for which they have adequate financial and personnel resources.

5.2 Program Policies and Procedures

Providers must have written rules and policies governing service delivery.

5.3 Premises

For on-site supervised visitation services, the physical layout of the premises must be designed to protect the safety and security of participants.

5.4 Accessibility

A provider must have policies and procedures about accessibility to supervised visitation services in terms of geographic location, transportation, hours of operation, American Disabilities Act and its equivalent legislation in the international jurisdiction, and sensitivity to the ethnic, cultural, and linguistic needs of the community.

5.5 Insurance

A provider must obtain and maintain insurance coverage that is appropriate to their business operations and the nature of the work and services provided.

6.0	EVALUATIONS AND RECOMMENDATIONS
6.1	Purpose
6.2	General Policy
6.3	Risk Assessments
6.4	Therapeutic Supervised Visitation Exception

6.3 Risk Assessments

A provider may review and analyze client information and behavior to determine whether services can be provided safely and/or to deny or suspend services because of potential risks of harm to a client or staff member.

6.4 Therapeutic Supervised Visitation Exception

A licensed mental health professional who is providing therapeutic supervised visitation may prepare a written report that demonstrates a parent's commitment or readiness for treatment and may include a professional opinion about parent/child readiness to enter the next phase of treatment. Any such report must not include an opinion or recommendation about child custody/access determinations.

6.1 Purpose

This section defines the limits for providing an assessment, evaluation, and/or recommendation concerning the treatment, future visitation arrangements, and/or child custody determinations. Specifically, the section prohibits a provider from performing any mental health, custody, parenting, developmental and/or attachment assessment and evaluation that more appropriately should be provided by a licensed mental health professional. This includes drawing conclusions and/or making recommendations about future visitation arrangements or child custody determinations.

6.2 General Policy

- 1) A provider must not perform any mental health or other evaluations or assessments unless as specifically noted in sections 6.3 and 6.4 below.
- 2) Supervised visitation services must function independently from a licensed or certified mental health professional or other professional who is performing a mental health, custody, parenting, developmental and/or attachment assessment and evaluation.
- 3) A provider must not make recommendations or state opinions about future visitation arrangements and/or child custody determinations.
- 4) This policy does not prohibit a provider from providing factual information based on observations of clients which may be used by others who are conducting an evaluation and/or assessment.

7.0	RECORDS
7.1	Purpose
7.2	Client Files
7.3	Records of Parent/Child Contact
7.4	Protection of Client Information
7.5	Protection of Provider Identity

7.1 Purpose

This section sets forth the obligations of maintaining client files and case records, guidelines for release and disclosure of client information, and types of provider reports to the court and/or referral source.

7.2 Client Files

- 1) A provider is responsible for maintaining, storing, and destroying records in a manner consistent with applicable government statutes and regulations.
- 2) A file must be created for each family and kept according to standards of confidentiality under section 21.0 of this document. The client file must include:
 - a. Names of each parent and child;
 - b. Dates of birth;
 - c. Address;
 - d. Telephone number;
 - e. Emergency contact and telephone number;
 - f. Referral date;
 - g. Source of referral;
 - h. Reason for referral;
 - i. Provider agreement with clients for use of the service;
 - j. If applicable, other persons authorized to visit;
 - k. Relevant court orders or signed agreement between the parents;
 - l. Consents for release of information (if any); and
 - m. Observation notes, reports, and records of the visit (if any).

7.3 Records of Parent/Child Contact

A provider must maintain a record of each parent/child contact. The record must be factual and must contain at a minimum, but not be limited to:

- 1) Client identifier;
- 2) Who brought the child to the parent/child contact;
- 3) Who supervised the parent/child contact;
- 4) Any additional authorized observers;
- 5) Date, time, and duration of parent/child contact;
- 6) Who participated in the parent/child contact;
- 7) An account of critical incidents, if any; and
- 8) An account of ending or temporary suspension of the parent/child contact, including the reasons for ending or suspending the visit.

7.4 Protection of Client Information

- 1) A provider must set forth in writing, implement, and maintain policies and procedures regarding the release of case information. Case files must not be released except as provided by law, court order, or consent of the parents.
- 2) When a request for a case file is received, the file must be reviewed and personal identifying information must be redacted (covered over), except as required by law, as required by the court or subpoena, or when reporting suspected child abuse.
- 3) When a client is staying in a shelter or other confidential location, especially in domestic violence cases, the provider must not disclose the shelter location or other confidential client identifying information, except as required by law or court order.

7.5 Protection of Provider Identity

A provider must establish policies concerning confidentiality and the protection of staff and volunteers identification in the client file.

8.0	SAFETY AND SECURITY
8.1	Purpose
8.2	General Policy for Safety
8.3	Declining Unsafe Cases
8.4	Client Relationship
8.5	General Policy for Security
8.6	Additional Security Measures in High-Risk Situations
8.7	Case Screening
8.8	Staff to Client Ratio
8.9	Critical Incidents

8.1 Purpose

This section sets forth general safety and security requirements for providers of supervised visitation.

8.2 General Policy for Safety

1) A provider must have written policies and procedures that seek to provide safety for all participants. The central criterion of safety is that there is a match between the capacity of the provider, the service being provided, and the needs of and the risk presented by the family.

2) A provider cannot guarantee safety; adult clients remain responsible and accountable for their own actions.

8.3 Declining Unsafe Cases

A provider must refuse to accept any case when the safety needs and risks presented by the family cannot be managed.

8.4 Client Relationship

The physical safety measures described in this section are not a substitute for maintaining a relationship with each client that will help reduce potential risks of harm. This means treating each client with respect and fairness.

8.5 General Policy for Security

A provider must make reasonable efforts to ensure that security measures are provided. Providers must have written policies and procedures that include, but are not limited to:

- 1) Intake and case review;
- 2) Collaborating with local law enforcement to facilitate a rapid response;
- 3) Reviewing security measures on a regular basis;
- 4) Ensuring that the facility meets all state and local fire, building, and health codes; and
- 5) Establishing written protocols for emergency situations.

8.6 Additional Security Measures in High-Risk Situations

When there is any risk of violent behavior or highly conflicted interaction by one parent against the other or between parents, providers must have:

- 1) Written policies and procedures that describes the layout of premises or other arrangements that keep parents physically and visually separate;
- 2) Written procedures so that contact or interaction between the parents does not occur;
- 3) Copies of relevant court documents readily available;
- 4) A safety response plan for the agency; and
- 5) A plan for safe arrival and departure and safe use of the service for the client at risk.

8.7 Case Screening

A provider's safety policies and security measures are not a substitute for screening for potential risks of harm. Providers must maintain policies and procedures to screen for risk in each case.

9.0 PROVIDERS RESPONSIBILITY FOR THE CHILD

9.1 Purpose

9.2 General Policy

9.3 Parental Responsibility

9.4 Provider Responsibility

9.5 Off-Site Supervised Visitation

9.1 Purpose

This section is intended to clarify the boundaries between parent responsibility and provider responsibility for children during the provision of service.

9.2 General Policy

A provider must have clearly defined policies and procedures for parental and provider responsibilities.

9.3 Parental Responsibility

1) While parents are responsible for their own behavior during supervised visitation, a provider may hold a parent accountable for their behavior by ensuring that the parent follows the program policies and procedures, the court order, and the signed service agreement.

2) Parents are responsible for the care of the child and the child's belongings during supervised visits, subject to any contrary order of the court.

9.4 Provider Responsibility

1) Children must not be left unattended with a non custodial parent (their own or any other custodial or non custodial parent) any time during visitation services. An exception to this rule is during intermittent supervision as defined under section 2.10.

2) Providers must have written policies and procedures for parent/child contact not covered by court order or agreement of the parents. These policies for the parent/child contact must not delegate authority entirely to one of the parents.

3) Providers are responsible for the care and protection of a child during the transition of the child from one parent to another.

9.5 Off-Site Supervised Visitation

1) A provider of supervised visitation or exchanges off site is responsible for working with the parents and/or referring sources to arrange in advance where the visit will take place and who can participate in the visit.

2) Providers must consider and take into account the safety of all participants in determining whether to offer off-site supervision.

- 10.0 FEES
- 10.1 Purpose
- 10.2 General Policy
- 10.3 Allocation of Fees

- 11.0 STAFF
- 11.1 Purpose
- 11.2 General Policy
- 11.3 General Staff Screening
- 11.4 General Qualifications for All Providers
- 11.5 Special Qualifications

10.1 Purpose

This section sets forth the duties and obligations of providers regarding program fees and the collection of fees.

10.2 General Policy

- 1) All providers must establish written policies and procedures regarding fees for service, including the amount and collection of fees and consequences for failure to pay.
- 2) The provider's policies regarding all fees must be discussed with each parent prior to the beginning of service.

10.3 Allocation of Fees

When there is no court order, or decision by the referring source, or the parent's do not agree with the provider's policy regarding allocation of fees, the provider must deny service until a fee agreement is put into place.

11.1 Purpose

This section sets forth the general requirements and qualifications for providers.

11.2 General Policy

- 1) Service delivery must be staffed in a manner that is consistent with and promotes the mission and core values of safe supervised visitation services for all participants.
- 2) All providers must demonstrate that they meet the general and special qualifications, skills, knowledge, and training and education to provide service to the types of cases referred to the provider.
- 3) The central criterion of competencies and training is that there is a match between the capacity of the provider, the service being provided, and the needs of and the risks presented by the family.

11.3 General Staff Screening

All applicants, both paid and unpaid positions, must complete a criminal background check and child abuse and neglect screening and clearance or the equivalent screening in each local jurisdiction before a final decision to hire the applicant is made.

11.4 General Qualifications for All Providers
All staff, including paid and unpaid personnel, must meet the following minimum qualifications:

- 1) Maintain a neutral role;
- 2) Have no conflict of interest as outlined in section 3.5;
- 3) Have no conviction of child molestation, child abuse, or other crimes relating to children;
- 4) Have no conviction of a violent crime and/or on probation or parole during the last five years;
- 6) Have had no civil or criminal restraining order issued against him or her within the last five years;
- 7) Have no current or past court order in which the provider is the person being supervised;
- 8) Be at least 18 years of age;
- 9) Be in compliance with local health requirements for direct contact with children; and
- 10) Be adequately trained to provide the supervised visitation services offered by the provider (see section 12.0 in this document).

d. Have no conviction within five years of operating a motor vehicle under the influence of an intoxicant;

- 2) Providers who use security personnel must ensure that they are trained for the functions that they will provide and have liability insurance.
- 3) A provider must be able to speak and understand the language being spoken by the parent and the child being supervised. If the visit supervisor cannot speak and understand the language being spoken by the parent and the child, they must be accompanied by a neutral interpreter over the age of 18.

11.5 Special Qualifications

- 1) A provider transporting a client must:
 - a. Hold a valid operator's license for the state/country in which he/she will drive and appropriate for the vehicle being used;
 - b. Have or be the employee of a person or entity who has liability insurance for the vehicle being used; and
 - c. Ensure that the vehicle is equipped with seat belts and/or child restraints in accordance with local laws.

12.0	TRAINING AND EDUCATION
12.1	Purpose
12.2	General Training Principles
12.3	Training for Visit Supervisors
12.4	Training for Supervised Exchange
12.5	Training for Provider Management
12.6	Training for Supportive Supervision
12.7	Training for Therapeutic Supervision
12.8	Current Members

c. Direct observation by a trained visit supervisor while the trainee independently supervises the visit (reverse shadowing).

d. New or geographically isolated trainees may substitute using a video of parent/child contact and telephone consultation from a trained visit supervisor for shadowing and reverse shadowing. Once there is a trained visit supervisor on site, the requirement of section 12.3(1) must be followed.

12.1 Purpose

The long-term goal of SVN is to develop and approve an international training curriculum, which will become the standard for supervised visitation providers and will cover each of the topic areas listed below. Until such time that this curriculum is developed and approved, the minimum required training and education requirements are defined by the number of hours for the topic areas listed below.

12.2 General Training Principles

- 1) The training of a provider must correspond with the services offered by the provider.
- 2) The training specified below must be completed within 12 months of employment.
- 3) Any person who has not completed the required training, may provide direct service only under the supervision of a person who has completed the required training.

12.3 Training for Visit Supervisors

- 1) Practicum training for trainees must include:
 - a. Direct observation of parent/child contact performed by a trained visit supervisor (shadowing);
 - b. Co-supervision of the visit by the trainee with a trained visit supervisor; and

2) Any person who provides direct service to a client or who does clinical supervision of a person providing direct service must complete 24 hours of training covering at least:

- 1) SVN Standards and Code of Ethics when developed;
- 2) Provider policies and procedures;
- 3) Safety for all participants;
- 4) Mandatory child abuse reporting;
- 5) Professional boundaries, conflict of interest, confidentiality, and maintaining neutrality;
- 6) Basic stages of child development;
- 7) Effects of separation and divorce on children and families;
- 8) Grief and loss associated with parental separation and removal from the home due to child abuse and neglect;
- 9) Cultural sensitivity and diversity;
- 10) Family violence, including domestic violence and the effects of domestic violence on children;
- 11) Child abuse and neglect, including child sexual abuse;
- 12) Substance abuse;

- 13) Provisions of service to parents and children with mental health and developmental issues or other physical or emotional impairment;
- 14) Parent introduction/re-introduction;
- 15) Parenting skills;
- 16) Assertiveness training and conflict resolution;
- 17) How and when to intervene during visits or exchanges to maintain the safety of all participants;
- 18) Observation of parent/child interactions;
- 19) Preparation of factual observation notes and reports; and
- 20) Relevant laws regarding child custody and visitation and child protection.

12.4 Training for Supervised Exchange

Notwithstanding the requirement of section 12.3 above, any person providing only supervised exchange services may meet these standards by completing 16 hours of training to include the following:

- 1) SVN Standards (and SVN Best Practice Guidelines and Code of Ethics when developed);
- 2) Provider policies and procedures;
- 3) Safety for all participants;
- 4) Mandatory child abuse reporting;
- 5) Professional boundaries, conflict of interest, confidentiality, and maintenance of neutrality;
- 6) Effects of separation and divorce on children and families;

- 7) Family violence, including domestic violence and the effects of domestic violence on children;
- 8) Cultural sensitivity and diversity;
- 9) Child abuse, including child sexual abuse and neglect;
- 10) Substance abuse;
- 11) Provisions of service to parents and children with mental health and developmental issues or other physical or emotional impairment;
- 12) Parent introduction/reintroduction;
- 13) Assertiveness training and conflict resolution;
- 14) How and when to intervene during exchanges to protect and maintain the safety of all participants; and
- 15) Relevant laws regarding child custody and visitation and child protection.

12.5 Training for Provider Management

- 1) Any individual provider or any person who is responsible for management of a program, in addition to the requirements of sections 12.3 or section 12.4 above, must complete an additional 16 hours of training covering at least the following topics:
 - a. Receiving referrals;
 - b. Conducting intake and orientation, including preparing children;
 - c. Record keeping and confidentiality;
 - d. Establishing a visitation contract with clients;
 - e. Setting fees;
 - f. Setting conditions (rules) for receiving services;
 - g. Setting up the physical space or location for

safe visits/exchanges;

h. Collaborating with the court, child protective agencies, and other referring sources;

i. Referring clients to other services;

j. Training and supervising staff, including volunteers and interns;

k. Reporting to the court or other referring sources;

Training for Provider Management continued

l. Testifying in court;

m. Suspending and/or terminating services; and

n. Managing and reviewing cases.

2) Any person in management who has no direct contact with clients and does not supervise direct service staff is not required to fulfill the requirements of sections 12.3 or 12.4.

3) Any person who provides clerical functions and who has no direct contact with clients is not required to fulfill the requirements of sections 12.3, 12.4, or 12.5.

12.6 Training for Supportive Supervision

In addition to the above, a visit supervisor providing supportive supervision must complete additional training on the following topics:

1) Intervention to promote change;

2) Parenting skills; and

3) Behaviors that facilitate positive attachment, separation and reconnection.

12.7 Training for Therapeutic Supervision

1) Any person providing therapeutic supervised visitation services must be a licensed mental health professional and complete the training specified in section 12.3 above.

2) Any person providing therapeutic supervised visitation as a provider independently must also have completed the training specified in section 12.3 for visit supervisors and section 12.5 for providers.

12.8 Current Members

1) Providers who have been members of SVN for five (5) years prior to the adoption of these standards (i.e., July 1, 2006) are deemed to have met these requirements.

13.0 REFERRALS

13.1 Purpose

13.2 Accepting Referrals

13.3 Declining Referrals

13.1 Purpose

This section sets out the general criteria for accepting or declining cases by a provider.

13.2 Accepting Referrals

1) Referrals may be made by order of a court or may be from a child protective service agency that has taken custody of a child. In all other situations, including referrals from mental health professionals, mediators, and attorneys, the referral must include a signed agreement by the parents.

2) Referral information must include the reasons for the referral and information on any family issues that may impact on the parent/child contact or the safety of the participants.

3) If a provider receives a referral that does not cover frequency and duration of parent-child contact, type of service, and the parents disagree about provisions of service delivery, the provider must send the issue back to the court or referring agency for clarification. While waiting for a clarification by the referring agency or court, a provider may set temporary conditions for the use of service provided that the parents consent.

13.3 Declining Referrals

1) A provider must refuse to accept any case when the safety needs and risks presented by the family cannot be managed. Reasons for declining a referral may include that the provider is not adequately trained, resources are insufficient to provide the type of service requested, or there are safety and/or security risks that the provider cannot manage.

14.0 INTAKE AND ORIENTATION

14.1 Purpose

14.2 General Policy

14.3 Intake

14.4 Orientation by the Provider

14.5 Child Preparation by the Parent

2) A provider must inform the referral source in writing of the reasons for declining any referral

4.1 Purpose

This section defines the duties and obligations for conducting intake and orientation.

14.2 General Policy

A provider must include a face-to-face interview² with each parent separately during the intake or the orientation.

14.3 Intake

1) A provider must conduct interviews with each of the parents prior to the beginning of service. Providers may collaborate with the court or referring agency in conducting the intake.

2) Parents must be interviewed separately and at different times so that they do not come into contact with each other.

3) A provider must inquire during the intake process about the reasons for the referral and information on any family issues that may impact the parent/child contact or the safety of the participants.

4) A provider must inquire about ongoing or chronic medical conditions of the participants that could affect the health and safety of the child, or the parents, or other participants during parent/child contact.

5) A provider must inform each parent about the limits of confidentiality and request a re-release of information from each parent allowing the provider to communicate with other individuals and/or agencies designated on the release.

6) A provider must explain the program rules and policies with each parent prior to the beginning of service.

7) A provider must have a service agreement signed by each parent prior to the commencement of service.

14.4 Orientation by the Provider

A provider must conduct an orientation for each client prior to the beginning of service that includes, but is not limited to, the following:

- 1) Familiarization with the staff and the site/location of the visits;
- 2) Discussion of the safety arrangements;
- 3) The plans for service;
- 4) The reasons for the supervision and that supervision is not the child's fault; and

5) An opportunity for the clients to express concerns.

14.5 Child Preparation by the Parent

- 1) A provider must give parents written information about preparing their children for supervised visitation services prior to the first visit and in accordance with the child's age and stage of development.
- 2) The provider's written information for the preparation of the child must include the plans for service, the reasons for supervision, and that supervision is not the child's fault.
- 3) An exception to describing the plans for service, the reasons for the supervision, and safety arrangements may be made for infants and toddlers.

15.0 STAFF PREPARATION FOR SERVICES

15.1 Purpose

15.2 General Policy

15.3 Conditions for Parent/Child Contact

15.1 Purpose

This section is intended to describe how staff is to be prepared for service delivery and conditions of parent/child contact not covered by a court order.

15.2 General Policy

Providers, including staff or volunteers supervising a visit, must know the reasons for referral, the safety risks associated with the service provision, and the terms and conditions of the service being provided.

15.3 Conditions for Parent/Child Contact

- 1) A provider must have written policies and procedures regarding conditions of supervised visitation, including, but not limited to, issues such as visitors, toys, food, gifts, photo/video/audio recording, cellular phones, pagers, and toileting. Provider's policies and procedures must not delegate decision-making authority over these conditions entirely to one parent.
- 2) A provider must be able to speak and understand the language being spoken by the parent and the child being supervised. If the visit supervisor cannot speak and understand the language being spoken by the parent and the child, they must be accompanied by a neutral interpreter over the age of 18.

16.0 INTERVENTIONS AND ENDING A VISIT OR EXCHANGE IN PROGRESS

16.1 Purpose

16.2 General Policies

16.1 Purpose

This section defines the parameters for staff interventions and ending a parent/child visit in progress.

16.2 General Policies

1) A provider must have written policies and procedures for intervening in and ending parent/child visits in progress. The policies must include situations in which the provider determines:

- a. A child is acutely distressed;
- b. A parent is not following the program rules set out by the service agreement; and
- c. A participant is at risk of imminent harm either emotionally or physically.

2) Ending a client's parent/child contact may be a temporary measure and is not the same as termination of services.

17.0 PROVIDER FUNCTIONS FOLLOWING SUPERVISED VISITATION

17.1 Purpose

17.2 Feedback to Parents

17.3 Discussion of Cases with Staff

17.1 Purpose

This section clarifies for staff when to provide feedback to parents and when to conduct staff debriefing.

17.2 Feedback to Parents

1) A provider must inform a parent if there has been an injury to their child, a critical incident during supervised visitation, or an incident that presents a risk to that parent's safety. An exception to section 17.2(1) is if a critical incident involves a mandatory report to child protective services and child protective services instructs the provider to not inform the parent.

2) A provider must inform a parent if he/she has violated a provider rule which may lead to the suspension or termination of services.

17.3 Discussion of Cases with Staff

Providers, other than private providers with no employees or volunteers, must provide supervision and an opportunity for visit supervisors to discuss visits or exchanges they have supervised.

18.0 TERMINATION OF SERVICES

18.1 Purpose

18.2 Reasons for Termination

18.3 Refusal of Child to Visit

18.4 Procedures for Termination of Services

18.1 Purpose

This section sets forth the procedural parameters for termination of supervised visitation services.

18.2 Reasons for Termination

A provider must have written policies and procedures that set forth the reasons for which services may be terminated, including, but not limited to:

- 1) Safety concerns or other case issues that cannot be effectively managed by the provider;
- 2) Excessive demand on the provider's resources;
- 3) The parent's failure to comply with the conditions or rules for participation in the program;
- 4) Nonpayment of program fees; and
- 5) Threat of or actual violence or abuse.

18.3 Refusal of Child to Visit

- 1) A provider must have written policies and procedures for situations in which a child refuses to participate in parent/child visits.
- 2) If a child refuses to visit with the noncustodial party in such a way or for such a period of time that it raises concerns that continuation of services may be detrimental to the child's safety and emotional well-being, then a provider must suspend services pending resolution of the issue.

18.4 Procedures for Termination of Services

When a provider terminates services, the provider must:

- 1) Inform each parent in writing of the reason for termination of services;
- 2) Provide written notice to the court and/or referring source stating the reason for the termination; and
- 3) Document the termination and reasons for termination in the case file.

19.0 SPECIAL STANDARDS IN SITUATIONS INVOLVING CHILD SEXUAL ABUSE AND DOMESTIC VIOLENCE

19.1 Purpose

19.2 Child Sexual Abuse

19.3 Domestic Violence

19.1 Purpose

This section is intended to set forth additional conditions for the delivery of services for situations involving child sexual abuse and domestic violence.

19.2 Child Sexual Abuse

- 1) A provider must have written policies and procedures for the supervision of cases with allegations or findings of sexual abuse that provide for the safety of all participants using the service.
- 2) Any provider supervising the parent/child contact when sexual abuse has been alleged or proven must have specific training in child sexual abuse and its effect on children.
- 3) The contact between the visiting parent and the child must be supervised continually one-on-one so that all verbal communication is heard and all physical contact is observed.

- 4) If there is an allegation of sexual abuse that is under investigation, providers must not accept a referral or must suspend service unless there is a court order to the contrary or an opinion by a sexual abuse expert involved in the case.

19.3 Domestic Violence

- 1) A provider must have written policies and procedures for supervision of cases with allegations or findings of domestic violence that provide for the safety of all participants using the service.
- 2) A provider must:
 - a. Develop and implement a plan for safe arrival and departure and safe use of the service for the client at risk;
 - b. Refer any victim of domestic violence to a resource expert that can assist and help the victim in developing a personal safety plan.
 - c. Develop and implement policies and procedures that address no shared decision-making, unless in a specific case shared decision making has been explicitly ordered by the court; and
 - d. Develop and follow policies regarding no contact or interaction between the parents, unless in a specific case contact or interaction is allowed by order of the court.

20.0 REPORTS TO COURTS AND REFERRING SOURCES

20.1 Purpose

20.2 Factual Reports

20.3 Cautionary Note on All Reports or Observation Notes

20.1 Purpose

This section sets forth standards for submission of reports to the court and referring sources.

20.2 Factual Reports

- 1) A provider must have written policies and procedures regarding writing and submitting reports to the court or referring source or other entity.
- 2) A provider who submits reports must ensure all reports are limited to facts, observations, and direct statements made by the parents and not personal conclusions, suggestions, or opinions of the provider.

20.3 Cautionary Note on All Reports or Observation Notes

When submitting any reports or copies of observation notes, a provider must include a cautionary note stating the limitations on the way the information should be used.

21.0 CONFIDENTIALITY

21.1 Purpose

21.2 General Policy Statement

21.3 Exceptions to Confidentiality

21.4 Parents Rights to Review Records

21.5 Requests to Observe or Participate in Supervised Visitation

21.1 Purpose

This section sets forth the parameters and obligations of providers regarding confidentiality and exceptions to confidentiality, provider subpoena, requests from other parties to observe a visit, and parents' and attorney's review of the provider's file.

21.2 General Policy Statement

- 1) Unlike clients of lawyers, clients of providers do not have a privilege of confidentiality, which protects against having client records subpoenaed by the court or by another party as part of a court proceeding.
- 2) A provider must have written policies and procedures regarding confidentiality and the limits of confidentiality, including but not limited to the submission of observation notes or reports.
- 3) A provider must maintain confidentiality and refuse information without written permission, except as set forth under section 21.3 in this document.

21.3 Exceptions to Confidentiality

In the following situations, a provider may release client information without specific client permission:

- 1) In response to a subpoena request;
- 2) In reports of suspected child abuse and neglect to the appropriate authority as required by law; and
- 3) In reporting dangerousness or threats of harm to self or others as required by law.

21.4 Parents Rights to Review Records

- 1) A provider must have written policies and procedures regarding parents' right to review case files in accordance with local, state/provincial and federal laws.
- 2) A provider must respond to a parent's request to review the case file, while excluding personal and confidential information and any other information protected by law about the other parent or the child.

21.5 Requests to Observe or Participate in Supervised Visitation

- 1) Requests from professionals to observe
A provider must develop policies and procedures concerning requests from professional practitioners to observe a visit, including the conditions for the observation of the parent/child contact.
- 2) Requests from clients to participate
 - a. A provider must develop policies and procedures regarding clients' participation in supervised visitation.
 - b. Authorization to participate in a supervised visit must be by obtained by court order, or approval of a judicial officer, or by approval of both parents in writing.
- 1) The Supervised Visitation Network acknowledges that the concept of both parents may not be applicable because of dependency cases.
- 2) Face-to-face interviews may be problematic due to distance or geographical isolation; however, during the intake or orientation process, the provider remains responsible for obtaining all relevant information pertaining to the clients before the commencement of service. The gathering of information may be done without face-to-face contact.