Service Standards

Supervised Visitation and Exchange Services

Purpose

Supervised Visitation and Exchange Services enable children to maintain connections with parents with whom they are not living by protecting the physical and emotional safety of the children and their families.

Definition

Supervised Visitation and Exchange Services arrange for non-residential parents to have access to their children in a safe and impartial setting under the observation of a third party who is responsible for intervening as needed to promote safety. Services are typically ordered by the court or another referring agency in child welfare or family law cases when contact with the non-residential parent may present a risk to the child or to the other parent. In some cases supervised contact may be arranged with other non-residential family members, such as grandparents or siblings. Services can be provided on- or off-site, and may include:

Supervised Visitation: Personnel providing supervised visitation observe parent-child visits and protect children and parents from physical and emotional harm by enforcing certain ground rules and safety measures. This includes both one-to-one supervision, in which personnel are assigned to supervise one family at a time, and group supervision, in which personnel may supervise several families at a time. While basic supervised visitation is often focused only on preventing harm, some organizations may be more facilitative in their interventions to create opportunities for change.

Supportive Supervised Visitation: This type of supervised visitation includes a structured program of feedback, discussion, and education specifically designed to support the parent-child relationship by helping parents improve their parenting skills and abilities.

Therapeutic Supervised Visitation: This type of supervised visitation employs therapeutic and educational interventions in order to support the development of healthier parent-child relationships. Therapeutic supervised visitation should only be provided by licensed mental health professionals.

Supervised Exchange: This involves the supervised transfer of children from one parent or caregiver to the other parent immediately before and after an unsupervised visit.
Examples: *The precise purpose of services may vary somewhat depending upon the type of case served. For example, within the context of child welfare, visitation is mandated in order to support the ultimate goal of reunifying the child with his or her parents. In contrast, in family law cases there is no goal of reunifying the family. Similarly, the purpose of service may also differ based on the type of supervision provided. For example, while the most basic level of supervised visitation simply prevents harm during parent-child contacts, supportive supervision is designed to help parents improve their parenting skills and abilities.*

Note:*The term "caregiver" is used throughout the standards to refer to a non-parental caregiver. This can include a relative or other kinship caregiver, a guardian, a foster parent, or a residential treatment service provider. COA also recognizes that in some instances organizations may only have contact with the child's caseworker, rather than the child's caregiver.*

Note:*Please see SVE Reference List for the research that informed the development of these standards.*

Note:*For information about changes made in the 2020 Edition, please see the SVE Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Supervised Visitation and Exchange Services

SVE 1: Person-Centered Logic Model

Purpose

Supervised Visitation and Exchange Services enable children to maintain connections with parents with whom they are not living by protecting the physical and emotional safety of the children and their families.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.
Note: *Please see the Logic Model Template for additional guidance on this standard.?*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one outcome has been identified for all of its programs.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

*	• Program logic model that includes a list of outcomes being measured	
	• See program description completed during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

SVE 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in persons served);
f. appropriate to the program or service population; and
g. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *risk and needs assessments; and*
2. *the best available evidence of service effectiveness.*

SVE 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. connection to formal and informal support systems;
d. health, welfare, and safety;
e. achievement of individual service goals;
f. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Supervised Visitation and Exchange Services

SVE 2: Personnel

Purpose

Supervised Visitation and Exchange Services enable children to maintain connections with parents with whom they are not living by protecting the physical and emotional safety of the children and their families.

Program personnel have the competency and support needed to provide services and meet the needs of the target population.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, including education, experience, training, skills, temperament, etc.; and as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

*	• Table of contents of training curricula	

*	• List of program personnel that includes:
	  • Title
	  • Name
	  • Employee, volunteer, or independent contractor
	  • Degree or other qualifications
	  • Time in current position
	
	• See organizational chart submitted during application

Site Visit Evidence

*	• Sample job descriptions from across relevant job categories • Documentation tracking staff completion of required trainings and/or competencies • Training curricula

On-Site Activities

*	• Interviews may include:
	  1. Program director
	  2. Relevant personnel
	
	• Review personnel files

SVE 2.01

All personnel supervising visits or exchanges are trained on, or demonstrate competency in:

a. understanding and monitoring cases involving child abuse and neglect, including sexual abuse;
b. understanding and monitoring cases involving domestic violence;
c. understanding and monitoring cases involving mental health issues and/or substance use conditions;
d. understanding what children of different ages and developmental stages may need during supervised contact, and how they may respond to services;
e. understanding positive parenting skills and behaviors;
f. understanding how separation and divorce may affect the way children and parents respond during supervised visitation;
g. understanding the grief and loss associated with the removal of a child from the home;
h. understanding the social service systems with which families are likely to come into contact, including child welfare, law enforcement, and the courts;
i. understanding relevant laws and regulations, including those related to visitation and exchange, child protection, family violence, and custody; and
j. appropriately documenting visits and exchanges.

Examples: *Topics relevant to cases involving domestic violence include, but are not limited to: the dynamics of domestic violence, including the fundamentals of power and coercive control; the potential impact of domestic violence on children; safety concerns that may arise when a victim attempts to separate from a perpetrator; legal remedies in domestic violence cases, including orders of protection; and behaviors common to perpetrators, including how these behaviors may be manifested during supervised visitation or exchange. Behaviors common to perpetrators include, but are not limited to: denying the abuse or attempting to blame it on the victim; making disparaging comments about the victim; trying to extract information from the children about the victim; trying to send messages to the victim through the children; ignoring program rules; refusing to pay for visits; or trying to charm staff in an attempt to influence their actions or decisions.*

SVE 2.02 (FP)

Personnel providing off-site supervision are experienced in providing supervised contact and are trained on, or demonstrate competency in, managing the risks associated with off-site supervision, including:

a. use of bathrooms by both service recipients and personnel;
b. seating arrangements;
c. dealing with intervening persons;
d. recognizing when a person may be in an agitated state or present a danger;
e. accessing emergency assistance; and
f. transporting service recipients, when applicable.

NA: The organization does not provide off-site supervision.

SVE 2.03

Personnel providing therapeutic supervised visitation are trained on, or demonstrate competency in:

a. implementing evidence based practices and understanding other relevant emerging bodies of knowledge;
b. establishing a strong bond with service recipients;
c. understanding child development and individual and family functioning;
d. mobilizing individual and family strengths;
e. recognizing and working with individuals with co-occurring health, mental health, and substance use conditions;
f. understanding psychosocial and ecological or person-in-environment perspectives; and
g. determining when to involve a psychiatrist.

NA: The organization does not provide therapeutic supervised visitation.

SVE 2.04

When feedback, education, or discussion are incorporated into supervised contact, personnel are trained on, or demonstrate competency in:

a. implementing interventions that promote change; and
b. recognizing when the assistance provided is causing potential harm to children or other family members.

NA: The organization does not incorporate feedback, education, or discussion into supervised contact.

SVE 2.05

Personnel managing the supervised visitation and exchange program are trained on, or demonstrate competency in:

a. receiving referrals and conducting intake and orientation;
b. establishing conditions for service participation and fees for service;
c. setting up physical space to promote safety;
d. managing and reviewing cases;
e. suspending or terminating services;
f. collaborating with the court and other referring agencies; and
g. testifying in court.

SVE 2.06 (FP)

Personnel providing therapeutic supervised visitation are licensed mental health professionals.
NA: The organization does not provide therapeutic supervised visitation.

Interpretation: *Services may also be provided by a student or intern in training for a post-graduate degree working under the direct supervision of a licensed mental health professional.*

SVE 2.07

Supervisors of personnel providing therapeutic supervised visitation are licensed mental health professionals with at least two years of experience providing services to children and families.
NA: The organization does not provide therapeutic supervised visitation.

SVE 2.08

Within 12 months of hire personnel are trained according to the following requirements:

a. 24 hours for personnel who supervise visits;
b. 16 hours for personnel who only supervise exchanges;
c. 40 hours for personnel who supervise off-site visits or exchanges; and
d. 40 hours for personnel who manage the program.

Interpretation: *Personnel who have not yet completed the required training are only permitted to monitor parent-child contacts under the supervision of fully-trained personnel.*

Examples: *Training often includes a practicum component that consists of shadowing, co-supervision with trained personnel, and observation of the trainee. Topics to be covered during training can include those addressed in SVE 2.01 through SVE 2.05, as appropriate to the position.*

SVE 2.09

Employee workloads support the achievement of outcomes and are regularly reviewed.
Examples: *Factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *the work and time required to accomplish assigned tasks and job responsibilities; and*
3. *service volume, accounting for assessed level of needs of persons served.*

Supervised Visitation and Exchange Services

SVE 3: Referral and Screening

Purpose

Supervised Visitation and Exchange Services enable children to maintain connections with parents with whom they are not living by protecting the physical and emotional safety of the children and their families.

The organization works with the referral source to establish expectations, obtain needed information, and screen cases.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for collaborating with the court or referring agency	
*	• Screening procedures	

Site Visit Evidence

*	• Evidence of collaboration with the court or referring agency, including copies of contracts or agreements, if applicable

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel

3. Persons served

- Review case records

SVE 3.01

The organization collaborates with the court or referring agency to:

a. explain the nature and purpose of the organization's services;
b. encourage the court or referring agency to conduct appropriate assessments and evaluations before referring families to services;
c. describe the level of risk the organization is equipped to handle, and the information the organization needs to determine if it can handle the risks associated with a particular case;
d. encourage the court or referring agency to provide other relevant information regarding the families served, including who should pay for services, whether other parties are permitted to have contact with the children, and the anticipated duration and frequency of supervised contact;
e. establish expectations regarding documentation, reports, and the communication of case-related information;
f. determine the court or referring agency's procedures for reviewing the case, including procedures for considering whether changes should be made to the court order and whether service participation should end or continue;
g. explain the limitations of the information gathered by the organization in terms of predicting future behavior; and
h. determine how to request relief or assistance from the court or referring agency.

Examples: *Organizations may find it useful to address some of these issues prior to accepting referrals from, or signing contracts with, courts or referring agencies. For example, if a contract or court order does not include a review date or a provision for automatic periodic review, the organization might want to make sure that it does at least have some recourse for requesting relief or assistance. Similarly, if an organization serving domestic violence cases finds that the court or referring agency's expectations regarding documentation or reporting threaten the safety of victims, the organization may choose to negotiate those expectations or refuse cases from the court or referring agency. By the same token, an organization may choose to negotiate expectations or refuse cases if the court or referring agency will require the organization to record opinions or recommendations rather than factual observations.*

Note: *See SVE 9.07 for additional expectations regarding reports to the court or referring agency.*

SVE 3.02

When it receives a referral the organization ensures the referral includes critical information about the case, including:

a. the reasons for referral;
b. the specific services to be provided (i.e. supervised visitation or supervised exchange); and
c. any background information pertinent to keeping children and families safe, including copies of protective orders and information about past abuse, arrests, and criminal history.

Interpretation: *While it may be difficult for some organizations to obtain all the information referenced in the standard, organizations are expected to advocate with the court or referring agency in an effort to achieve this goal.*

SVE 3.03 (FP)

The organization implements prompt, responsive screening practices that are designed to promote safety, that include:

a. screening for safety risks prior to providing supervised contact;
b. accepting a case only when there is a match between the type of service requested, the risks and needs presented by the family, and the capacity of the organization to safely manage those risks and needs; and
c. notifying the family and referral source of the rejection, and the reason why, when a case cannot be served.

Examples: *Reasons for rejecting a case include, but are not limited to: (1) the organization's facilities are not adequate to provide the necessary level of security; (2) personnel are not trained to handle the identified risks or needs of a particular family (e.g., if the child to be supervised is autistic, personnel should have some understanding of the condition if they are to recognize what is safe for the child and interpret his or her behavior); (3) the level of risk associated with the case suggests that one-to-one or on-site supervision is necessary, but the organization provides only group or off-site supervision; and (4) the family cannot or will not speak English and an independent interpreter (i.e., not a family member or friend) cannot be located.*

SVE 3.04

When a case is deemed appropriate but cannot be served promptly, the organization:

a. notifies the family and referral source; and
b. provides placement on a waiting list or declines the case.

Examples: *If there will be a long wait for service it may make sense to decline the case and send the family back to the referral source rather than making the family wait to be served under potentially contentious or even dangerous circumstances.*

Supervised Visitation and Exchange Services

SVE 4: Intake and Orientation

Purpose

Supervised Visitation and Exchange Services enable children to maintain connections with parents with whom they are not living by protecting the physical and emotional safety of the children and their families.

Service recipients participate in intake and orientation sessions that prepare both the organization and family for services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several client records are missing important information; or
- Client participation is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Intake procedures	
*	• Orientation procedures	
*	• Procedures for referring individuals to services	

Site Visit Evidence

*

- Materials provided to service recipients during orientation, including program rules
- Procedures for determining fee allocation, as applicable
- Community resource and referral list

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

- Review case records

SVE 4.01

When serving family law cases, visiting and custodial parents participate in face-to-face intake and orientation sessions that:

a. occur prior to the first supervised contact; and
b. are conducted with each party separately, and at different times, so visiting and custodial parents do not come into contact with one another.

NA: The organization does not serve family law cases.

Interpretation: *If an organization is unable to provide in-person intake and orientation sessions due to distance or geographic isolation, it is sufficient to conduct intake and orientation via telephone.*

SVE 4.02

When serving child welfare cases, visiting parents participate in face-to-face intake and orientation sessions that:

a. occur prior to the first supervised contact; and
b. involve the child's caregiver, to the extent possible and appropriate.

NA: The organization does not serve child welfare cases.

Interpretation: *If an organization is unable to provide in-person intake and orientation sessions due to distance or geographic isolation, it is sufficient to conduct intake and orientation via telephone.*

Examples: *The degree to which the child's caregiver is involved in intake and orientation may depend upon the type and willingness of the placement. For example, if the child has been placed in a residential treatment program, the organization may only be able to provide program staff with its policies and procedures regarding visitation and exchange. In contrast, foster parents may be more willing to play an active role in service delivery. In some cases an organization may only be able to communicate with the child's caseworker.*

SVE 4.03

During intake the organization obtains the following information:

a. reasons for referral;
b. copies of any current court orders, including protective orders;
c. legal representation;
d. status of custody determinations;
e. other persons authorized to visit, if applicable;
f. records or allegations of child abuse or neglect, including the type of abuse or neglect and the alleged perpetrator;
g. records or allegations of domestic violence, including the nature of the abuse and the alleged perpetrator;
h. photographs of children and adults who are authorized to participate in visits or exchanges; and
i. relevant financial data, if applicable for determining program fees.

Interpretation: *Some information, including reasons for referral, copies of court orders, and a list of other persons authorized to visit, should ideally also be provided by the court or referring agency prior to intake.*

SVE 4.04

Intake is used to explore:

a. the parents' relationship with the children;
b. the parents' relationship with one another, including marital status;
c. the date and nature of the last contact between the visiting party and children;
d. any issues or special needs of parents or children that may impact visits or exchanges, including physical, emotional, mental health, or substance use needs or issues;
e. parents' views about their situations and any needs or concerns they may have, including concerns about safety and whether they need protection from the other parent;
f. any topics that parents or caregivers believe should not be discussed with or in front of the children, such as specific family members or activities; and
g. current living situation of the children.

SVE 4.05

The organization uses the information obtained during intake, along with the reason for referral, to make determinations regarding specific service issues related to the case.

Interpretation: *Rather than simply gathering information, the organization should also make decisions about how to plan for safety and structure service delivery based on the information gathered. If information arises during intake that changes the outcome of the risk assessment that was conducted upon referral (i.e. the organization determines it is not reasonably prepared to address the safety risks and needs associated with a particular case), the case should be rejected.*

SVE 4.06

Orientation for parents and caregivers is focused on the family's unique risks, needs, and circumstances, and includes:

a. a tour of the facility;
b. an overview of the role and goals of the program and the nature of the services provided (i.e. if services are part of a path to family reunification or if services will simply allow for parent-child contact despite the presence of parental conflict);
c. an overview of what to expect during visitation or exchange;
d. an explanation of the consequences for breaking program rules;
e. a description of the security measures and safety features in place at the program;
f. an explanation of how observations will be recorded, what records will be kept, and what information may be reported to the court or referring agency;
g. a discussion of how children may react to visitation or exchange, including help preparing children for services;
h. a discussion of the needs of each family member, including needs and concerns related to safety; and
i. an opportunity to have questions answered.

Interpretation: *When an organization serves child welfare cases and is expected to report on the achievement of defined behavioral goals that will be criteria for reunification, parents should be informed about what those goals are, and how their achievement will be determined and documented, before the start of services.*

SVE 4.07

Parents sign a service agreement indicating that they have been oriented to service and agree to comply with the program's rules and requirements.

SVE 4.08

A plan for contact:

a. specifies the start date, frequency, time, length, and location of visits or exchanges;
b. identifies who will be present for the visit or exchange;
c. considers the child's needs and daily schedule;
d. accommodates the schedule of both the visiting parent and the custodial parent or caregiver, to the extent possible;
e. is closely connected to the permanency plan developed by the caseworker, when serving child welfare cases; and
f. designates responsibility for paying fees associated with visits or exchanges, if applicable.

Interpretation: *Although the referral order should ideally specify responsibility for paying program fees, the organization should have a process for determining fee allocation in cases where the referral order does not include such a determination.*

SVE 4.09

Children participate in an age-appropriate orientation that is focused on the unique risks, needs, and circumstances of the child and family, and:

a. provides an opportunity to meet program personnel and tour the facility;
b. explains why supervised contact is being provided;
c. describes what to expect during supervised visitation or exchange;
d. explains program rules and safety protocols, as well as why those rules have been made;
e. allows them to express concerns and ask questions; and
f. assures them that the involvement of the organization is not their fault.

Examples: *Although it may not be possible to engage very young children (e.g., infants) in an orientation, even children as young as two or three can be at least somewhat prepared for visitation, for example, by using simple words and puppets to explain what will happen.*

Given that services sometimes fall through even after the intake process has begun, it may make sense to hold off on conducting the child orientation until after parents have gone through intake and it is clear that service provision will proceed.

SVE 4.10

Personnel interact with all service recipients in a sensitive, courteous, and respectful manner, regardless of the circumstances and safety concerns that resulted in referral for services.

Examples: *Even though parents may be treated differently, and subject to different rules, based on the safety risks they present, they can still all be treated respectfully. For example, even when cases involve allegations of domestic violence personnel can still ask perpetrators how they wish to be addressed, acknowledge their life circumstances and cultural backgrounds, emphasize that rules are to keep people safe rather than to punish, and allow them to tell their own stories, albeit without validating their point of view regarding the family violence.*

SVE 4.11

When intake reveals unmet needs, parents are referred to appropriate resources.

Interpretation: *If unmet needs are discovered later in the course of service provision, referrals should also be provided after intake. When needs are identified in active child welfare cases, the organization is typically expected to inform the case worker assigned to the case rather than providing referrals directly.*

Examples: *Appropriate resources are not limited to those pertaining to the issues that prompted the referral for service, and may include counseling and mental health services, services for substance use conditions, parenting classes, domestic violence safety planning and advocacy services, batterers intervention services, education and employment services, and immigration legal services, as well as resources providing linkages to housing, food, clothing, or medical care.*

Supervised Visitation and Exchange Services

SVE 5: Service Environment

Purpose

Supervised Visitation and Exchange Services enable children to maintain connections with parents with whom they are not living by protecting the physical and emotional safety of the children and their families.

Services are provided in a comfortable, welcoming setting that protects the safety of children, families, and personnel.
NA: The organization provides only off-site supervision.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*

- Procedures for maintaining safety and security

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  1. Program director
  2. Relevant personnel
  3. Persons served
- Observe facility

SVE 5.01 (FP)

In order to promote safety on site, physical security measures include:

a. employing safety features sufficient to address the level of risk of the cases served;
b. inspecting any items brought in by children, parents, or caregivers;
c. ensuring visitation and waiting areas are child-proofed and free of potential safety hazards; and
d. when the organization serves family law cases, designing the physical layout of the premises to prevent visual, auditory, and direct contact between visiting and custodial parents (e.g., with separate parking lots, entrances, waiting rooms, and bathrooms).

Examples: *Relevant safety features may include, but are not limited to: trained security officers, metal detectors, breathalyzers, automatic locking doors, panic buttons, cameras, intercom systems, and adequate lighting.*

SVE 5.02

Visits occur in a welcoming, homelike setting that is child-friendly and supports parent-child interaction.
NA: The organization provides only supervised exchange.

Examples: *Features of an appropriate setting may include, but are not limited to: comfortable furniture; age-appropriate toys for children; activities for families; and dÃ©cor, toys, activities, and resources that reflect the different cultures and genders of the individuals served.*

SVE 5.03

When the organization serves child welfare cases, the physical layout of the premises is designed to allow for contact between visiting parents and caregivers.
NA: The organization does not serve child welfare cases.

Supervised Visitation and Exchange Services

SVE 6: Off-Site Supervision

Purpose

Supervised Visitation and Exchange Services enable children to maintain connections with parents with whom they are not living by protecting the physical and emotional safety of the children and their families.

Organizations that provide supervision at community locations implement protocols to manage challenges and maintain safety off-site.
NA: The organization does not provide off-site supervision.

Interpretation: *Because off-site supervision is provided at unsecured locations, organizations have less control over both the environment and ensuing events. Accordingly, organizations that decide to offer the service should develop enhanced protocols specific to maintaining safety and security off-site.*

Examples: *Challenges that will be difficult to manage during off-site supervision may include, but are not limited to: detecting concealed weapons, hearing and seeing everything going on, warding off intervening persons, preventing child abductions, and getting help quickly in case of emergency.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for selecting sites	
*	• Procedures for supervising off-site visits and/or exchanges	

Site Visit Evidence

- Screening procedures
- Current insurance policies, with descriptions, amounts, and dates of coverage

On-Site Activities

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

- Review case records

SVE 6.01 (FP)

The off-site program has been developed with the specific goal of keeping children and families safe given the unique security issues associated with off-site supervision, and services are provided only when:

a. specifically approved by the court or referring agency; and
b. the organization determines that the level of risk presented by the family is an appropriate match for the level of safety and security provided during off-site supervision.

SVE 6.02 (FP)

To promote safety and preparedness, sites are selected in advance of the visit or exchange, and specified in the case record.
Examples: *Some organizations may have a list of pre-approved off-site locations that personnel and families may choose from, and not permit visits or exchanges in other locations.*

SVE 6.03 (FP)

In evaluating sites for off-site supervision, the organization considers:

a. environmental characteristics of the site that can impact safety or increase the risk for abduction, including lighting, location of entrances and exits, public access to the site, open spaces, crowding, and the type and configuration of bathroom facilities;
b. proximity to a police station;
c. the extent to which the site will be free of safety hazards for children;
d. the extent to which contact between visiting parents and custodial parents or caregivers can be minimized, in cases where there is conflict between the parties; and
e. the availability of bathrooms.

SVE 6.04 (FP)

Written procedures guide the organization's practice and address issues specific to off-site supervision to promote safety, including:

a. planning in advance for the specifics of the visit or exchange;
b. protocols for bathroom use that are specifically designed to lessen the risk of abduction;
c. seating arrangements, including procedures to encourage parent/child bonding in reunification cases, or to seat parents and children separately in cases where abduction is a concern;
d. dealing with intervening persons;
e. accessing emergency assistance, including bringing a phone, identification, money, and copy of the court order to the visit or exchange, in case of emergency; and
f. minimizing adverse events while transporting service recipients, when applicable.

Interpretation: *Given that complications surrounding the logistics of bathroom use can present an opportunity for child abduction, it is especially important to develop procedures designed to minimize this risk. Organizations should: (1) encourage personnel to minimize their fluid intake prior to visits in order to decrease the chance that they will need to use the bathroom during the visit; (2) prohibit the visiting parent from accompanying a child to the bathroom; and (3) consider the age and gender of children, along with the type of bathroom facility available at the site, when assigning personnel to supervise visits or exchanges (i.e. in order to avoid a situation where the visiting parent might need to accompany the child to the bathroom).*

SVE 6.05 (FP)

The organization's liability insurance specifically includes coverage for off-site supervision.

SVE 7: Visit and Exchange Management

Purpose

Supervised Visitation and Exchange Services enable children to maintain connections with parents with whom they are not living by protecting the physical and emotional safety of the children and their families.

The personnel monitoring parent-child contacts enforce ground rules and intervene to protect safety, as needed.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for supervising visits and/or exchanges	
*	• Procedures for managing visit/exchange logistics when relationships are characterized by conflict or abuse	
*	• Policy for prohibited behaviors and practices	
*	• Procedures for the communication of critical information	

Site Visit Evidence

*	• See screening procedures provided in SVE 3 • Documentation of collaboration with law enforcement

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

- Review case records

SVE 7.01 (FP)

When one-to-one supervision is provided:

a. parent-child contacts are observed and monitored by personnel who can see and hear all aspects of the interaction;
b. contacts occur in a language spoken by personnel (or, if necessary, an interpreter who accompanies personnel); and
c. participants are not permitted to whisper, pass notes, or use hand signals to communicate.

NA: The organization does not provide one-to-one supervision.

Interpretation: *Supervision is considered to be one-to-one as long as there is one supervisor assigned to each individual family, regardless of the number of families present. Accordingly, if three different families are supervised by three different supervisors, that is considered to be one-to-one supervision even if all three visits are occurring simultaneously within the same room.*

Interpretation: *This standard may not always be met during intermittent supervision.*

SVE 7.02 (FP)

When group supervision is provided:

a. parent-child contacts are monitored by personnel who can see all aspects of the interaction and remain within hearing distance at all times;
b. contacts occur in a language spoken by personnel (or, if necessary, an interpreter who accompanies personnel);
c. participants are not permitted to whisper, pass notes, or use hand signals to communicate; and
d. the organization determines that the level of risk presented by the family is an appropriate match for the level of security provided during group supervision (i.e. it is not necessary to hear every aspect of every parent-child interaction).

NA: The organization does not provide group supervision.

Interpretation: *When one staff member supervises multiple families at the same time, that is considered to be group supervision.*

Interpretation: *This standard may not always be met during intermittent supervision.*

SVE 7.03 (FP)

The organization protects physical and emotional safety during visits and exchanges by ensuring that personnel:

a. are aware of and familiar with any safety-related issues identified during referral and intake, including any orders for protection;
b. recognize and stop behaviors that violate program rules or present a risk to physical or emotional safety; and
c. terminate the visit or exchange if safety cannot be maintained.

SVE 7.04 (FP)

In an effort to protect the well-being of children, personnel:

a. prepare children for what to expect, and remind them of any special restrictions or arrangements, at the start of each visit or exchange;
b. recognize and respond to child distress;
c. do not force children to participate in visits or exchanges against their will; and
d. notify all relevant parties, and suspend services pending resolution of the issue, if problems persist and there are concerns that service continuation may be harmful to children's safety and well-being.

Examples: *Strategies for responding to distress and handling refusals to visit may vary. For example, an organization might respond to a child's distress by calling a time-out from a visit, and contacting the court to recommend assessment if the problem does not resolve itself over time. Similarly, an organization might respond to a refusal to visit by working with the child to explore his or her feelings, working with parents or caregivers to devise strategies that might make the child more amenable to participating, involving others (e.g., a case worker or another family member), and referring the case back to the court if the refusals continue.*

SVE 7.05 (FP)

If the relationship between the visiting parent and custodial parent or caregiver is characterized by conflict or abuse, the organization:

a. staggers arrivals and departures so the parties do not come into contact with one another; and
b. collaborates with victims to ensure plans for arrival and departure meet their needs, when cases involve domestic violence.

Examples: *Organizations serving family law cases often arrange for the visiting parent to arrive 15 minutes before a visit, and remain on-site for 15 minutes after the child and custodial parent have departed. It is often supposed that this practice will promote safety in domestic violence cases by preventing the perpetrator, who is assumed to be the visiting parent, from harassing or attacking the victim, who is assumed to be the custodial parent. However, in cases where the perpetrator has custody of the child and the victim is the visiting parent, the organization may need to modify its procedures in order to promote safety. Similarly, in some cases victims of violence may wish to establish alternative arrival and departure arrangements in order to protect their safety - for example, a victim may wish to arrive first at the program, or identify an alternate driver who will bring children in for services.*

SVE 7.06 (FP)

Organization policy prohibits:

a. corporal punishment, including spanking or hitting a child;
b. emotional, verbal, physical, and sexual abuse;
c. leaving a child unattended with a visitor, except pursuant to a court order;
d. bringing weapons to the program;
e. threats against a child or the other parent or caregiver;
f. engaging in negative discussions or making derogatory comments about the other parent or caregiver;
g. asking a child for information about the other parent;
h. using a child to send messages to the other parent; and
i. asking a child where he or she is living or attending school.

Interpretation: *Element (c) does not apply during intermittent supervision. Element (d) does not apply to armed security officers who are employed by the organization.*

Examples: *Given the potential for perpetrators of domestic violence to use gifts to send messages to the other parent or manipulate family members, some organizations may prohibit perpetrators from giving gifts or other items to children.*

SVE 7.07 (FP)

When a case involves allegations of sexual abuse the organization evaluates the case for potential triggers, and provides one-to-one supervised visitation and policy prohibits the alleged perpetrator from:

a. photographing, videotaping, or audiotaping the child;
b. engaging in extended physical contact with the child;
c. diapering the child or assisting with the bathroom; or
d. bringing gifts, money, or other objects from home.

NA: The organization provides only supervised exchange services.

Interpretation: *If the organization does not consider food to be an “object from home” and therefore does not prohibit alleged perpetrators from bringing food to visits, it should carefully consider whether the food might be a possible trigger for the abuse before allowing it to be brought in.*

Examples: *Extended physical contact may include, but is not limited to: lap sitting, hair combing, snuggling, tickling, rough housing, and prolonged hugging. Even brief physical contact is typically only permitted if initiated by the child.*

SVE 7.08 (FP)

Personnel facilitate the communication of critical information by:

a. relaying information between the visiting parent and custodial parent or caregiver about the child's special needs;
b. notifying the child's custodian if the child is injured during the visit or exchange; and
c. informing the child's parent if an incident that occurred during visitation or exchange poses a risk to the parent.

Interpretation: *If an investigation is ongoing, an organization may be directed not to implement elements (b) and (c) of the standard.*

SVE 7.09

Personnel support parents and children by incorporating feedback, education, and discussion into their interactions with families.
NA: The program is not designed to incorporate assistance into supervision.

Interpretation: *Although staff will facilitate and support the parent-child relationship, interventions should not rise to the level of those provided during therapeutic supervised visitation, as described in SVE 8.*

Interpretation: *When an organization serves family law cases and this type of assistance will be provided to the non-custodial parent, it may also be wise to work with the custodial parent, especially if he or she is opposed to the non-custodial parent receiving this support. If the custodial parent believes this type of assistance compromises the balance of services and the situation is not addressed, the child may experience a loyalty conflict that results in distress or refusals to visit.*

Examples: *While some organizations may provide this type of assistance within the context of a formal supportive supervised visitation program designed to help parents improve their parenting skills and abilities, others may simply allow personnel to incorporate these strategies in an informal manner in an effort to create opportunities for change. Examples of assistance may include, but are not limited to: providing education about appropriate parenting skills and practices, suggesting age-appropriate activities, modeling appropriate interactions with children, giving feedback that is informed by child development, providing positive feedback, helping parents and children work through difficult interactions, and talking with parents about why and how conversations may be re-directed. These strategies may be included both during visits and during check-in sessions that may occur before or after visits.*

SVE 7.10 (FP)

Intermittent supervised visitation is provided only when it is:

a. used to help service recipients assume responsibility, typically as a step-down service following fully-supervised visits;
b. determined that the level of risk presented by the family is an appropriate match for the level of security provided during intermittent supervision; and
c. specifically approved by the court or referring agency.

NA: The organization does not provide intermittent supervised visitation.

Interpretation: *In intermittent supervised visitation the personnel supervising a visit will go in and out of the room where the visit is occurring, intentionally leaving the parent and child alone for certain periods of time rather than observing the visit continuously. During the periods of time that the supervisor is out of the room, the typical requirements of supervised visitation will not be met.*

SVE 7.11

The organization collaborates with law enforcement to establish the response that can be expected in case an emergency arises.
Interpretation: *This will be especially important if the organization does not have security officers on staff, or if the organization provides off-site supervision. If law enforcement is unwilling to establish an agreement or even specify the response that can be expected in case of emergency, the organization should at least be able to demonstrate that it has made significant efforts to reach out to and forge connections with law enforcement.*

Supervised Visitation and Exchange Services

SVE 8: Therapeutic Supervised Visitation

Purpose

Supervised Visitation and Exchange Services enable children to maintain connections with parents with whom they are not living by protecting the physical and emotional safety of the children and their families.

Organizations providing therapeutic supervised visitation engage service recipients in interventions focused on improving the parent-child relationship.
NA: The organization does not provide Therapeutic Supervised Visitation.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Assessment procedures	
*	• Copy of assessment tool(s)	
*	• Service planning and monitoring procedures	
*	• Procedures for the use of therapeutic interventions	
*	• Procedures for referring individuals to services	

Site Visit Evidence

*

- Therapeutic/educational materials
- Training curricula that addresses therapeutic interventions
- Documentation of training and/or certification related to therapeutic interventions
- Community resource and referral list

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served
- Review case records

SVE 8.01

Service recipients participate in an individualized, culturally and linguistically responsive assessment that is:

a. completed within established timeframes;
b. updated as needed based on the needs of persons served; and
c. focused on the issue that led to the referral for service, and information pertinent for meeting service objectives.

Interpretation: *The assessment will typically be directed at potential difficulties in and goals for the parent-child relationship, rather than on the individual pathology of either the parent or child. However, organizations may find it necessary to also focus on some of the individual needs and issues of service recipients, insofar as addressing those needs and issues may help to improve the parent-child relationship.*

SVE 8.02

An assessment-based service plan is developed in a timely manner with the full participation of service recipients, and includes:

a. agreed upon goals, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided;
c. procedures for expedited service planning when crisis or urgent need is identified; and
d. the service recipient's signature.

Interpretation: *Generally children age six and older should be included in service planning, unless there is clinical justification for not doing so.*

SVE 8.03

Service recipients are engaged in therapeutic and educational interventions that are:

a. designed to support the development of healthier connections between parents and children;
b. based on research or clinical practice guidelines where they exist; and
c. matched with the assessed needs, ages, developmental levels, and goals of service recipients.

Examples: *In addition to joint parent-child interventions provided during supervised visits, interventions may also be provided during individual sessions with parents or children. In some instances custodial parents may also be engaged in therapeutic or educational interventions, either alone or with the child.*

SVE 8.04

Personnel assist service recipients to:

a. participate actively in services;
b. explore and clarify the concerns or issues that led to the referral for service;

c. voice the goals they wish to achieve;
d. identify successful problem-solving or coping strategies based on strengths, formal and informal supports, and preferred solutions; and
e. realize ways of maintaining and generalizing gains.

Examples: *Personnel can encourage active participation by demonstrating:*

1. *sensitivity to needs and personal goals;*
2. *a non-threatening manner;*
3. *respect for individuals' autonomy, socio-cultural values, personal goals, life style choices, and complex family interactions;*
4. *sensitivity to trauma history, including any history of abuse, neglect, or domestic violence;*
5. *flexibility; and*
6. *appropriate boundaries.*

SVE 8.05 (FP)

The organization:

a. ensures staff are trained on therapeutic interventions before coming in contact with the service population; and
b. discontinues an intervention immediately if it produces adverse side effects or is deemed unacceptable according to prevailing professional standards.

Note: *Therapeutic Interventions do not include restrictive behavior management techniques, which are addressed in Behavior Support and Management (BSM). Please see the glossary definition for Therapeutic Interventions for additional guidance on this standard.*

SVE 8.06

When personnel discover issues that are not appropriate to address within the context of therapeutic supervised visitation, families are referred to other independent providers for assessment and treatment.
Examples: *Personnel may find it inappropriate to address some issues due to the nature of therapeutic visitation and/or the associated limitations on confidentiality. Issues such as these may arise during assessment and service planning, as well as during the course of service provision. In some instances, for example when serving child welfare cases, organizations may deem it appropriate to coordinate care with other service providers rather than simply providing a referral.*

SVE 8.07

The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly, or more frequently depending on the risks and needs of persons served, to assess:

a. service plan implementation;
b. progress toward achieving service goals and desired outcomes; and
c. the continuing appropriateness of agreed-upon service goals and chosen interventions

Interpretation: *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

Note: *See also SVE 9.06 for additional case review requirements applicable to all supervised visitation and exchange programs.*

SVE 8.08

The worker and service recipient:

a. review progress toward achievement of agreed upon service goals; and
b. sign revisions to service goals and plans.

Supervised Visitation and Exchange Services

SVE 9: Case Documentation, Review, and Reporting

Purpose

Supervised Visitation and Exchange Services enable children to maintain connections with parents with whom they are not living by protecting the physical and emotional safety of the children and their families.

Documentation, review, and reporting practices support the organization's ability to provide appropriate services and promote safety. **Interpretation:** *There is no privilege of confidentiality for individuals participating in supervised visitation or exchange, which means that the records of a provider can be subpoenaed by the court or another party. Since the release of sensitive information may pose a threat to the victims of domestic violence, organizations serving domestic violence cases should pay special attention to the safety of victims when creating procedures regarding documentation and record-keeping. Some protection may be provided by keeping information about the victim in a separate file, or by keeping minimal documentation regarding areas that might threaten safety if released (e.g., regarding contacts with victims or their attorneys, or regarding the specific time a victim arrived or departed). However, organizations should also make sure that these decisions do not compromise victim safety in other ways. For example, if the organization does not record the specific time a victim arrived at or departed from the program (as per SVE 9.01), it should make sure that this does not compromise its ability to record whether the perpetrator of violence was late. Similarly, organizations should be aware that not documenting contacts outside of visits/exchanges with the perpetrators of violence or their attorneys (as per SVE 9.04) could potentially increase risk to victims if it results in a failure to capture potentially threatening behaviors.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Documentation procedures	
*	• Service monitoring procedures	
*	• Reporting procedures	

Site Visit Evidence

*

- Copies of reports to the court or referring agency (if not included in case records), if applicable, for the last six months

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served
- Review case records

SVE 9.01

Personnel document the following information regarding each visit or exchange:

a. the date, time, and duration of the contact, including when each party arrived and departed;
b. tardiness, cancellations, or no-shows, and the reason why;
c. who brought the child to the visit or exchange;
d. who supervised the visit or exchange;
e. who participated in the visit or exchange;
f. any critical incidents that occurred;
g. any failure to comply with program rules; and
h. when a contact is temporarily suspended or terminated, along with the reasons why.

Note: *See the Interpretation to SVE 9 for more information regarding documentation and record-keeping when serving domestic violence cases.*

SVE 9.02

Records of visits and exchanges are limited to factual observations rather than opinions, evaluations, or recommendations.
Interpretation: *If an organization serving child welfare cases is expected to document the achievement of defined behavioral goals that will be criteria for reunification, or if an organization providing supportive or therapeutic supervised visitation finds it necessary to record behavioral observations, the information recorded should still be limited to factual observations rather than opinions, evaluations, or recommendations. Organizations providing therapeutic supervised visitation will also typically conduct assessments of the issues that led to the referral for service, and these assessments will not be considered to violate this standard. However, organizations should still limit assessments to factual observations rather than including opinions or recommendations, to the extent possible. Personnel providing therapeutic supervised visitation may also document an opinion or recommendation regarding a parent's or child's readiness to enter the next phase of treatment, but should not include any opinion or recommendation regarding issues of child custody or access.*

SVE 9.03

Notes from visits and exchanges include a caveat stating that contacts have occurred in a structured and protected environment and thus should not be used in isolation when assessing the appropriateness of future access or custody arrangements.

SVE 9.04

When contacts occur outside of a visit/exchange with parents, children, attorneys, the court or referring agency, or others involved with the case, the organization:

a. documents the date, time, and type of contact; and
b. includes at least a brief notation regarding the topic addressed during the contact.

Examples: *Contacts may occur in person, by phone, or in writing, including via email.*

Note: *See the Interpretation to SVE 9 for more information regarding documentation and record-keeping when serving domestic violence cases.*

SVE 9.05

Personnel periodically check in with service recipients to:

a. inquire about their safety and satisfaction with services; and
b. review and clarify their understanding of the service and its goals.

Examples: *Timeframes for check-ins may vary depending on the type of case and the risks presented. It may be especially important to check in early and often in domestic violence cases, when there may be concerns about the safety needs of the parent who was the target of the abuse.*

SVE 9.06

The worker and a supervisor, or a team of relevant personnel, review the case quarterly, or more frequently depending on the risks associated with the case and the type of supervision provided, to:

a. update information obtained during intake, including contact information, health information, vehicle identification, and court orders;
b. assess safety needs;
c. monitor service recipients' compliance with program requirements; and
d. prepare for upcoming court reviews.

Interpretation: *When experienced personnel are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

SVE 9.07

When the organization provides reports or case notes to the court or referring agency, these documents:

a. indicate the dates, times, and participants of visits or exchanges, along with any other logistical information needed to document whether visits or exchanges actually took place;
b. include an account of critical incidents and any other information deemed relevant to safety;
c. are free of interpretations, opinions, evaluations, and recommendations, including those related to parenting abilities and child access or custody;
d. note that contacts have occurred in a structured and protected setting and thus should not be used in isolation when assessing the appropriateness of future access or custody arrangements; and
e. include a reminder of the reason the family was referred for service.

Interpretation: *Please note that this standard does not compel organizations to provide reports or case notes to the court or referring agency on a routine basis – some organizations may only do so when required by a subpoena or court order. When the organization is ordered to release information and it believes that doing so might endanger a victim of domestic violence, the organization should request assistance from the court.*

Interpretation: *When an organization serves child welfare cases and is expected to report on the achievement of defined behavioral goals established by the child welfare agency that will be criteria for reunification, such reporting is not considered to be an evaluation or recommendation that would violate element (c) of the standard. Similarly, when an organization provides therapeutic supervised visitation, a licensed mental health professional may prepare a report that includes a professional opinion or recommendation about the parent's or child's readiness to enter the next phase of treatment. However, the report should still not include any opinion or recommendation regarding issues of child custody or access.*

SVE 10: Case Closing

Purpose

Supervised Visitation and Exchange Services enable children to maintain connections with parents with whom they are not living by protecting the physical and emotional safety of the children and their families.

Case closing is a planned, orderly process.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*

• Case closing procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  1. Program director
  2. Relevant personnel
  3. Persons served

- Review case records

SVE 10.01

The case closing process:

a. is clearly defined and includes assignment of staff responsibility;
b. specifies when a case will be terminated; and
c. involves service recipients, to the extent possible and appropriate.

Examples: *Services typically continue until parents terminate services or the authorization from the court or referring agency expires or is withdrawn, unless the organization deems it necessary to terminate services earlier. Reasons for terminating a case early include safety concerns that the organization cannot manage, unpaid program fees, failure to comply with program rules, and excessive demand on resources.*

SVE 10.02

Upon case closing the organization notifies the family and referral source, and provides all parties with the reason the case has been closed.

Interpretation: *If an organization is contractually prohibited from closing a case without prior approval from the court or referring agency, it should at least have the discretion to temporarily suspend services while seeking the referral source's permission to close the case. In this scenario both the family and referral source should be notified when the case is suspended, and the family should be notified again when the case is closed.*