

The Clearinghouse on Supervised Visitation Annual Report: The Supervised Visitation Database Case and Client Statistical Analysis



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Case and Client Statistical Analysis Results

October 1, 2019 to September 30, 2020

Cases: 1,700 Clients: 6,728 Services: 29,348

In this report we present the results of the annual Clearinghouse on Supervised Visitation's Database Case and Client Analysis. This report covers October 1, 2019 to September 30, 2020, the 12 months since the last report. A total of 36 supervised visitation programs in Florida contributed information to the database during this time span.

For the year, from 10/1/2019 to 9/30/2020, the total number of documented cases sent to supervised visitation programs was 1,700, the number of clients served was 6,758 (3,041 children, 2,027 visitors, 1,660 custodians/others), and the number of services provided was 29,348. This is the number of completed or terminated services only, and does not include intake sessions, scheduled but cancelled services or no-shows.

New this year is an added variable denoting whether the visitor or custodian for each case is participating in the Florida Child Support Program. The new variable was approved and added in January, 2020. All programs were asked to retroactively add this data to their cases, as well as collect this information during intake going forward. Because some cases were already closed and the client information unobtainable, the response to this variable was lower than what would have normally accumulated over a full year. Now that this question has been added to intake forms, we expect the 2020-2021 data for this variable to be complete.

Also new this year was the addition of thousands of Virtual Visits. The unexpected Covid-19 quarantine and resulting CDC and Florida Department of Health guidelines saw the closing of most supervised visitation facilities for a number of months, with some only resuming in-person visits in October, 2020. As a result of the quarantine, court hearings were extremely limited around the state for weeks or even months in some areas. This led to an unforeseen decline in the number of new cases being referred to Florida's Supervised Visitation programs. However, while the number of new cases and new clients declined, programs continued to provide services to existing clients. In many cases, programs were able to provide *more services* than usual with transportation and room cleaning not taking up time in the daily schedule. Most of the programs made a successful transition to the virtual format but the new technology did prove challenging at first for some programs and families. For more information on the effects of Covid-19 on Florida's Supervised Visitation programs, please see

Appendix A: Online Virtual Supervised Visitation during the COVID-19 Pandemic: One State's Experience

The amount of missing data has *continued to decline* over the last five years, probably due to Clearinghouse training on the database, periodic reminders to programs to enter all data correctly, and requirements within the database to enter specific information before being allowed to move forward.

Percent vs. Valid Percent - The Percent shown in each table is the percent of the total number of cases showing one particular answer, factoring in any cases for which the data is missing or is zero. The Valid Percent is the percent of the total number of cases showing one particular answer but *not including* any cases with blank cells or missing data. If there are no missing data for a particular variable, then the Percent and Valid Percent will be identical.

Referral Source

In the database, there are seven options for the variable Referral Source. This is a mandatory variable, in that database users cannot continue until this information is inserted. For the most part, the trends have remained steady as Dependency Court continues to be the most common referral source. Domestic Violence Injunctions account for the next largest source of referrals. Dependency cases rose a bit while DV cases dipped slightly compared to 2018-2019.

	Frequency	Percent	Valid %
<i>Dependency Case</i>	1367	81	81
<i>DV Injunction</i>	143	9	9
<i>Dissolution of Marriage</i>	64	4	4
<i>Never Married/Paternity</i>	81	5	5
<i>Criminal Case</i>	7	.1	.1
<i>Self-Referred</i>	30	2	2
<i>Other</i>	8	.9	.9
TOTAL	1,700	100	100

Reason for Referral (Condensed)

For each case, multiple reasons can be cited for the referral to supervised visitation. However, the database user is required to enter the primary reason for the referral first. The percentage of DV and Child Abuse/Neglect cases referrals dipped slightly from the previous year. The dip was matched by increases in Substance Abuse Cases. Also of note, the percentage of **Parental Substance Abuse cases** has steadily risen over time:

Year	% of Cases
2015	33
2016	32
2017	34
2018	35
2019	38
2020	43

It is possible that more programs are identifying that one factor behind child abuse/neglect may be substance abuse. In addition, substance abuse increased markedly during the 2020 quarantine periods. **Remember that this is the *Primary Reason for Referral* and may reflect only the main issue of the case as noted in the Referral document.**

<i>Reason for Referral (Condensed)</i>			
	Frequency	Percent	Valid %
<i>Child Abuse / Neglect</i>	334	20	20
<i>Domestic Violence</i>	511	30	30
<i>Parental Substance Abuse</i>	721	43	43
<i>Parental Mental Health</i>	115	7	7
<i>Parental Criminal Activity</i>	7	.005	.005
<i>Other Parental Misconduct</i>	2	.004	.004
<i>Other</i>	10	.006	.006
TOTAL	2,124	100	100

Additional Allegations

The table below lists the allegations noted **in addition to the primary allegation** or reason for referral. As many items as needed may be checked for each case. While 43% of cases this year were referred to supervised visitation primarily for Parental Substance Abuse, 22% of the remaining cases listed Parental Substance Abuse as an additional allegation, making it one of the most common issues facing clients. In addition, while 30% of all cases this year were referred for domestic violence, 28% of the remaining cases listed domestic violence as an additional allegation. While Domestic Violence continues to be a significant factor, Substance Abuse is clearly on the rise as a comorbid issue in supervised visitation cases.

	Frequency	% of all Cases
<i>Child Abuse / Neglect</i>	325	23
<i>Domestic Violence</i>	400	28
<i>Parental Substance Abuse</i>	311	22
<i>Parental Mental Health</i>	207	14
<i>Parental Criminal Activity</i>	30	1.5
<i>Other Parental Misconduct</i>	160	11.5
<i>Fear of Abduction</i>	(100)	
<i>Prolonged Parental Absence</i>	(31)	
<i>Undermining Custodial Parent</i>	(24)	
<i>Pornography</i>	(5)	
<i>Other</i>	9	00.7
TOTAL	1,442	100

Primary Service Requested

This chart identifies the primary service for which the client was referred. The most common reason for referral remains Supervised Visitation followed by Parent Education services which may include parenting classes, one-on-one parental education and training, or parent services. Most clients also receive parent education and assistance as a secondary service. The number of Monitored Exchange cases dropped significantly over last year, perhaps due to Covid quarantines and guidelines.

	Frequency	% of all Cases
<i>Supervised Visitation</i>	1448	86
<i>Monitored Exchange</i>	44	2.5
<i>Parent Education</i>	193	11.2
<i>Therapeutic Supervision</i>	3	.001
<i>Additional Services Only</i>	12	.3
TOTAL	1,700	100

Description of Services

The chart below identifies the distribution of service types provided to clients. The most common service remains Supervised Visitation but this year due to Covid quarantines, Supervised Phone/Internet visits were second in frequency. Most sites were providing solely virtual visits for five to six months on the contract year which is reflected in these numbers.

	Frequency	Percent	Valid %
<i>(In person) Supervised Visitation</i>	15,799	52	52
<i>Monitored Exchange</i>	587	2	2
<i>Supervised Phone/Internet Visit</i>	12,619	43	43
<i>Therapeutic Supervision</i>	293	1	1
<i>Intake/Additional Service</i>	50	2	2
TOTAL	29,348	100	100

Person Providing Service

Paid staff members continue to be the main provider of services in Florida's supervised visitation programs, followed by interns, and last, volunteers. After several years of intern/volunteer use rising, use of interns and volunteers fell 4% last year and continued to fall, probably due to Covid-19 and the months of virtual visits where interns and volunteers were seldom used.

	Frequency	Percent	Valid %
<i>Paid Staff</i>	27,282	92.5	98.5
<i>Intern</i>	276	1	1
<i>Volunteer</i>	48	.5	.5
<i>Total</i>	27,516	94	100
<i>Missing</i>	1,742	6	
TOTAL	29,348	100	

Child's Gender

The next three charts contain demographic information on the child clients of Florida's Supervised Visitation programs. This year, cases contained anywhere from 1 to 8 children. As in previous years, the number of boys and girls remains roughly even.

	Frequency	Percent	Valid %
<i>Male</i>	1,488	48.9	48.9
<i>Female</i>	1,551	51.1	51.1
<i>Unknown</i>	2	.00	.00
TOTAL	3,041	100	100

Child's Race

According to the 2010 U.S. Census, approximately 78% of the U.S. self-reports as white, 16.7% as Black, and 23% as Hispanic (some people choose more than one race.) In comparison, Blacks appear to be generally over-represented while whites and Hispanics are underrepresented as supervised visitation center clients. Compared to the previous year, there was a minor increase in Hispanic children and white children,

matched by a small decrease in black children and those identifying as of two or more races.

Child's Race

	Frequency	Percent	Valid %
<i>White</i>	1,719	57	57
<i>Hispanic</i>	301	10	10
<i>Black</i>	723	24	24
<i>Asian/Pacific Islander</i>	14	.00	.00
<i>American Indian/Alaska Native</i>	15	.8	.8
<i>Two or More Races</i>	244	8	8
<i>Unknown</i>	9	.00	.2
<i>Total</i>	3,025	99.8	100
<i>Missing</i>	16	.02	
TOTAL	3,041	100	

Child's Age

More than 76% of children at visits are under age 10, which is up from 70% in 2018-2019. Still, a majority of children in Florida's Supervised Visitation programs are age 6 and under (58%).

	Frequency	Percent	Valid %
<i>0 - 3</i>	1,036	34.7	34.9
<i>4 - 6</i>	717	23.5	23.6
<i>7 - 9</i>	514	17.1	17.3
<i>10 - 12</i>	364	12.1	12.3
<i>13 - 15</i>	246	8.3	8.4
<i>16+</i>	107	3.3	3.5
<i>Total</i>	2,984	99	100
<i>Missing</i>	57	1	
TOTAL	3,041	100	

Parent's Marital Status

According to the collected data, a larger percentage of parents receiving Supervised Visitation services were never married to each other, and this percentage rose considerably from 45% in 2015 to 65% in 2016 and continues to hold fairly steady at around 70% for the last four years including 2020.

	Frequency	Percent	Valid %
<i>Unmarried</i>	2,083	68.5	71.3
<i>Married</i>	365	12	9.4
<i>Separated</i>	274	9	12.5
<i>Divorced</i>	198	6.5	6.8
<i>Total</i>	2,920	96	100
<i>Unknown</i>	121	4	
TOTAL	3,041	100	

Visitor's Gender

The following data represents information on the *primary* visitor in the case. The Visitor is normally someone who does not have custody of the child, but the person with whom the child will have supervised visits. So that all parental visitors can be counted, the Clearinghouse encourages programs to have a separate case for each non-custodial parent that is visiting children.

	Frequency	Percent	Valid %
<i>Male</i>	709	35	35
<i>Female</i>	1,318	65	65
<i>Unknown</i>	1	.00	.00
TOTAL	2,027	100	100

In the last decade, men and women were almost equally represented as visitors participating in supervised visits. Since 2014 the percentage of women has increased steadily to 60% in 2018, 62% in 2019, and now 65% in 2020. **There were 241 additional visitors served by the programs for a total of 2,268 visitors served.** Of the additional 241 visitors, 140 were women and 101 were men. Additional visitors may include another parent, stepparents, siblings, and grandparents, among others.

However, if both parents are non-custodial visitors, we urge sites to establish a separate case for each.

Visitor Race

The majority of primary visitors continues to be white. In 2019, there were almost twice as many Black visitors as Hispanic visitors, compared to the 2:3 ratio found in 2018. In 2020, the number of Hispanic clients has dropped back to the 2:3 ratio vs Blacks. The percentage of visitors claiming Asian /Pacific Islander or American Indian / Alaska native has risen slightly. According to the 2010 U.S. Census, approximately 78% of the U.S. self-reports as white, 16.7% as black, and 23% as Hispanic (some people choose more than one race.) As visitors, Blacks are somewhat overrepresented compared to their general population, Hispanics are somewhat underrepresented as are Caucasians/Whites. Compared to last year, there were fewer Hispanics clients and more Black clients served.

	Frequency	Percent	Valid %
<i>White</i>	1,340	67	67
<i>Hispanic</i>	162	8	8
<i>Black</i>	446	22	22
<i>Asian/Pacific Islander</i>	10	.005	.005
<i>American Indian/Alaska Native</i>	14	.007	.007
<i>Two or More Races</i>	51	3	3
<i>Other</i>	0	0	0
<i>Total</i>	2023	99.0009	100
<i>Unknown</i>	4	.0001	
TOTAL	2,027	100	

Visitor Relationship to Child

By far, the most common primary visitor was a parent to the child client (98-99%). As in all previous years (with the exception of 2011) mothers showed higher representation as visitors than fathers. Women are the most common head of single parent households and therefore, more susceptible to poverty and the issues that accompany it. It is not surprising that women are the most common visitor in Dependency cases and fathers are the most common visitors in cases referred via Domestic Violence sources.

Visitor Relationship to Child

	Frequency	Percent	Valid %
<i>Mother (biological, adoptive, or step)</i>	1,297	64	65
<i>Father (biological, adoptive, or step)</i>	689	34	35
<i>Grandparent</i>	18	.009	.009
<i>Sibling</i>	2	.001	.001
<i>Other Family Member</i>	2	.001	.001
<i>Other</i>	0	0	0
<i>Total</i>	2,008	98	100
<i>Unknown</i>	19	2	
TOTAL	2,027	100	

The following chart represents the 281 additional visitors to the primary visitors. Approximately 78% are parents. Some cases show both parents as non-custodial visitors, and the Clearinghouse encourages database users to separate those cases into two different cases, one for each parent. Most additional visitors that are parents, are stepparents visiting with the actual parent. The number of additional visitors dropped by almost 50% in 2020. This is most likely because additional visitors were not allowed during virtual visits which were a majority of services for up to six months.

	Frequency	Percent	Valid %
<i>Mother (biological, adoptive, or step)</i>	129	46	48
<i>Father (biological, adoptive, or step)</i>	80	29	30
<i>Grandparent</i>	23	8	8
<i>Sibling</i>	12	4.3	4
<i>Other Family Member</i>	19	6.7	7
<i>Non-Relative Caregiver</i>	0	0	0
<i>Other</i>	8	2.8	3
<i>Total</i>	271	96.8	100
<i>Missing</i>	10	3.2	
TOTAL	281	100	

Visitor Annual Income

As in previous years, the majority of visitors are below the poverty level – approximately 77% below \$20,000 and perhaps as much as 88% if the family poverty line is used (includes less than \$29,000.) The number of visitors in the lowest category has remained constant from 2017- 2020.

	Frequency	Percent	Valid %
<i>Less than \$10,000</i>	1,146	56.5	56.5
<i>\$10,000 - \$19,999</i>	401	19.8	19.8
<i>\$20,000 - \$29,999</i>	253	12.5	12.5
<i>\$30,000 - \$39,999</i>	113	5.6	5.6
<i>\$40,000 and above</i>	114	5.6	5.6
<i>Total</i>	2007	99.9	100
<i>Unknown</i>	20	.001	
TOTAL	2,027	100	

Custodian Gender

The following four sections represent information on the *primary* custodian in the case.

	Frequency	Percent	Valid %
<i>Male</i>	302	18.2	81.6
<i>Female</i>	1,338	80.6	18.4
<i>Unknown</i>	20	1.2	
TOTAL	1,660	100	100

Clearly women were, by far, the most common custodian, the person having legal custody of the child client. This may be in part due to the fact that most Foster Parents are listed as females. **There were 74 additional custodians served by the programs for a total of 1,734 people.** Of the additional 74 custodians, 52 were men and 22 were women. Additional custodians may include a custodian's spouse, stepparents, siblings, and grandparents, among others. As many primary custodians are women, the higher number of men listed as additional caregivers represents their spouses.

Custodian Race

The majority of the primary custodians continue to be white. However, this year, the number of custodians identifying as white increased somewhat from 55% to 61%. In addition, the number identifying as two or more races increased about 2%. The racial breakdown of the additional 120 custodians was almost identical as that below.

	Frequency	Percent	Valid %
<i>White</i>	1,142	68.8	71.6
<i>Hispanic</i>	110	6.6	6.9
<i>Black</i>	282	17.4	17.9
<i>Asian/Pacific Islander</i>	8	.005	.005
<i>American Indian/Alaska Native</i>	18	1.1	1.1
<i>Two or More Races</i>	40	2.4	2.5
<i>Other</i>	0	0	0
<i>Total</i>	1,600	96.4	100
<i>Unknown</i>	60	3.6	
TOTAL	1,660	100	

Custodian Relationship to Child

	Frequency	Percent	Valid %
<i>Mother (biological, adoptive, or step)</i>	246	14.8	14.9
<i>Father (biological, adoptive, or step)</i>	174	10.5	10.6
<i>Grandparent</i>	206	12.4	12.5
<i>Sibling</i>	5	.3	.3
<i>Other Family Member</i>	144	8.7	8.7
<i>Non-Custodial Relative</i>	115	6.9	7
<i>Foster Parent</i>	672	40.5	40.8
<i>Group Home</i>	43	2.6	2.6
<i>Other</i>	44	2.6	2.6
<i>Unknown</i>	11	.7	0
TOTAL	1,660	100	100

Previously, the most common custodian was a parent to the child client (38.2% in 2017, 33% in 2018, and 32.2% in 2019) but it has dropped even further from last year to 25.3% in 2020. This year, Foster Parent (up 3%) supersedes Parent as the most popular caregiver. Following foster parents, parents and then grandparents were the most common custodians.

Custodian Income

Because many programs and case managers do not have access to this information, there is often some missing data on custodian income. However, this reporting year, database users made a strong effort to acquire this information as required. The number of custodians in the lowest income level has remains steady at about 15% in 2020. We continue to see gains in the \$40k or higher category, up from 24% to 25% (23% in 2018). It appears that almost 34% of the custodians earn less than \$20,000 per year, a number which remained steady from 2018. Still, with federally designated poverty levels (Feb. 2019) at \$25,750 for a family of four, a significant number of clients fall beneath the poverty threshold. Also, 55% percent of custodians fall below the 125% of poverty level mark.

	Frequency	Percent	Valid %
<i>Less than \$10,000</i>	252	15.2	15.2
<i>\$10,000 - \$19,999</i>	322	19.4	19.4
<i>\$20,000 - \$29,999</i>	344	20.7	20.7
<i>\$30,000 - \$39,999</i>	322	19.4	19.4
<i>\$40,000 and above</i>	418	25.3	25.3
<i>Total</i>	1,658	100	100
<i>Unknown</i>	2	.001	
TOTAL	1,660	100	

Florida Child Support Program Participation

The newest variable added to the database in 2020 was inquiring whether the Visitor or Custodian was participating in the Florida Child Support Program. The variable went live in January, 2020 and programs were asked to retroactively provide data for all cases from October 1, 2019 forward.

Currently only 6% of clients reported participating in the FL Child Support Program. However, since this was not a standard question on most program intake forms, many simply answered *Don't Know* for clients they did not have this information for. During the year, programs were asked to include this on their intake forms going forward and most have done so. We expect the number of *Don't Know* responses to decline in the upcoming year as programs collect this information on a regular basis.

	Frequency	% of all Cases
<i>YES</i>	207	6
<i>NO</i>	1,092	32
<i>Don't Know</i>	2,101	62
<i>TOTAL</i>	3,400	100

*Total of 3,400 represents both Visitor and Custodian for 1,700 cases.

Domestic Violence Reporting

In each case, the person entering data is required to note whether domestic violence (DV) was a component of, or was present in the case upon intake (according to the referral.) In 2020 38% indicated **YES**, steady from the 2019 numbers. As the cases progress and staff learn more about the family dynamics, cases that are referred for other reasons are often found to also have family violence. In addition, with domestic violence reports climbing due to Covid-19 induced quarantines, it can be expected that additional allegations of domestic abuse will rise.

	Frequency	% of all Cases
<i>Domestic Violence YES</i>	646	38
<i>Domestic Violence NO</i>	1,054	62
<i>TOTAL</i>	1,700	100

Critical Incidents: Serious Disruptions in Service

A *Critical Incident* is a serious disruption in service: an event that occurred before, during, or immediately after the service that was so problematic as to require monitor intervention, the cancellation or termination of the service, or the removal of the offending party from the premises.

	Critical Incident Cases	% of all Cases
2014	90	3.4%
2015	151	6.2%
2016	202	9.3%
2017	239	10.7%
2018	193	8.7%
2019	179	8.4%
2020	87	5.1%

From 2014 to 2017, the number of cases with critical incidents rose consistently from 90 to 239 or from 3.4% to 10.7% of all cases. This may be in part due to the researchers redefining “critical incident” to include *any serious disruption of services* following the 2014 reporting year. In 2018, however, the number of cases with a critical incident fell to 8.7%, and in 2019 to 8.4% of cases, certainly a welcome development. In 2020, the rate fell dramatically to only 87 critical incidents, or 5.1% of cases. No doubt, this was because for almost six months, most programs were only offering virtual visits which provide less opportunity for critical incidents. As the Clearinghouse continues to stress the need for enhanced safety measures and consistently offers support and training on the issue of safety in supervised visitation, this decrease may or may not continue, even with in-person services.

Critical Incident Outcomes

Number of cases with Critical Incidents: **87 (5.1% of all cases)**

Total number of Critical Incidents: **108 (.37% of all services)**

	# of Incidents
<i>Visitor became ill</i>	1
<i>Visitor showed favoritism</i>	8
<i>Visitor threatened other adult</i>	3
<i>Visitor arrested on-site</i>	2
<i>Child accidentally injured</i>	14
<i>Visitor refused staff directions</i>	24
<i>Visitor physically harmed child</i>	4
<i>Visitor threatened child</i>	6
<i>Visitor came to visit intoxicated</i>	4
<i>Visitor used corporal punishment</i>	2
<i>Visitor became ill</i>	3
<i>Child refused to participate</i>	19
<i>Child abuse reserved</i>	1

<i>Child became ill</i>	2
<i>Custodian refused redirection</i>	12
<i>Custodian harmed child</i>	1
<i>Other</i>	2
TOTAL	108

In 2020, the number of critical incidents declined as expected because of the decline of in-person visits. Visitors refusing direction and children refusing to participate are the most common issues. Staff were able to immediately pause virtual visits if a visitor was uncooperative or refused to follow helpful directives. Parents knew this, which may have contributed to the lower number of incidents overall in this category. In addition, it was not unusual for young children to have difficulties with active participation in virtual visits. This likely accounted for a number of children refusing to participate.

The low number of critical incidents should also represent a commendation to the well-trained staff of Florida’s SV programs who were quite successful in preventing critical incidents from occurring as well as handling them safely and quickly. Those programs with proper security measures in place for both virtual and in-person visits often have more successful outcomes in cases of critical incidents.

But any critical incident is concerning and may be quite dangerous. Proper security measures are always necessary to prevent potential tragedies from occurring.

Below are the noted actions taken in each case experiencing a critical incident. Several actions might have been taken for a particular incident, therefore allowing for a higher number of actions than incidents themselves.

Action Taken	# of Incidents
<i>Case worker notified</i>	10
<i>Incident report written</i>	13
<i>Incident discussed with violator</i>	92
<i>No action taken</i>	4
<i>Police/Sheriff/emergency personnel called</i>	10
<i>Service terminated</i>	48
<i>Staff called abuse hotline</i>	9
<i>Violator was arrested</i>	2
<i>Closed case due to critical incident</i>	6
<i>Other</i>	2

Cancellation of Visits

Scheduled visits are often cancelled before they can take place. Below is a cumulative list of those responsible for cancelling services. Most often, the visit is cancelled by the visitor for various reasons.

<i>Cancelled By</i>	<i># of Incidents</i>
<i>Visitor</i>	3,201
<i>Custodian (not foster parent)</i>	810
<i>Foster parent</i>	227
<i>DCF/CBC</i>	482
<i>SV program</i>	493
<i>Other</i>	618
<i>Missing</i>	5
<i>TOTAL</i>	5,832

Reasons for cancellation are varied and listed below. Most often, no reason is given, especially when cancellation messages are left on center voicemail. In addition, one or more parties are often reported as “No Show” for a service, meaning they did not officially cancel and did not show up for the scheduled appointment time.

Approximately 14% of all scheduled services were No-Shows. Also of note is the number of services cancelled for Non-Confirmation: 397. Many sites are requiring confirmation to ensure their program resources are not wasted on no-shows.

<i>Reason for Cancellation</i>	<i># of times</i>
<i>Conflicting appointment</i>	201
<i>Transportation</i>	257
<i>Work</i>	306
<i>None given</i>	282
<i>Illness</i>	488
<i>Holidays</i>	171
<i>Weather</i>	63
<i>Death</i>	6
<i>Child's activities</i>	51
<i>Incarceration</i>	111
<i>Vacation</i>	52
<i>Change in court order</i>	34
<i>Child refused to visit</i>	51
<i>Staff resources unavailable</i>	17
<i>Other emergency</i>	99
<i>Non-confirmation</i>	397
<i>Other</i>	5
<i>Unknown</i>	1,408
<i>TOTAL</i>	3,999

Case Closures

In the 2019-2020 analysis period, 704 cases were closed. It is noteworthy that programs often forget to close cases, especially if clients simply stop coming over time. The Clearinghouse has made an effort to remind programs to review and close cases no longer active.

<i>Reason for Case Closure</i>	# of times
<i>Excessive no-shoes/cancellations</i>	197
<i>Completion of court ordered term of service</i>	84
<i>Moved to unsupervised visits (per court)</i>	182
<i>Termination of parental rights or court ordered cessation of visits</i>	61
<i>Loss of contact with visitor or custodian</i>	43
<i>Family reunified</i>	53
<i>Refusal of child to visit</i>	5
<i>SVP's time or visit limit reached</i>	36
<i>Safety concerns</i>	16
<i>Termination for violation of other rules</i>	6
<i>Excessive demands on program resources</i>	1
<i>Critical incidents</i>	6
<i>Refusal to pay fees</i>	0
<i>Other</i>	14

The number of cases closed for safety reasons dropped from 4% in 2019 to 3% in 2020.

	Case Closure Due to Safety Reasons
2015	59
2016	52
2017	55
2018	42
2019	48
2020	22

Closure Variables

Since the 2014 reporting year, additional closing variables have been part of the database. Programs were asked to report on substance abuse and arrests for violent crime before, during, and after the completion of services. If the center answered yes, they were provided the opportunity to expand on their information. Below is the summary of this data from the 704 cases closed this year and the percentage of closed cases the numbers represent.

Substance Abuse

About 43% of clients came to supervised visitation this year with substance abuse as their primary issue. Twenty-two percent of new cases also listed substance abuse as an additional allegation, meaning 55% of cases named Substance Abuse as an issue. The actual number may be higher as substance abuse is known to be severely underreported. Some substance abuse issues continue during the SV services, sometimes even during a service.

It appears that a majority of the substance abuse in cases occurs before SV services and might in fact contribute to a client's placement in an SV program. Data show that during services, substance abuse may be, at least for a time, decreasing. Note that many programs do not have the resources available to track clients after they leave.

	Yes	% of Closed Cases Indicating		
		SA was Present	No	Unknown
<i>SA Present</i>	93	13.2	611	
<i>SA Prior to services</i>	82	88.1% of SA cases	16	477
<i>SA While case was open</i>	11	11.8% of SA cases	20	508
<i>SA During a service</i>	3	3.2% of SA cases	21	515
<i>SA Known after services</i>	1	1.1% of SA cases	14	524

Arrests for Violent Crime

	Yes	% of Closed Cases Indicating		
		AVC was Present	No	Unknown
<i>Arrests for violent crime</i>	33	8%	671	
<i>AVC Prior to services</i>	28	84% of AVC cases	18	503
<i>AVC While case was open</i>	5	15% of AVC cases	25	509
<i>AVC During a service</i>	1	3% of AVC cases	26	512
<i>AVC Known after services</i>	2	6% of AVC cases	16	523

In the 704 cases that programs **closed** in the 2019-2020 year, 8% of cases included a client who had been previously arrested for a violent crime. Fortunately, the percentage of those perpetrators becoming violent during supervised visitation services is low.

While the number of known offenses post services reported is only 2, this may be due to the fact that many programs do not have access to records after their clients complete services. In addition, some programs do not have the time or funding to follow up with their clients post-services.

Yet, previous data which included a review of client arrest records for two years post services did indicate a significant decrease in reported violent crimes. This may also be

reflected in the decreasing numbers above as, based on previous Clearinghouse research, arrests for violence decrease dramatically during and after SV services.

Implications and Recommendations

Despite a forceful response to the Covid-19 crisis and continuous technical assistance funded by DCF, Florida's programs continue to be plagued by the lack of consistent Standards and funding for program security. Increased training on substance abuse dynamics and co-morbidities is also necessary for 2021 and forward.

The Covid-19 pandemic caused major disruptions across all communities and services in 2020. Still, Florida's SV programs were able to continue providing statewide parent-child contact with the help of the Clearinghouse technical assistance. As stated in prior reports, the Clearinghouse hosted a myriad of webinars and phone conferences with program staff both individually and collectively (see Report, Appendix A). Clearinghouse staff took on the additional work to ensure that all programs had access to information on the pandemic, updates from the court system and DCF, new materials to use in virtual visits, new safety guidelines for the use of emerging technologies, trainings/practices to help staff transition to using technologies, frequent forums for the exchange of information with other programs, and up-to-the-minute data on practices and experiences throughout Florida and in other states.

Florida programs remained committed to providing parent-child contact despite monumental challenges. As the state of Florida removed restrictions on businesses, SV programs began hybrid practices of both in-person and virtual visits. This required a variety of new practices recommended by the Clearinghouse, including social distancing, mask wearing, and a lengthy list of hygiene practices, such as the removal of high-touch items (e.g., stuffed animals), and new policies on how clients enter, use, and exit the building.

Overall, this annual report again reflects the fact that supervised visitation programs in Florida provide a valuable service to the community statewide. DCF funds ongoing training for all programs in an attempt to augment safe practices for families and communities. However, there is much more work to be done to provide the support that these crucial programs need.

A significant finding in this year's data analysis is again the increase in the number of cases sent to supervised visitation mainly because of a parent's substance abuse. The data base captures the primary and the additional reasons that cases are sent to SV. As more cases are sent primarily because of a parent's substance abuse, our SV data reflect national trends in individuals' struggles with addiction. Beginning in October, 2020, the Clearinghouse has increased its training on Substance Use Disorders. A renewed monthly focus on SUDs is planned for the entire year of 2021 and beyond to

respond to program needs. In addition, comorbidities (mental illness, domestic violence) will also be highlighted.

The need for security at programs to keep vulnerable children and families, as well as staff and the surrounding community safe during in-person visits, is again demonstrated in this data. Still, there remains a large gap in Florida's SV system without thorough meaningful standards (that have never been passed by the Florida Legislature, despite years of bills submitted by individual lawmakers) and funding for security at programs.

The Clearinghouse list of Florida SV programs includes both non-profit and for-profit programs. Programs that do not receive funding from the CBCs or DCF are not required to enter data into the Clearinghouse database: **that could be corrected by the court system, if judges required programs that have an Agreement with the Court to participate in the Clearinghouse's database.** (Note that some non-funded programs do enter data into the database voluntarily as it is a useful resource and mechanism for organizing case and client information.)

There has never been a mechanism to monitor or certify any of these programs to ensure that they follow the current or recommended Standards. **As in years past, the Clearinghouse will alert DCF and the Office of the State Courts Administrator to both the need for the implantation of standards statewide and increased funding, especially for onsite security personnel, to keep families safe at SV programs.**

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Appendix

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Online Virtual Supervised Visitation during the COVID-19 Pandemic: One State's Experience

Abstract

This paper describes how supervised visitation programs in Florida rapidly transitioned from in-person supervised visits to virtual, online visits during the COVID-19 pandemic to protect the health of families and staff. Structured telephonic interviews and an online survey revealed that although most program directors had not previously developed guiding policies or hosted such visits, within weeks they were providing hundreds of online “virtual visits” between children and their non-custodial parents to maintain the crucial parent-child relationship in a safe manner. Vignettes from this data provide lessons regarding parent and child reactions to virtual visits, advantages and disadvantages of virtual visits from the programs’ perspectives, and levels of enthusiasm for using virtual visits going forward. In addition, the data includes recommendations for new program guidelines and protocols for the ongoing use of virtual visits. Although it is too early to call these policies best practices, the study does offer insight into the challenges and opportunities afforded by virtual visits and can inform disaster planning that supervised visitation programs develop to prepare for inevitable future disruptions in services to families.

Online Virtual Supervised Visitation during the COVID-19 Pandemic: One State's Experience

Supervised visitation programs offer structured contact between a parent or caregiver and one or more children in the presence of a third person responsible for observing and ensuring the safety of those involved (Florida Statute § 753.01, 2019). These programs provide the courts with a community-based option when balancing the need for positive parent-child interactions and critical parental safety concerns (Thoennes & Pearson, 1999). The use of a neutral third party – typically a social worker or child protection worker – to monitor such contact has been common in child maltreatment cases in which the child has been removed from the home and reunification is the goal. For over two decades, these programs have also been used by courts responding to families experiencing separation and divorce, when high conflict between parents necessitates an “outside resource” to allow the child contact with a noncustodial parent (Birnbaum & Alaggia, 2006). Courts have also called on such programs where parental substance abuse, mental health issues, inadequate supervision, threats of abduction, or family violence is alleged (Jaffe & Geffner, 1998; Shepard, 1992).

There has been a wide variety of positive child and family outcomes from supervised visitation discussed in the research. These include improved parental bonding, relationships and attachment (Ansary & Perkins, 2001; Johnston, 1994; McWey & Mullis, 2004); child well-being (Dunn et al., 2004); child harm reduction (Field, 1998); increased reunification (Ansary & Perkins, 2001; Perkins & Ansary, 1998); decreased parental conflict (Dunn et al., 2004; Flory et al., 2001);

and child safety for domestic violence victims (Field, 1998; Oehme & O'Rourke, 2012). Researchers have noted that more research on the impact of supervised visitation programs is needed (Birnbaum & Alaggia, 2006).

In February 2020, the World Health Organization (WHO) declared the outbreak of COVID-19 – a highly contagious severe respiratory disease – a pandemic and public health emergency of international concern, which warranted immediate action to curtail the spread of the virus to save lives (2020a). Most United States' governors soon issued some variation of stay-at-home orders to curb the spread of the virus (Mervosh et al., 2020). These orders resulted in the closing of many businesses and units of government, directing their employees to work at home (Huddleston, 2020; Rosalsky, 2020), and led to many questions about how visitation and custody orders would work (Lindholm & Smith, 2020). All sectors of the workforce – e.g., health, law, and education – shifted away from in-person interaction to a large degree, but supervised visitation programs had the additional challenge of managing unique safety needs and emotionally fraught family dynamics.

One State's Experience

In Florida, supervised visitation programs are considered one of the 12 essential elements of the Model Family Court system. Model Family Courts are a “fully integrated, comprehensive approach to handling all cases involving children and families” (Pariente, 2001, p. 3). There are currently 86 supervised visitation programs, at least one in every judicial circuit in the state (See: <https://familyvio.csw.fsu.edu/supervised-visitatio/list-florida-supervised-visitatio-programs>).

The Clearinghouse on Supervised Visitation (Clearinghouse) is statutorily mandated to provide technical assistance to all programs (Fl. Statutes 753)

On March 9, 2020, Governor Ron DeSantis issued Executive Order 20-52 declaring a state of emergency for the entire state of Florida as a result of the health emergency caused by COVID-19 (2020). That same day, the Florida Department of Children and Families (DCF) circulated a memo from the Children's Bureau at the U.S. Administration for Children and Families. This memo reminded child welfare staff to "remain informed" about Centers for Disease Control and Prevention (CDC) guidelines in order to make fact-based decisions" about meeting the needs of children (Children's Bureau, 2020). Much of this guidance involved simply providing every day preventative actions including handwashing, not touching one's face, and simply developing a process to remain "informed of instructions" from the CDC (Children's Bureau, 2020).

That same month, the CDC began describing the anxiety and fear that was common during the infectious disease outbreak, with the acknowledgment that how people respond can depend on their background and the community they live in (2020). Individual supervised visitation program directors began to circulate posters on hand-washing and other materials created for social service providers by the Florida Department of Health. On March 17, the Florida Department of Education announced that all public and private schools K-12 and career and technical center campuses were closed through April 15. That order was later extended for the remainder of the school year, and schools were encouraged to operate virtually to implement distance learning (Florida Department of Education, 2020). On that day, multiple supervised visitation programs also announced that they would no longer host in-person visits (J. Diacheysn, personal communication, March 13, 2020). Instead, they began to plan for virtual visits, defined as online mobile, remote, technology-based services.

A variety of groups, including the Judicial Council of California, Operations and Programs Division of the Center for Children, Families and the Court (hereinafter Judicial Council)

promulgated resources such as handouts, program guidelines, and virtual visit activity suggestions (Judicial Council of California, 2020). The U.S. Office of Child Support Enforcement (OCSE) also sent out the information created in several states for virtual visitation. The OCSE administers the federal Access and Visitation (AV) grant program that funds supervised visitation and a variety of other programs that support families (OCSE, n.d.). DCF receives and distributes the AV funds to 23 different programs with a total of 34 different SV individual locations in Florida. Also in March, the Clearinghouse disseminated a variety of free tools by these and other respected sources, such as the World Health Organization and the Public Broadcasting System, about how parents can talk to children about COVID-19, and ways to cope with the fear, anxiety, and disruptions caused by the virus (Russell, 2020; WHO, 2020b) (see Appendix A).

The Florida Supreme Court's administrative order AOSC20-18 issued on March 27, 2020, suspended most in-person visitation orders entered in dependency cases through Friday, April 17, 2020. The court acknowledged that in-person visitation is highly valued but stated that the preferred means to protect the health and wellbeing of children, families, and communities, would be visits conducted through electronic means with video communication. Immediately afterward, the Clearinghouse conducted a series of webinars about electronic options for supervised visits and practice sessions with program staff who asked for assistance with the real-time use of technology and its features.

Program directors identified the most important safety features as the following:

- The ability for staff and parents to use a combination of a cell phone, laptop, or tablet to participate in visits and the ability to record each visit.

- For safety reasons, the ability to have the parents wait in a virtual waiting room before joining a visit, so that staff could ensure that the child and vulnerable parent were ready for the visit.
- The ability for the supervisor to mute either of the participants so that the parent could not use the visit to harass or threaten the other parent or discuss the legal case.
- The ability to end a visit, if necessary, for all of the participants (some of the platforms offered on the Internet have chat functions that could leave the parent and child connected even if the supervisor disconnected).
- The ability to use a photo or virtual background so that the custodian would have the option of blocking the visiting parent's ability to view the custodian's home.
- Free access to the electronic platform. Most supervised visitation programs are non-profit businesses that have severely restricted funding and cannot afford monthly subscriptions.

The Clearinghouse also circulated multimedia material (such as handouts and graphics) that provided suggestions on what kinds of activities parents and children could do together in a virtual visit. Divided by age/developmental stage, these included suggestions that ranged from singing songs together, reading books together, playing games, talking about daily life, and even teaching children simple skills such as making a scrambled egg or grilled cheese sandwich while the child observed (Clearinghouse on Supervised Visitation, 2020).

Methods

This study was a mixed-methods study of how supervised visitation programs responded to the pandemic. The Clearinghouse on Supervised Visitation sent an anonymous and voluntary survey instrument by Qualtrics to all supervised visitation programs in the state. The data from this convenience sample provided the Clearinghouse with baseline information about the transition

to virtual (electronic) visitation in March 2020. Then the Clearinghouse conducted 24 telephonic interviews in June 2020 with supervised visitation directors who volunteered to participate. Participants consented to the study approved by Florida State University's Human Subjects Review Board (STUDY00001422). Directors' answers to questions were compiled into a dataset, which was analyzed for themes and specific subjects. The interview questions included inquiries about the means by which staff prepared for virtual visits, new policies/procedures enacted, reactions of parents and children to virtual visits, lessons learned by staff, positive and negative aspects or scenarios of virtual visits, and recommendations that might be helpful for the future.

Results

The Qualtrics survey was sent out in March 2020 to determine whether programs were using virtual visits because of the pandemic. Of the 26 programs that responded in early April 2020:

- 22 of the 26 responding programs indicated that they had begun offering virtual visitation in response to the pandemic.
- Four programs had not begun to offer virtual visits, but three of those four said they were planning to offer virtual visits in the future. By June 2020, all but one program was offering virtual visits.
- Only two of the 26 programs had previously offered virtual visits before the pandemic.

Survey responses also indicated that a variety of meeting platforms were being used.

- 60% of sites using Zoom
- 6.7% using Microsoft Teams
- Others (33%)
 - Let's Talk Interactive

- Doxy.Me
- Skype
- Skype for Business
- FaceTime (iPhones)
- Jitsi Meet
- Google Duo
- Imo Video

When directors were asked how difficult it was for staff to learn how to effectively use their chosen technology, they responded with the following:

- 52% said it was very easy
- 33% said it was somewhat easy
- 5% were neutral
- None reported that it was difficult; however, one site noted that it depended on the staff members' threshold understanding of technology.

Length of Virtual Visits

Directors responded with the following when they were asked how long the virtual visits lasted:

- Zero to six-year-olds could stay on the call for 15 to 30 minutes
- Seven to 12-year-olds were most often visiting for 30 to 45 minutes
- 13 to 18-year-olds were more likely to remain on the call 45 minutes to one hour

The Clearinghouse held five webinar/teleconference calls discussing virtual visits, technology updates, and safe practices. Calls had between 29 and 46 participants.

- 61% had participated in a Clearinghouse call

- 39% had not participated in a call
- 50% who participated joined three to four calls
- 36% joined one to two calls
- 19% joined more than four calls

Qualitative Data Themes Emerge in Interviews

A variety of themes emerged from the voluntary phone interviews with directors. These interviews resulted in the creation of a qualitative data set that reveals program staff “scrambling” to make the transition to virtual visits, identifying new safety issues, managing the reactions of parents and children to the change to virtual visits, relaying vignettes of unforeseen benefits and challenges of virtual visits, and proposing ways for using the virtual visit platform in the future (see full data sets <https://familyvio.csw.fsu.edu/supervised-visitation/training-manuals-materials>).

Planning for Virtual Visits

One often repeated and consistent theme was that directors and their staff were not prepared for making the transition from in-person to virtual visits in a short period of time. Although many had experienced short-term disruptions caused by hurricanes and storms in the past, the pandemic highlighted the lack of a plan for long-term service disruption. As one director said, “We got thrown in (to virtual visits). We had to sink or swim.” Program directors already had a set of policies and procedures for in-person visits constructed around Florida Standards (Clearinghouse on Supervised Visitation, 2008). They quickly had to rewrite policies and begin providing virtual visits around a specific online platform that they chose. Most programs did not know how to choose a platform but used trial and error. As one director offered, “At first, we used Skype, but then we switched to Zoom. We had to use whatever was easiest for parents.” Directors reported

concern over news accounts of breaches in the Zoom platform, and took precautions, such as not posting passcodes on social media. All directors scheduled online orientation before the first virtual visit, and then did “lots of practice” with the technology they used. In some cases, the IT department of the court system, or of the larger agency within which the visitation unit is housed, assisted with this practice, in addition to the Clearinghouse. Some directors and staff called their friends to practice the technology. The most commonly mentioned amount of time it took for programs to transition to virtual visits was two to three weeks. One program transitioned in a week with intense preparation. Other programs took much longer.

The technology was new to all except two programs that had been using virtual visitation for a few months before the pandemic. The issue of headphones or earbuds worn by children during virtual visits was raised by several directors, who wanted to give the visiting parent a small degree of privacy in the call. One program purchased earbuds for children to wear; another received a financial gift to purchase the earbuds; others asked parents to have their children wear earbuds or headphones. After several weeks, most programs stopped requiring headphones or earbuds because of the expense, because children took them out, or because children wore them inconsistently.

Parents were given a list of new protocols to manage safety issues, such as ensuring that neither parent could obtain the phone number or email address of the other parent because of the virtual contact. Additional protocols included:

- A notice that staff might ask for either parent to scan the room with the camera to prove that no one else was in the room. Each court order delineates who can attend visits with the visiting parent.

- A requirement that prohibited parents from taking pictures or videos of their children during the virtual visits unless they had been specifically allowed to by the court referral.
- A protocol that the supervised visitation monitor had control of the visit and could “mute” or remove a parent from the virtual visit (and had the option of placing the parent in a virtual waiting room) to control the visit.

Reactions of Parents and Children

The dataset reflects some confusion, resistance, and uncertainty among parents to the transition to virtual visits. Some parents thought the Florida Safer at Home Order would be for a very brief period of time; thus, they saw no reason to immediately switch over to virtual visits. As the pandemic wore on, those parents eventually shifted to using virtual visits. Directors reported anger and resentment among some visiting parents, who preferred in-person contact with their children, but who – overall – consented to virtual visits as the “only current option.” The theme for both the visiting parents and the custodians was “making the best” of a worldwide problem while limiting the spread of the virus. Still, directors reported that all parents needed help figuring out how to use the technology. Some directors had frequent problems with audio and visual technology issues, including frozen screens, voices not synced with words, and calls dropped. This could have been either a local issue or a problem with the Internet provider function; regardless, it frustrated parents when it occurred.

There was general consensus that children transitioned easily to virtual visits because they were “not afraid of the technology.” This was true across the board with all interviews. There were no reports of children over age two not being able to navigate virtual visits after being introduced to it (None of the directors interviewed served disabled clients at the time). Directors were more concerned with children’s attention span and activity level than they were with teaching children

the technology during orientation sessions. Children under age three seemed to have the most difficult time with the virtual visits because they were not as responsive to the image of their parents on the screen. Still, there were reports of two-year-old children who could have brief conversations with their parents and “seemed to enjoy the interaction.”

Parents who had experienced domestic violence or stalking required special protocols, such as using virtual backgrounds so that the visiting parent could not view the rest of the other parent’s home. In addition, the use of virtual waiting rooms for parents highlighted an advantage of using technology: parents’ privacy was respected and the program staff could control the “flow” of the visit, redirect parents quickly, and stop inappropriate behavior. As one director put it, “during an in-person visit I don’t have the ability to immediately stop a parent from criticizing the other parent, but in virtual visits, I can pop the parent into a virtual waiting room and talk to them privately to stop the behavior.”

Directors also reported having more flexibility with working parents and more frequent visits. In-person visits are typically at least an hour-and-a-half in length. Yet many programs offered shorter visits because they chose to use the free versions of online meeting platforms to save money. The online versions were generally no more than 40 minutes in length, so multiple visits were arranged to make up for the time lost. But program directors reportedly tried to be flexible with parents’ schedules, especially because children were home from school all day. One parent asked “I have a lunch break in an hour. Can we have a visit then?” The request was granted, and many directors shared that the initial resistance to virtual visits generally disappeared after a successful call, with most parents expressing gratitude for the contact with their child(ren).

Virtual Hugs and Kisses

The most obvious and frequent complaint about virtual visits was the lack of physical contact between parent and child. Parents could not kiss or hug their children, and children sometimes seemed frustrated that they could not touch their parents. Still, program directors tried to compensate for this lack, by encouraging children to blow kisses and reach out their arms to parents, who reached back. The lack of physical contact was listed as the biggest disadvantage to hosting virtual visits. Directors often acknowledged that despite the advantages to virtual visits, they could never replace in-person visits because of this deficiency.

Challenges and Benefits

Many unpredicted scenarios emerged, revealing the need for supervised visitation staff to be ready for the unexpected. Challenges sometimes fell under the category of parents being relaxed in their homes. For example, one father appeared on a call with no shirt on, one father went to the refrigerator to get a bottle of beer to drink, and a mother lit up a cigarette to smoke. None of these behaviors would have been allowed during an in-person visit, so the directors instructed the parents to correct the behavior. One director, noting the inability to control the environment, decided to have the visiting parent participate in the virtual visits at the program office to retain the controlled environment. The other directors who used virtual visits hosted them with both parents off-site.

Unforeseen Challenges

Program directors mentioned that it was much easier to conduct visits in an already secured and properly prepared visit room. It was more difficult to scan or examine the many objects that might be in a home environment as well as to identify potential triggers – or reminders of past abuse – that might be present. Directors also related stories of frustrated parents who couldn't hold their children, who felt the program was being unfair by requiring virtual visits, and who felt that

their relationships with their children were more difficult to maintain in a virtual setting. Several directors expressed frustration that they were not able to adequately gauge the visiting parent's competency at everyday parenting skills, such as diaper changing, feeding, and interacting. Other unforeseen challenges included:

- Visiting parents connecting to the visit while in bed, in the dark, or being very disheveled. Directors noted that cases in which parents were struggling with mental health and substance abuse involved more preparation of the parent for virtual visits.
- Visit monitors having less control over who participated in the virtual visits. This is important because court orders for visitation typically list the people who are allowed contact with the children. Parents who bring other people “to say hi to” the child – including neighbors, extended family, or friends – can be a distraction to the parent-child visit in the least, and a serious safety breach in the worst-case scenario.
- Parents wearing tee-shirts and hats that say F*&K or Sh*t in large letters.
- Mother wearing a bikini and high heels during the visit “to make Dad jealous.”
- Custodial parents connecting the call while in the car with the child in the back seat.
- Visiting parents taking phone calls during the visit from other people and putting the child on “hold,” or taking the call while shopping or driving. Directors noted that they changed their rules to say that the parent had to be attentive and present during the call, so if this behavior continued, the call would be ended.
- Visiting parents being unprepared for the visit. “The most successful visits were the ones in which the visiting parent had thought about what to do during the visit.” Directors emphasized the need to plan the activities during the visit, taking into consideration the

short attention span of children and the need to shift to alternate activities to keep their attention.

- Children who do not want to end the virtual visit. This is also a common issue in in-person visits, in which the child cries or pleads not to end the visit. In a virtual visit, directors reported having children talking to the visiting parent even as the call ends, or saying goodbye many, many times to extend the call. Directors learned that having more frequent virtual visits gave the children more confidence that they would see their parent in another virtual visit soon after the current visit ended.
- Ensuring the room at home was an appropriate setting for the visits with privacy and minimizing the possibility of intrusions and interruptions.
- Technology problems that frustrated parents and kids alike, or in one case, that caused the monitor to be kicked off the call leaving the parent and child unsupervised to continue talking.

Program directors also worried that community-based child welfare agencies that contracted with them for services would devalue the virtual visits. In practical terms, this means that directors worried they would not be reimbursed for services at the same rate that they paid for in-person visits. Even more frustrated was one director who said that the community-based care organization felt that anyone could supervise virtual visits or that the parents could just be handed a FaceTime call (with few safety features) to conduct the visit “on their own.” Such a reaction, if widespread, would result in the closing of supervised visitation programs and the endangerment of children and vulnerable parents.

Unexpected Benefits

The virtual interaction presented a number of advantages to in-person visits. Because most children were home from school during the pandemic, directors were able to schedule visits during all daytime hours, instead of just after 3 p.m. when schools generally close. In addition, morning visits were more available to parents of small children for whom afternoon visits can be difficult due to the need for naps. Thus, programs hosted more frequent visits and had more flexibility in when they scheduled those visits.

Another notable benefit was the reduction in no-shows and cancellations. No-shows and cancellations are a chronic problem at supervised visits and can waste valuable staff time and resources (Oehme & O'Rourke, 2019). Overall, because virtual visits were more convenient and easier to attend, fewer parents cancelled at the last minute when something came up or they were running late. Rescheduling any missed virtual visits was also easier for most programs and could often be done that same day.

Showing up for virtual visits was also easier than in-person visits for many parents. One director noted a parent who had knee surgery and would not have been able to attend an in-person visit was able to have multiple virtual visits. Additionally, parents who had chronic health problems or were receiving treatment that interferes with their ability to leave the home had successful virtual visits instead. Transportation problems are a common reason stated for in-person visit cancellations. Sometimes children have to be transported long distances from several different foster homes or locations. Some parents have to travel from other counties or long distances for a visit. Virtual visits were much simpler to arrange and attend for these clients, reducing costly no-shows and cancellations. Other benefits included:

- When safety considerations allowed, visiting parents could see children in their natural home environment. Virtual visits allowed some parents to see their children riding a bike,

playing a musical instrument, or even playing sports. In dependency cases, many parents were able to see their child in their foster home, giving them comfort they lacked when being unable to visualize where their kids were.

- In some cases, as one director put it, virtual visits have “really promoted the co-parenting process.” The director stated, “This has forced both parents to engage more, they are actively seeing and remembering there is another parent they need to work with. It has opened their eyes to the other parents’ contributions. Parents are cooperating more to help the other parent have a more positive visit. During all the stress of COVID-19, at least families got to still see each other.”
- In many centers, virtual visits allowed more visits to be scheduled overall. The elimination of drive time allowed for more visits to be held. Many families also enjoyed having two or three shorter visits a week rather than one long one.
- Virtual visits are one option for starting visits off slowly when needed. For example, virtual visits can come first if a child has been physically abused and is afraid of in-person contact. Then a transition to in-person visits can be scheduled.

Lessons Learned and the Future of Virtual Visits

“We have to be flexible, because people are heartbroken and really want to see their kids,” as one director put it. This theme was echoed in nearly every interview. Directors also marveled at how they “didn’t think they could do it” (the transition to virtual visits), but their staff was resilient and parents were (overall) cooperative. “My staff were so resilient, able to adjust quickly, and persevered. They didn’t complain, took advice and suggestions, bouncing ideas off each other, sharing resources.” Many directors now see virtual visits not as a substitute for in-person visits, but as a complement to them and to the court order for contact. This

transition could be considered similar to parents who complement their telephone contact with texts, email, and social media to stay in touch with their children. Going forward, in a post-pandemic world, all the directors felt that in-person visits were superior and preferred them for parent-child contact whenever possible. However, directors differed on how often and under which circumstances to offer a virtual visit option. Overall, about two-thirds of the directors felt that virtual visits would be a permanent part of the menu of services offered by the program. About one-third of the directors indicated that although they found virtual visits useful, in the future they would only be used in emergencies or very specific situations in which virtual visits were the only option safely available.

Implications

This study shows the potential value of using virtual visitation to keep families connected in difficult circumstances. It also illuminates unexpected risks that need to be mitigated when using virtual visits in the future. The policies put in place by programs highlight the real safety risks that exist in many cases. The notion that someone without any training can provide a safe virtual visit or that clients can be left to simply use Facetime without any oversight despite serious allegations of past misconduct is a serious miscalculation. Professional supervised visitation programs use monitors skilled in assessing a room for safety; identifying and stopping denial, minimizing, or dangerous behavior; and facilitating a meaningful visit during which parents and children both benefit from their contact. Because of the experience of the pandemic, supervised visitation professionals are also now trained in using a variety of appropriate play and interaction options for virtual interaction with different age groups. Unfortunately, if funding agencies choose not to recognize the safety work that programs do – and only emphasize that virtual visits “look easier”

– the courts must step in and remind them of the crucial nature of and need for supervised visitation programs and their safety protocols.

One of the biggest lessons of the pandemic is that family court orders must still be carried out to the extent possible in disasters and emergencies. Among participants in our study, those programs that had a direct connection to the court system, or had previously created a line of communication, seemed to have an easier transition. Some program directors complained that they had to wait for judges to approve virtual visits on a case-by-case basis because the original court order did not have a provision for virtual contact. In the future, programs should be able to avoid such delays in family visitation. One way to prospectively avoid confusion is for court orders that refer a family to a visitation program is to have a provision stating that the visitation program has the authority and discretion to host visits virtually when they deem it in the child's best interest, or in cases in which in-person visits present risks that the program seeks to avoid.

Finally, preparation is key to the success of virtual visits. The entire COVID-19 experience highlighted the need for supervised visitation programs to have disaster planning that anticipates long-term disruption. This is a very practical requirement. One director said that her program's community partners gave her plenty of "theoretical" explanations of how to set up virtual visits, but actually setting up the calls, troubleshooting, and navigating practice calls with staff were the key to her program's successful transition. Programs should be required to have a disaster plan and practice its elements periodically (e.g., annually). In addition, programs should consider in advance protocols and guidelines for which cases and under what circumstances they will offer virtual visits in place of in-person visits (see Appendix B). In Florida, this should be added to the Standards promulgated by the state's supreme court or added to a formal Administrative Order so that program directors have guidance going forward.

Conclusion

Virtual visitation, despite its limitations, does have an important place in family court. Supervised visitation programs must be prepared for the reality that major disruptions can occur in this format, and work to minimize the risk and maximize the benefits of electronic parent-child interaction to maintain and strengthen the emotional bonds between them (see Appendix C).

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Appendix A: Tools and Resources for Supervised Visitation Program Staff

Clearinghouse on Supervised Visitation’s COVID-19 Resources	https://familyvio.csw.fsu.edu/supervised-visitation/training-manuals-materials
Association of Family and Conciliation Courts’ Resources for Families	https://www.afccnet.org/Resource-Center/Resources-for-Families
National Council of Juvenile and Family Court Judges	https://www.ncjfcj.org
National Network to End Domestic Violence’s Resources on the Response to the Coronavirus	https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/
Administration for Children and Families’ COVID-19 Response & Resources	https://www.acf.hhs.gov/coronavirus
Supervised Visitation Network’s COVID-19 Resources	https://www.svnworldwide.org/covid-19-resources

Futures without Violence's Resources for Kids and Families	https://www.futureswithoutviolence.org/resources+for+kids+and+families
World Health Organization's COVID-19 Questions and Answers	https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses
PBS' 10 Tips for Talking about COVID-19 with your Kids	https://www.pbs.org/newshour/health/10-tips-for-talking-about-covid-19-with-your-kids
The National Child Traumatic Stress Network's Parent/Caregiver Guide to Helping Families Cope with COVID-19	https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019
Children's Bureau COVID-19 Resources	https://www.acf.hhs.gov/cb/resource/covid-19-resources
Centers for Disease Control and Prevention's Household Checklist	https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/checklist-household-ready.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhome%2Findex.html
Centers for Disease Control and Prevention's COVID-19 Information and Resources	https://www.cdc.gov/coronavirus/2019-ncov/index.html

Appendix B: Sample Parent Rules for Virtual Visits

1. All parents must participate in online Orientation. This will help you become familiar with the technology used for virtual visits.
2. Be on time, flexible, and ready to enjoy the visit. With technology, sometimes things may go wrong. Sometimes the audio will stop or the frame will freeze. We will work out the problems and call you back if the call gets dropped.
3. The custodian will arrange the child and the phone/computer/ipad in a comfortable way, but it is the visiting parent who must prepare for the visit and have activities/discussions ready to keep the child's attention. Plan ahead!
4. Earbuds. Child/children will wear earbuds or headphones during each visit.

5. The visiting parent must stay focused on the visit. Please don't multi-task, unless it's an emergency. Stay mentally and physically present. Do not eat, smoke, talk to other people, or do anything that distracts from the visit. Please wear the clothing you would wear to a visit at the Program.
6. The visiting parent and the custodian should both choose a quiet location for the visit, where background noise is limited. Turn off radios, TVs, and other distractions.
7. Only the parent and child(ren) listed in the court order are to visit, unless the court order states otherwise.
8. Please, do not drive or walk around during the visits. Please do not lay down on the couch or bed.
9. Please do not use Call Waiting, put the line on Hold, or take another call.
10. We will review all program rules with each parent. If you do not understand these rules, just ask and we will be happy to explain them.
11. The monitor may, at any time, ask either parent to scan the camera around the room. This will be to ascertain who is in the room. Each parent must comply with this request, or the visit will be terminated.
12. We want you and your child to have fun! Staff will provide you with suggested activities for your virtual visit. Think about what kinds of things you might engage your child in and be proactive in planning those activities as well.
13. We will use the Virtual Waiting Room at several points during the visit. In the beginning of the visit, you will be placed in the Virtual Waiting Room until we are ready to begin the visit. If at any point we would like to speak with you privately, or if you indicate that

you'd like to speak to us privately, we will place you in, and meet you in, the Virtual Waiting Room.

Appendix C: When Virtual Visits Might Be A Good Option

While in-person visits are preferred for family bonding, virtual visits can be a helpful alternative in many situations. In addition, virtual visits can be used as a starting point in certain cases and in combination (hybrid visitation) with in-person visits to suit each case's needs. Examples of when virtual visits may be appropriate include:

- Visits with parents who are not able to be present
 - Parents have illness
 - Deployed parents
 - Jailed parents/ parents on house arrest
 - Out of town or state parents
 - Public health crisis
 - Local, state, or national emergency (hurricane, pandemic, terrorism)
- When transportation is an issue for parents
- During bad weather or when travel to the center is not advised

- When no-shows and cancellations are chronic in a family
- When visits need to be more flexible and at non-traditional hours
- When children are reluctant to visit in person or are afraid of the parent
- When the court wants relatives such as grandparents, aunts, uncles and cousins to connect extended families to the child
- When the court wants very frequent visits
- When cleaning, disinfection, other operational issues impede the ability to offer in-person visits
- When families want to share personal items and demonstrations not possible at the program, such as playing an instrument, or cooking a meal.
- When a parent is caring for others and cannot leave the home (such as sick relatives or newborns)
- When parents have no transportation.