

TRANSITIONS

REUNIFICATION

Transition Planning Must Be Part of Any Reunification

“Research shows that for infants, changing caregivers is traumatic. Reunification, or any transition, can have harmful short-term effects on the child, especially for those children between the ages of six and 24 months old. Infants often form secure attachments to substitute caregivers who have loved them and have attended to their daily needs. The person an infant trusts most to continue caring for him is naturally the person who has been changing his diapers, feeding him, bathing him, putting him to bed, and so forth. Because an infant cannot understand why things have changed, removal from his substitute caregiver—even to [return him to] a parent with whom there is a healthy attachment and relationship—may cause distress similar to the initial removal. Removal from substitute care often changes the infant’s daily routine—a common source of security for the child. The longer the infant has been in out-of-home care and the more intense the attachment and sense of security associated with that placement, the more psychologically difficult the reunification process. Supportive therapeutic services and transition planning must be considered to promote a successful reunification.

To avoid another traumatic life event for the infant, *transition planning* should be part of any plan for reunification. Ideally, when reunification is the goal, parents and substitute caregivers will have developed a working relationship, allowing the young child to attach with both caregivers and to observe her primary caregivers connecting with each other.

Any effort to increase the parent’s daily caregiving and to nurture the relationship between the child and parent will support a smooth transition. The parent should begin taking on more tasks of daily care through increased visitation or involvement in the substitute caregiver’s home. If comfortable, the substitute caregiver could visit the parent’s home with the infant on the first few in-home visits, if those have not yet started. Maintaining the status quo in other aspects of the infant’s life during the transition phase—child care, therapists, babysitters, doctors—can ease the process and minimize any distress. Finally, ensuring that the parent is aware of the infant’s schedule and routine and has a plan to reinforce some of this structure may help the infant better cope with the changes.”

Hudson et al., *Healthy Beginnings, Healthy Futures: A Judges Guide*, ABA Center on Children and the Law, National Council of Juvenile and Family Court Judges, & Zero to Three National Policy Center, 2009, p. 1144, <http://www.americanbar.org/content/dam/aba/administrative/child_law/healthy_beginnings.authcheckdam.pdf> [as of November 2, 2011].

Transition for Infants and Toddlers

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

Smariga, *Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know*, July 2007, ABA Practice & Policy Brief for the ABA Center on Children and the Law and Zero to Three Policy Center, p. 11, <http://main.zerotothree.org/site/DocServer/Visitation_with_Infants_and_Toddlers_in_Foster_Care.pdf?docID=3981> [as of November 2, 2011].

Together Again

“When children come home from foster care, parents and kids have to get to know each other once more. Parents who’ve been to rehab, therapy, or parenting classes have changed, and their kids have had experiences in care that their parents don’t know about or understand. On top of that, it can be difficult to deal with the anger, guilt and anxiety you all feel, and to show each other the love and happiness you have inside. In this issue, parents write about what helped their families become whole again.”

Together Again, (2006) Rise Magazine, Issue 4, p. 1, <http://risemagazine.org/PDF/Rise_issue_4.pdf> [as of December 28, 2011].

Transition Guidelines

Principles and guidelines for developing visitation plans are applicable to developing transition plans. The following extracts are from visitation guidelines developed by Rose Marie Wentz.

- Law and best practice says we must develop a **written** visitation plan. An effective plan includes purpose, frequency/length, location, activities, supervision, who attends, responsibilities, what to have at the visits.
- Have the visits occur at a consistent date, time and place, whenever possible.
- The location of the visit should be the **least restrictive, most normal environment**, in the community, that can assure the safety of the child.

Infants

How often: 2 to 5 visits per week; each 60 minutes minimum.

Where: Home or homelike environment.

What: Parent meets child’s needs.

Who visits: Parents and siblings separate or together. Other key people with emotional attachment.

Toddlers

How often: 2 to 4 visits per week; each 60 to 90 minutes.

Where: Home or homelike environment; Doctor appointments.

What: Parent meets child’s needs.

Who visits: Parents and siblings separate or together. Other key people with emotional attachment. Listen for who child asks to see.

Preschool

How often: 2 to 4 visits per week; each 60 to 90 minutes.

Where: Home or homelike environment. Community setting: parks, playgrounds, childcare, doctor appointments.

What: Child chooses what to do during visit; which book to read, what toys, what game. Ask child about their life. Provide discipline.

Who visits: Ask child who he wants to visit. Parents and siblings together or separate. Other key people with emotional attachment.

Elementary School

How often: 1 to 2 visits per week; each 1 to 3 hours.

Where: Child helps to choose home or homelike environment, or where child already is; school, sports, park, restaurant, therapist, doctor.

What: Child helps to choose: What child likes to do; sports, games. What child must do; homework, chores.

Who visits: Ask child who he wants to visit. Parents and siblings together or separate. Other key people emotional attachment.

Teens

How often: At least once a week. 1 to 3 hours.

Where: Teen helps to choose; Where teen already is; school, sports, park, restaurant, mall, therapist, home of parent or caregiver, doctor.

What: Teen helps to choose. What child likes to do; sports, games, shopping. What child must do; homework, chores. Ask child about her life. Discipline.

Who: Ask teen who he wants to visit. Parents and siblings together. Other key people with emotional attachment.

Wentz, Visitation—The Key to Children’s Safety, Permanency and Well-Being, pp. 5-6, 27,
<<http://www.chhs.ca.gov/initiatives/CACChildWelfareCouncil/Documents/Visitation.doc>> [as of November 2, 2011].