

Associated Services: Supervised Access Visitation Program Information

A referral form must be completed to refer a client to the Supervised Access and Visitation program provided by Westcoast Family Centres Society.

The service available and level of supervision under Access is as follows:

a) Supervised Access Visitation

- Ensures that the contact visit is safe and follows all the visitation parameters and guidelines that support and promote the relationship maintenance.
- Intervenes and redirects the non-residential parents and caregivers if the visitation parameters and guidelines are not followed and/or end the contact visit if necessary
- **This service is available for families where there is no return to the parents care anticipated or the family are not in a place where they can work on goals within visits**

b) Connection & Therapeutic Access

- Provides coaching, modeling, and education in order to assist parents to strengthen their parenting knowledge and abilities, learn healthy communication skills, understand and meet their children's needs, strengthen their relationship with their children, work towards reunification (if applicable), and understand the reasons why visitation requires supervision.
- Supports and promotes relationship maintenance and expansion between the child and parent.
- **This service is available for families who are actively working with a family preservation worker to enable their children to return to their care.**

Levels of Supervision under Access

Level 1

With this level of supervision, all exchanges between child(ren) and parent/s will be monitored and the Supervised Access Visit Worker will be physically present with the child at all times. The visit will occur in an office setting where there are other professionals present.

Level 2

With this level of supervision, the Supervised Access Visit Worker will be physically present with the child at all times, but may not monitor all exchanges during the visit (i.e. washroom visits). These visits can occur in the office, family home, or community (for example, a park, family place, shopping mall).

Level 3

With this level of supervision, the parent(s) may be permitted to spend time alone with the child/ren, but a Supervised Access Visit Worker is available to the child and parent (this could be a visit in a family place where the Worker is monitoring two visits at once).

Level 4

With this level of supervision, the parent(s) will be screened by the Supervised Access Visit Worker and will be permitted to visit with the children unaccompanied by the Worker. This could be a visit where the parents pick up the child at a designated location and take the child home for a visit. The Worker may check in with the family at the family home during the visit, but not be present with the family or when the Supervised Access Visit Worker drops the children off at home (or somewhere else in the community) and later picks the child up.

Referral forms must be completed by MCFD Social Worker and/or Family Counsellor and can be faxed to:

- North Referrals Fax 604.254.6169
- South Referrals: 604.875.0760

Purpose: This form is to be completed to refer a client to the Supervised Access and Visitation program provided by Westcoast Family Centres Society. Please ensure that all parties have been notified that a worker from WFC will be connecting with them to arrange visits and that they have agreed upon the frequency and length of visits

DATE OF REFERRAL _____
 MCFD OFFICE CODE _____ NORTH SOUTH
 SOCIAL WORKER: _____ OFFICE: _____ CELL: _____ FAX: _____
 FAMILY COUNSELLOR: (IF APPLICABLE) _____ CELL: _____

SERVICE REQUEST

CLIENT NAME: _____

SERVICE REQUESTED: Supervised Access Visit Connection and Therapeutic Access Visit

SERVICE TYPE: Supervised Visit Only Supervised Visit & Transport Transport Only

SERVICE START DATE: _____ SERVICE END DATE: _____

FREQUENCY: Weekly Visits Monthly Visits

_____ # of times per week _____ # of times per month

DURATION/LENGTH OF VISIT: _____

BASIS OF REQUEST(S)

You believe the parent/family member may be: (Select all factors that apply)

Intending to abduct the children.
 Emotionally, physically, or sexually abusive or seriously neglectful towards the child if the visit is not supervised.
 Likely to attempt to coerce the child/ren into making false or retracting statements.
 Other (please specify)

PARTICIPANTS INFORMATION							
ADULTS PARTICIPATING IN THE VISIT							
Name	Relation to child	DOB mm/dd/yyyy	Address	Phone	Email	Primary Language	Interpreter

CHILDREN PARTICIPATING IN THE VISIT

Name	DOB mm/dd/yyyy	Legal Status	Gender	Car Seat Type	Allergies/Medical Concerns

PLACEMENT INFORMATION

Name(s)	Caregivers Name(s)	Date of Placement	Address	Phone	Email	Pick up?	Drop Off?

ADDITIONAL SERVICE INFORMATION – Attach any court order and information as to child(ren)'s legal guardian

WRITTEN REPORTS REQUESTED: Per Visit Weekly Bi-weekly Monthly N/A

SPECIAL INSTRUCTIONS FOR SAFETY REASONS (ETC):

<input type="checkbox"/> Arrival	
<input type="checkbox"/> Departure	
<input type="checkbox"/> Other	

Are clients permitted to leave the office and access local community area (with SVA worker)?

e.g. Local park grocery store, community walk

Approved Locations for Visits:

ADDITIONAL AUTHORIZED VISITORS

Name	Relationship	Access	Authorize
		<input type="checkbox"/> Open Access	<input type="checkbox"/> Authorize Prior
		<input type="checkbox"/> Open Access	<input type="checkbox"/> Authorize Prior
		<input type="checkbox"/> Open Access	<input type="checkbox"/> Authorize Prior

INFORMATION RELATED TO GOALS FOR CTA:

What areas of parenting would you like the goals to address

LEVEL OF VISITATION:

<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 4
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If this is Level 1, how close is the Worker to be to the participants? Audio Visual Physical Reach

Any Other Relevant Information or Expectations (i.e. Cultural; Language Considerations; Safety/Boundary Issues, etc.)

Identify any special conditions / restrictions for visits regarding child health and safety information including:

- Developmental needs, allergies, medical needs, dietary restrictions, etc.
- Expected behaviors of parents during visits including visit rules regarding canceling visits, rescheduling visits, arrival time, etc.

LEVEL 1: With this level of supervision, all exchanges between child(ren) and parent/s will be monitored and the Supervised Access Visit Worker will be physically present with the child at all times. The visit will occur in an office setting where there are other professionals present.
 LEVEL 2: With this level of supervision, the Supervised Access Visit Worker will be physically present with the child at all times, but may not monitor all exchanges during the visit (i.e. washroom visits). These visits can occur in the office, family home, or community (for example, a park, family place, shopping mall).
 LEVEL 3: With this level of supervision, the parent(s) may be permitted to spend time alone with the child/ren, but a Supervised Access Visit Worker is available to the child and parent (this could be a visit in a family place where the Worker is monitoring two visits at once).
 LEVEL 4: With this level of supervision, the parent(s) will be screened by the Supervised Access Visit Worker and will be permitted to visit with the children unaccompanied by the Worker. This could be a visit where the parents pick up the child at a designated location and take the child home for a visit. The Worker may check in with the family at the family home during the visit, but not be present with the family or when the Supervised Access Visit Worker drops the children off at home (or somewhere else in the community) and later picks the child up.
It is anticipated that parent(s) will be able to move from one level of supervision to a less monitored level of access during the time of their involvement with the Program depending on a review with their MCFD Social Worker.

INFORMATION FOR SUPERVISED AND ACCESS VISIT WORKER

Y=Yes; N=No; U=Unknown, S=Suspected

1. Parenting Concerns – potential risk factors to the child or staff:

Substance Abuse Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>	Physical Abuse Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>	Emotional Abuse Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>	Parent on Medication: Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>
Mental Health Issues Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>	History of Violence/Aggression Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>	Criminal Activity Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>	Co-operative: Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>

If selected "Yes" above, please provide more details here:

2. Child Concerns – behavioural, cognitive, medical issues

Y=Yes; N=No; U=Unknown, S=Suspected

FAS/FAE or NAS/NAE Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>	Sexual Abuse Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>	Physical Abuse or Neglect Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>	Behaviour Management Issues Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>
Emotional Problems Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>	Any Allergies Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>	Medical Concerns Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/>	

If selected "Yes" above, please provide more details here:

GUIDELINES:

The following is a checklist of items that set out guidelines for Supervised Visitation.

(check if Yes)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent/Visitor can take photos of child and/or show the child(ren) old photos
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent/Visitor can take audio or video recording of child or show the child(ren) past recordings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent/Visitor and child(ren) can exchange contact information?
						Phone #s: <input type="checkbox"/> Y <input type="checkbox"/> N
						Addresses: <input type="checkbox"/> Y <input type="checkbox"/> N
						Email: <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent/Visitor and child(ren) can speak in other languages.
						If yes, what languages?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent/Visitor may use cell phone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent/Visitor may give child(ren) gifts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent/Visitor can bring food to share (check allergies for child(ren))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any known activity or object that should not be part of the visit?
						If yes, please specify:

<input type="checkbox"/> Y <input type="checkbox"/> N Are there topics or people not to be discussed?	
If yes, please specify:	
<input type="checkbox"/> Y <input type="checkbox"/> N Can child(ren) go to the toilet on own?	
<input type="checkbox"/> Y <input type="checkbox"/> N Can child(ren) go to toilet with parent/visitor?	
<input type="checkbox"/> Y <input type="checkbox"/> N Can there be physical contact between child and visitor?	
<input type="checkbox"/> Y <input type="checkbox"/> N The visit must remain in one location	
<input type="checkbox"/> Y <input type="checkbox"/> N Parent/visitor needs to confirm their attendance?	
If yes, please specify who they confirm with and by when:	
<input type="checkbox"/> Y <input type="checkbox"/> N Should worker wait if parent is late?	
If yes, how long?	
<input type="checkbox"/> Y <input type="checkbox"/> N Are there specific situations when Worker should intervene or end the visit?	
If yes, what are they?	
Other Guidelines (please provide details below)	

Client Signature _____	Date _____
<input type="checkbox"/> and/or discussed with client.	
<input type="checkbox"/> Social Worker: _____	
Initial/Date	

SW Signature _____	Date: _____

MCFD Team Leader Approved:

Signature *Date*

Review:

Date

SOUTH OFFICE USE ONLY	
Date Referral Received:	_____
Supervisor Signature:	_____