

**Policy and Practice Recommendations**

1. Initial program intakes should always request information about a parent's child(ren), including where the child(ren) are living and the nature of the parent's relationship with the child(ren), and an assessment should be made as to how the parent's relationship with his or her child(ren) should be integrated into treatment.
2. The issues surrounding a parent's relationship to his or her child(ren) should always be integrated into treatment plans. Programs should take account of the positive role that parent visiting and parent relationships can have on the recovery process at all phases of treatment and recovery.
3. There should never be an automatic bar to visiting with child(ren) during the initial phase of treatment and recovery. Visits at the initial stages should be determined on a case-by-case basis taking into account the effect on the child(ren). In cases where the child(ren) is in foster care, programs must understand that parents have a legal obligation to visit with their child(ren) in foster care, and the frequency of visits should be discussed with the designated child welfare worker at ACS or the foster care agency. Where there are Family Court orders specifying visiting schedules, programs should follow those orders.
4. Program staff should assist parents, where possible, in obtaining more visits with their child(ren), less restrictive visits with their child(ren), and more contact with their child(ren). Where possible, they should attempt to have visits on site at the program. Treatment providers should be familiar with ACS' Visiting Guidelines and ensure that the visiting plan is consistent with the Guidelines.
5. Programs should ensure that parents have a regular schedule for visiting with their child(ren), whether or not the child(ren) are in foster care, and make all efforts necessary to ensure that the visits take place in accordance with this schedule and that the parent's treatment plan accommodates the schedule.
6. Child visits should be treated like other mandatory appointments, such as medical and court appointments. This should apply to both court-ordered and non-court-ordered visits. A parent's visits with his or her child(ren) is a responsibility that the parent should meet. Parent visits with child(ren) should never be conditioned upon compliance with program rules. Lack of program compliance should result in consequences, but the consequence should not be to suspend or limit visits between the parent and child(ren).
7. Program Directors should ensure that policies and procedures focusing on parent-child visiting are developed and implemented. Directors need to make policies around visiting which are communicated to all staff. Visiting directives must be communicated down to weekend and night line staff.

8. Program staff should be aware of how visits are going and any issues that arise during visits that can or should be addressed in treatment, either because they are affecting the parent's recovery process, or the parent's ability to maintain his or her relationship with the child(ren). Program staff should be prepared to speak with the child(ren) about chemical dependence and recovery where clinically indicated.
9. Program staff should receive ongoing training on how the Family Court and child welfare systems operate, as well as on clinical issues concerning parent-child relationships and child development. These issues are integrally connected with effective substance abuse treatment. Training in the area of child welfare must be implemented as part of ongoing chemical dependence training.
10. Treatment plans and child welfare service plans should be coordinated. Where possible, program staff should be prepared to attend service plan reviews and family team conferences at the request of the parent. At a minimum, program staff should help prepare parents for their case conferences and give them the information that they need for the conference, including written documentation of their participation in the program. Providers may want to suggest having alternating case conferences at the treatment program and at the foster care agency. Providers should ask for a case conference when issues of concern arise.
11. Youth with parents in treatment need Children of Substance Abusers services including training around addiction and relapse.
12. If there are conflicting legal mandates, there should be an early alert to all systems involved in the case.
13. In the event of a parent-child visit in the community, where the client would be exposed to alcohol or other drug use, the visit should be rescheduled, and the rescheduled visit should be coordinated between the AOD provider and the child welfare agency.