

# Family Time Supervision Levels



Family time is about keeping parents connected with their children and plays a critical role in keeping them engaged in the change process. Each safe connection between a parent and child can strengthen and build attachment while providing hope and supporting motivation for change.

In addition to simply having time to be together, family time can include, but is not limited to, medical appointments, cultural events, school events/meetings, extracurricular activities, phone calls, video calls, community functions, and extended family gatherings. When family time includes a non-ODHS Safety Service Provider, they should be provided the Expectations for Safety Service Provider's guide (form DHS 2789B).

When using the Family Time Supervision Levels form, start with unsupervised family time and move through the questions. Mark Yes or No on each question within the supervision level, and then document what is missing for each question marked No. This will allow you to document what is needed to get to that supervision level. Do this for each supervision level until you get to a level where you can select Yes to all questions. Any No answers are the missing criteria that you will review with the parents, courts, attorney's, parent mentors, etc. to see how they can be addressed.

Caseworkers should review supervision levels regularly with the family and the family's team. If there are questions or assistance is needed, consult with your supervisor, MAPS, or a consultant. Each time the previously unmet requirements are reached by a parent a new Ongoing Safety Plan with that supervision level should be created.

## Unsupervised Family Time:

Is the family condition understood by Oregon Department of Human Services (Is it clear what happened that resulted in an unsafe child)?

Yes  
 No

Can the family time occur at a time when it is unlikely the safety threats are active? For example, in a family where there is Domestic Violence, the caseworker may be pretty sure they know the perpetrator's work schedule but may not be able to confirm it. If the work schedule cannot be confirmed, and there is the possibility the DV perpetrator will show up at the family time, what is the safety risk to the children during family time?

Yes  
 No

Can the parents talk about and demonstrate how they will keep their children safe during their time together? Can they ensure their strengths will be utilized for the entire duration of the family time? For example, they can state they will go to a 12-step meeting prior to their family time, as that is how they stay strong in their recovery.

Yes  
 No

Can the family time occur when a parent can utilize their strengths? What are the parents' strengths? Are there times of the day or days of the week that the parents can more easily use their strengths? (Consider work, treatment, when a parent is using/not using, etc.)

Yes  
 No

Do the children feel comfortable spending time with the parents unsupervised?

Yes  
 No

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Do the parents know how to care for their children and meet the children's needs during the family time?  Yes  No

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Has the caseworker had a conversation with the parents regarding questions or concerns they have about the family time.  Yes  No

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If this case did not meet the requirements to be unsupervised, make notes about what is needed:

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## Location:

Family time should occur in the community or an ODHS approved family home. It can occur in the ODHS office, if necessary, but only as a last option.

## Document:

In the Safety Plan (Initial or Ongoing) and Visit and Contact Form:

- With whom, when and where unsupervised family time is occurring.

In a case note:

- Ask the resource parents to provide a weekly update on the dates/times/duration that family time occurred, and what the children had to say about their time. Include any observations about behavior changes before and after the family time.
- Contact the biological parents to get a weekly update on the dates/times/duration that family time occurred, and what the parents thought about their time. Include activities they did together, questions the children asked and how the parents felt about being able to answer them, any successes they had and any barriers they need assistance with.

## Semi-Supervised Family Time:

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Is the family condition understood by ODHS (Do we know what happened that resulted in an unsafe child)?  Yes  No

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Can the family time occur at a time when it is unlikely the safety threats are active? For example, we may be pretty sure the family time is occurring at a time when everyone is safe, but maybe there are variables that the parents cannot control? If so, what is the safety risk to the children if those variables occur during family time?  Yes  No

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Do the parents feel stable in the use of their strengths? While they may not be able to articulate a specific plan, are they able to talk about using their strengths, and when they may be likely to struggle? For example, if the child brings up a sensitive topic, do they know what to say. Or if someone joins them during their family time, do they know how to ask that person to leave.  Yes  No

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Can the family time occur when a parent can utilize their strengths? What are the parents' strengths? Are there times of the day or days of the week that the parents can more easily use their strengths? (Consider work, treatment, when a parent is using/not using, etc.)  Yes  No

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Do the children feel comfortable spending time with the parents partially supervised?  Yes  No

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Do the parents know how to care for their children and meet the children's needs during the family time?  Yes  No

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Do the parents have a plan in place that is agreed upon with the Safety Service Provider, for what to do if things are not going well?  Yes  No

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Do the parents understand that asking to take a break is a positive thing and will not have negative consequences in their ODHS case? A break can be any short period of time the parents may need away from their child to take care of themselves.  Yes  No

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Has the caseworker had a conversation with the parents regarding how to answer questions their children may ask about?  Yes  No

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If this case did not meet the requirements to be Semi-Supervised, make notes about what is needed:

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## **Location:**

Family time should occur in the community, an ODHS approved family or Safety Service Provider home, or may occur at the ODHS office.

## **Document:**

Document on the Safety Plan (Initial or Ongoing) and Visit and Contact Form:

- With whom, when and where Semi-Supervised family time is occurring.
- Who will be checking with the parents and/or children at the agreed upon intervals to ensure everyone feels comfortable and safe.
- What are the agreed upon intervals for check-ins.
- How the Safety Service Provider should communicate with the caseworker.
- What interventions are allowed/recommended and when they should be used.

In a case note:

- Contact the Safety Service Provider and the parents to get an update weekly on the family time that includes how family time is going, including successes and if any interventions were needed, what interventions were successful.
- If interventions were not successful, document the situation and the outcome.

## **Questions to help determine what 'semi supervised' looks like for each family:**

At what intervals does a Safety Service Provider need to check in on the family? This could be:

- At the beginning of the family time.
- At the beginning and end of the family time.

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- At periodic times throughout the family time (10, 15, 30, 60-minute intervals).
  - If needed, this level of supervision can include Sight (Safety Service Provider will be within the sight of the family) supervision.

The parents and Safety Service Provider will discuss the plan for the family time, explicitly sharing:

- Where they will be going and what the transportation plan is.
- Who will be included in the family time and who will explicitly not be included in the family time.
- What activities they have planned.

During the check ins, the Safety Service Provider will:

- Check in with the children to ensure they are feeling comfortable and safe.
- Check in with each parent to see if there is anything they need.
- If end of family time check-ins are scheduled, the Safety Service Provider will check with all adults and children to see how their time together went, address any issues that came up, and celebrate successes that occurred.

## Supervised Family Time:

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Is the family condition (situation) resulting in the children being unsafe unclear?  Yes  
 No

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Is there not a time in which there is assurance that the parents can utilize strengths to ensure children safety during family time?  Yes  
 No

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Has the caseworker had a conversation with the parents regarding how to answer questions their children may ask about?  Yes  
 No

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If this case did not meet the requirements to be Supervised, make notes about what is needed:

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### Location:

This supervision level requires that the family time be supervised:

- In a ODHS office, a family home or in the community.
- By ODHS staff or approved Safety Service Provider.
- Within Sight and/or sound or have a Safety Service Provider with the children at all times.

### Document:

In the Safety Plan (Initial or Ongoing) and Visit and Contact Form:

- With whom, when and where supervised family time is occurring on the Safety Plan and the Visit and Contact form.
- How the Safety Service Provider should communicate with the caseworker regarding how family time is going.
- What interventions are recommended.

In a case note:

- How the family time went, including successes and barriers.
- If any interventions were needed, what interventions were successful.
- If interventions were not successful, document the situation and the outcome.

## Intensive Supervision Family Time:

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This highest level of supervision is only utilized when there are significant child safety issues.

Is there a threat that the child will be abducted?	<input type="radio"/> Yes <input type="radio"/> No
Is there a threat of coercion or testimony?	<input type="radio"/> Yes <input type="radio"/> No
Is the family time being scheduled with a high risk offender?	<input type="radio"/> Yes <input type="radio"/> No
Is the child fearful?	<input type="radio"/> Yes <input type="radio"/> No

The caseworker will need to have a conversation with the parents/guardian regarding how to talk with their children(ren) about the case.

If this case did not meet the requirements to be Intensively Supervised, make notes about what is needed:

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### Location:

Intensive supervision requires that the family time be:

- Supervised by ODHS staff or another approved professional.
- Supervised in ODHS office or another secure environment.

### Document:

On the Safety Plan (Initial or Ongoing) and Visit and Contact Form:

- With whom, when and where supervised family time is occurring on the Safety Plan and the Visit and Contact form.
- How the Safety Service Provider should communicate with the caseworker regarding how family time is going.
- What interventions are recommended.

In a case note:

- How the family time went, including successes and barriers.
- If any interventions were needed, what interventions were successful.
- If interventions were not successful, document the situation and the outcome.

# **Therapeutic Family Time:**

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Do the parents and children need therapeutic interventions to facilitate attachment, child safety transition, or other relationship dynamics?

Yes  
 No

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Has the professional confirmed they are comfortable managing child safety during the family time?

Yes  
 No

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Does ODHS have a level of confidence that safety can be managed in a therapeutic setting?

Yes  
 No

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If the family is comfortable and are able to keep the child safe, consider if additional unsupervised or semi-supervised family time is appropriate to further develop the relationship and expand their time together.

This level of family time is clinical and requires a higher skill level of intervention by a professional.

## **Document:**

On the Safety Plan (Initial or Ongoing) and Visit and Contact Form:

- With whom, when and where therapeutic family time is occurring on the Safety Plan and the Visit and Contact form.
- How the therapist should communicate with the caseworker regarding how family time is going.
- What interventions are recommended.

In a case note:

- How the family time went, including successes and barriers.
- If any interventions were needed, what interventions were successful.
- If interventions were not successful, document the situation and the outcome.

If this case did not meet the requirements for Therapeutic Family Time or to have additional Unsupervised Family Time, make notes about what is needed to meet them:

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