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.

Practitioner’s Key Points:

- Virtual visitation will become more common during disasters and pandemics because of limitations on in-person contact.
- Practitioners should be familiar with electronic platforms for virtual visits and the use of safety measures such as virtual waiting rooms, muting and terminating calls, and virtual backgrounds to protect vulnerable parents. Parents may need assistance to learn to use the electronic platform; practitioner should be ready for “practice” session(s).
- Practitioners should be prepared to suggest activities and specific, age appropriate interaction for virtual visits; parents will likely need help and become frustrated without guidance.
- There are advantages and disadvantages to virtual visits. For example, when children are not in school, visits can be flexible beyond the limited 3 p.m. to 5 p.m. window that a traditional school schedule would allow. However, in-person contact remains the gold standard for quality parent–child interaction.

**Keywords:** COVID-19; Electronic Parent-Child Contact; Pandemic; Supervised Visitation; Virtual Visitation.
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 (Ansay & Perkins, 2001; Johnston, 1994; McWey & Mullis, 2004); child well-being (Dunn, Flory, & Berg-Weger, 2004); child harm reduction (Field, 1998); increased reunification (Ansay & Perkins, 2001; Perkins & Ansay, 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 (World Health Organization, 2020a). Most United States’ governors soon issued some variation of stay-at-home orders to curb the spread of the virus (Mervosh, Lu, & Swales, 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.

I. 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-visitation/list-florida-supervised-visitation-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 No. 20–52, 2020 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, acknowledging 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 handwashing 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 (U.S. Office of Child Support Enforcement, 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; World Health Organization, 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).

II. 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.

III. 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.

IV. 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

V. 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).

A. 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 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.

B. 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 a 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).
C. 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 of hosting virtual visits. Directors often acknowledged that despite the advantages of virtual visits, they could never replace in-person visits because of this deficiency.

D. 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.

VI. 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 could not 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.

VII. 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 that 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 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.

VIII. 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.

IX. 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 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 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.

X. 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).

APPENDIX A: TOOLS AND RESOURCES FOR SUPERVISED VISITATION PROGRAM STAFF

| Clearinghouse on Supervised Visitation’s COVID-19 Resources | https://familyvio.csw.fsu.edu/supervised-visit/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://www.mened.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-familiescope-with-the-coronavirus-disease-2019 |
Children’s Bureau COVID-19 Resources
Centers for Disease Control and Prevention’s Household Checklist
Centers for Disease Control and Prevention’s COVID-19 Information and Resources

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.

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