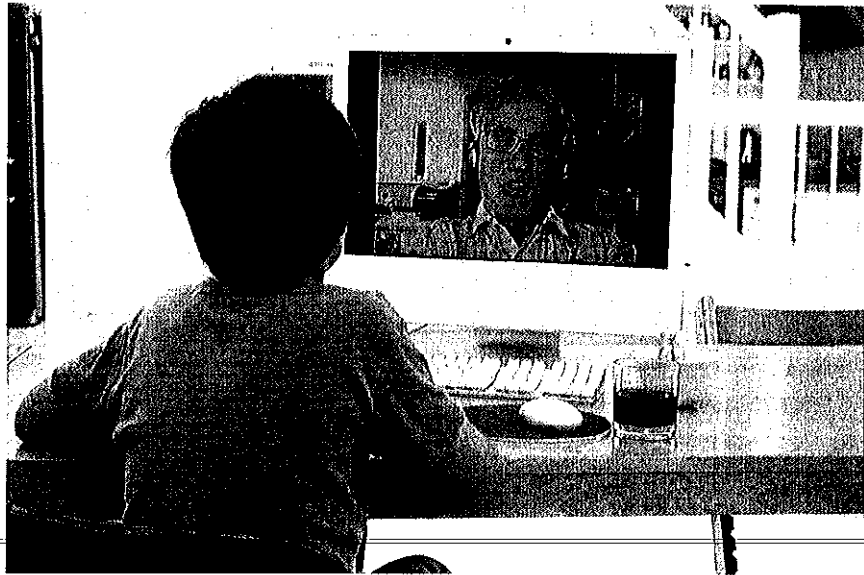


Virtual Visitation and Child Welfare

Annette Semanchin Jones, MSW

Technology is transforming the way providers in many fields deliver services to families. Although there is substantial anecdotal information about new innovation and technologies to augment services to children and families in child welfare, very few of these innovations have been studied or discussed in the academic literature (Child Welfare League of America, 2007). One strategy that could supplement child welfare practice is virtual visitation, which is defined as the use of videoconferencing, webcams and other internet-based technology for providing services to children, youth and their families at remote sites. Even though virtual visitation has not yet been studied in child welfare, other fields have been developing alternatives to face-to-face delivery of services for decades and have established an evidence base for these practices. Research in the fields of telemedicine, telemental health, family law, criminal justice and early intervention has shown promising results regarding the use of virtual visitation,



particularly to improve access to specialized health care in rural areas and to reduce transportation costs (Center for Telehealth & E-Health Law, 2010; Patel, 2010). Several systematic reviews have examined hundreds of studies of telemedicine that indicate high patient and provider satisfaction, positive patient-provider interaction, and some evidence of efficacy and cost effectiveness of this approach. However, much of the current research focused on pilot studies suggesting that more research is needed to examine the long-term or routine use of telemedicine (Currell et al., 2000; Hailey, Roine, & Ohinmaa, 2002; Mair & Whitten, 2000).

of delivery); concerns around confidentiality of online technology; and challenges around equity and access for clients who need to have access to and skills for telecommunications technology (Gingerich, 2010).

Technology and Parental Visitation

Philadelphia correctional facilities have successfully pioneered the use of virtual visitation to maintain contact between prisoners and their families (Christian, Mellow, & Thomas, 2006). Evaluation results to date have shown that inmates who participated in the program showed better behavior compared to those not in the program; reported high satisfaction with

Early Intervention Services

Through a Steppingstones grant from the U.S. Department of Education, Utah began a Virtual Home Visit project to offer early intervention services in very rural areas to families with children with disabilities (Family Center on Technology and Disability, 2010). Preliminary results from a pilot evaluation indicated that parents, children, and service providers were all highly engaged throughout the visits (Family Center on Technology and Disability, 2010). Analysis of the data comparing family-worker interactions between the two virtual and traditional modes of visits indicated that interactions were similar but that providers gave parents more feedback as they engaged with their children in virtual visits for most of families in the pilot.

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the program; and maintained more positive connections with their children, families and communities (Crabbe, 2002). Beginning in Utah, virtual visitation is also used in custody cases to supplement face-to-face visits and court-ordered phone contacts between a noncustodial parent and a child (Flango, 2003). Some legal scholars suggest that virtual visitation can be a safe and effective way to maintain parent-child contact in child custody cases in which domestic violence is also a factor (Saunders & Oehme, 2007).

Telemedicine and Telemental Health

Over half the states in the U.S. allow for some reimbursement of telemedicine services through Medicaid or private insurers,

Researchers have also found several potential benefits to telemental health (also called telepsychiatry, webcounseling, teletherapy or eTherapy), including: increased flexibility and accessibility for clients; providing access to highly specialized therapists as well as making it feasible for practitioners to specialize; and increased satisfaction and comfort level for some clients (Gingerich, 2010). Studies of adolescents, in particular, indicate wide-scale acceptance and excitement from this age group about receiving "virtual" services through technologies.

However, other scholars raise the following concerns about telemental health services: lack of non-verbal cues that may increase miscommunication (for non-visual modes

Conclusion

Although child protective systems have not adopted virtual visitation technology as rapidly or pervasively as other fields, many child welfare jurisdictions have begun to expand their use of technology in serving families and children, including the use of electronic, audio, video and internet technologies (Teague & Darcy, 2008). Child welfare agencies might build on the existing evidence base on virtual visitation

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System (AFCARS) to courts (www.fostercourtimprovement.com).

Colorado and Utah are furthest along in the process of implementing comprehensive, two-way, data exchanges —

- Colorado's Family Justice Information System (FAMJIS) is exchanging data used to construct outcome measures of safety, permanency, due process, and timeliness with the Department of Human Services in real time and is one of the most fully developed data exchange systems in the country.
- Utah is another state with a sophisticated data exchange system. The court information system (CARE) has a direct interface with the child welfare data system (SAFE) such that each can view (read only) data from the other system. The web-based juvenile justice system provides access not only to courts and child welfare agencies, but also to schools.

Kentucky and New Jersey exchange data through periodic file transfers. Kentucky shares data on children under the jurisdiction of the Foster Care Review Board with the courts and child welfare agencies through weekly downloads from TWIST, the child welfare data system. New Jersey employs a manual file electronic file exchange. Illinois and New York exchange data by shared access, but only in specific geographic areas of their respective states.

Connecticut, Massachusetts, and Rhode Island are working on shared access systems that are not yet fully implemented. In Connecticut, courts and child welfare agencies have identified the data elements they wish to exchange. Massachusetts is developing an electronic 'bridge' that would allow court data to be exchanged between the Probate and Family Court and the child welfare agency. Rhode Island is seeking to implement the nine key performance measures. Data will be sent electronically every night from the Department of Children, Youth, and Families' "Banner" case management system to the Rhode Island Children's Information System (RICHIST) and vice versa. Data from RICHIST will also be sent to a "dashboard" to inform family court judges about placements and case plans.

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while also addressing on-going concerns of confidentiality and privacy, as well as using these technologies to supplement rather than replace face-to-face worker visits with families and children. Child welfare agencies, particularly those serving remote and rural counties, might greatly enhance their ability to work effectively with families. The field of child welfare seems well positioned to learn from the adoption of virtual visitation in other fields and to advance the necessary policy and practice shifts to incorporate these new strategies in child welfare.

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Social Networking and Adoption

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It is now widely accepted practice, informed by research, that adopted children need information about their family origins and that they benefit from openness rather than secrecy around their adoption and birth family. And now openness has become more crucial than ever.

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Building a Secure Federated Government KDD Information System from the Bottom up for Child Welfare Practice, Policy, and Research

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summary statistics that are of general interest. Second, a private login based individual level data should be provided to approved staff for drill down capability. Training and changes in organization culture in CW agencies to use data in their daily jobs will be just as important as making the data available. When data get incorporated into the daily activities of local agencies that generate the data, administrative data will become much more reliable for other purposes. Finally, a secure federated multi-agency data system

with privacy protection should be available for approved use in policy analysis and research.

Conclusion

Strong partnerships between government agencies and interdisciplinary teams at public universities can lead to successful implementation of comprehensive KDD information systems for child welfare while providing a priceless opportunity for research. Public universities are the natural homes for such systems because (1) they are under the public oversight of state legislatures who are ultimately responsible for policies that govern state agency data, (2) they have access to child welfare experts as well as information system experts required for building and maintaining such a system, (3) they have the flexibility and scale that most non-profit organizations or government agencies do not have, (4) the potential of the data system can be maximized and leveraged by giving researchers in child welfare and information systems full access, and (5) they can leverage the training of the next generation of government information specialists who will be versed in child welfare, technology, and data to build and maintain these systems cost effectively.

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are well placed to consider the impact of ICT on communication. Social workers need to cautiously engage with ICT for communication. To fail to do so denies service users important communication possibilities and may further disenfranchise them.

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