

Family Contact Best Practices Guide for Professionals

September 2019



Developed in Collaboration with the
Family Contact Improvement Partnership
Matanuska-Susitna Borough



Acknowledgments

This guide was developed by the Family Contact Improvement Partnership (FCIP) in partnership with the Butler Institute for Families. The FCIP is a group of organizations, agencies, and community stakeholders committed to improving family contact for children who are in out-of-home placement. The goal of FCIP is for community partners to unite so that families and children engage in meaningful, healthy contact that is best for the child. The Partnership believes that culturally centered, meaningful, and healthy contact that is best for the child should occur and that community partners must work together to help make this happen consistently for all children.

This FCIP is coordinated, funded, and supported by Raising Our Children with Kindness (R.O.C.K.) Mat-Su, a cross-sector collaborative in Alaska's Matanuska-Susitna (Mat-Su) Borough, a program of the Mat-Su Health Foundation. Special thanks to Desire Shepler, Director, R.O.C.K. Mat-Su, and Lindsay Prunella, Project Coordinator, R.O.C.K. Mat-Su, for their central coordination and support of the FCIP.

For further information about the Family Contact Improvement Partnership and the important improvements underway, please go to <https://www.thebutlerinstitute.org/projects-products-services/rock-mat-su-imp> or make contact regarding the FCIP by emailing Info@rockmatsu.org.

Principal Author and Recommended Citation

Carole Wilcox, MSW, LSW, Director of Operations and Project Principal Investigator, Butler Institute for Families, Graduate School of Social Work, University of Denver, Colorado.

Wilcox, C. (2019). *Family contact guide best practice for professionals*. Denver, CO: Butler Institute for Families, University of Denver.

For More Information about the Butler Institute for Families

Please visit the Butler Institute for Families website at <http://www.thebutlerinstitute.org/>

The contents of this document are solely the responsibility of the Butler Institute for Families and do not necessarily represent the official views of R.O.C.K. Mat-Su, the Mat-Su Health Foundation, or their Board of Directors.

This document may be reproduced in whole or part without restriction as long as the Butler Institute for Families and the FCIP are credited. Upon request, the contents of this document will be made available in alternate formats to serve accessibility needs of persons with disabilities.



Table of Contents

Introduction	4
Federal and State Mandates and Guidance	5
Glossary of Terms.....	6
Family Contact Partners	8
Conflict of Interest.....	9
General Requirements	9
Family Contact Expectations	10
Family Contact Phases.....	13
Initial.....	13
Intermediate.....	15
Transition.....	15
Family Contact Levels	17
Considerations During Family Contact Events.....	18
Before Family Contact	18
During Family Contact	19
Immediately After Family Contact.....	22
Follow Up Prior to Next Family Contact Event.....	22
Trauma-Informed Approach.....	22
Principles of Trauma-Informed Care (SAMHSA, 2014)	23
Security and Emergency Communication Protocols.....	25
Grievance Process for Parents and Caretakers.....	25
Special Considerations	26
Domestic Violence.....	26
Sexual Abuse	27
Incarcerated Parent.....	28
Parent in Treatment or Care Facility.....	29
Confidentiality	29
Communication and Documentation	30
Client File Guidelines	30
Closing Out Services	31
References.....	33
Appendix A – Safety Threats Guide	35
Appendix B – Process Mapping Document.....	36
Appendix C – Foster Parent Bill of Rights	37

Introduction

Culturally centered, meaningful, and healthy contact is best for a child to strengthen family relationships and help children thrive. Community partners must work together to help make this happen consistently for all children and youth. Community partners, including families, must unite so that families and children in out-of-home placement can engage in such contact.

Frequent and quality family contact is a primary indicator of successful reunification. When considering the importance of frequency of visitations, research suggests the frequency of maternal visitation is directly associated with reunification and permanent placements (Davis, Landsverk, Newton, & Granger, 1996). The primary goal of visits is for children to build healthy and positive relationships with their families (Fein, Maluccio, & Kluger, 1990). We continue to work together to improve the availability, frequency, and quality of contact for families in the Mat-Su Borough. Yet there are challenges that stand in the way that must be tackled. Forty-three percent of children served in child welfare in the south-central region of Alaska is under the age of five. Research shows that the frequency of visitation, especially for very young children, should range from twice weekly up to daily. And, ideally, family contact should include developmentally appropriate activities and coaching guidance to promote knowledge and support of the child's developmental needs (James Bell Associates, 2009).

In 2017, the Butler Institute for Families partnered with R.O.C.K. Mat-Su and the local Office of Children's Services (OCS), in the south-central region, to evaluate the systemic challenges involved in providing family contact services. By evaluating the systemic challenges involved in family contact resources, the partnership between R.O.C.K. Mat-Su and OCS aimed to improve the availability, frequency, and quality of family contact for families in the borough served by the south-central office. The evaluation revealed an over-extended child welfare workforce with training and coaching needs, communication barriers between child welfare workers and stakeholders, and a need for improvement in family contact procedures. A seamless, coordinated system of family contact services requires comprehensive collaboration and coordination of staffing and administrative resources and leadership support—all within the context of a difficult workforce environment. Evaluation findings revealed tension between maintaining confidentiality and transparently sharing information to bridge understanding and coordination of family contact services. This included poor access to and sharing of records that were needed in a timely manner to inform work with the family. Overall, access to workers by stakeholders involved with the family was a primary communication barrier to improving partnership with families. To better serve children and their families, the availability, frequency, and quality of family contact services needed prioritization (Longworth-Reed, Parsons, Westinicky, Wilcox, Berglund, & Franko, 2017). This guide is intended to support the best practices necessary to improve family contact and inform the implementation of a consistent, community-wide approach to family contact that ultimately supports successful family reunification. The FCIP is piloting the implementation of these best practices for possible future statewide application. The intended audience for this guide is professional staff serving as family contact facilitators.

Federal and State Mandates and Guidance

All child welfare professionals must be familiar with significant federal and state laws and policies that direct their work with children and families. Federal legislation influences the way states deliver child welfare services. The following are four pieces of legislation that have significant impact on parent-child visitation planning:

- [Adoption Assistance and Child Welfare Act of 1980 \(PL 96-272\)](#)
- [Adoption and Safe Families Act](#)
- [Fostering Connections to Success and Increasing Adoptions Act](#)
- [Indian Child Welfare Act](#)

The Indian Child Welfare Act (ICWA) is specifically significant given that there are 231 federally recognized tribes in Alaska. ICWA pertains to state child custody court proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized tribe. It directs the provision of active efforts, the identification of a placement that fits ICWA preferences, tribal notification, and active involvement in the proceedings. These laws require that agencies make reasonable efforts, and active efforts for indigenous families, to assist parents so that their children can remain in the home or the family can be reunified. In 2016, the Bureau of Indian Affairs published federal regulations for implementation of key requirements within ICWA (NICWA, 2019). Appellate court rulings indicate that when parents do not have the opportunity to visit, they have not received services that reflect reasonable and active efforts to achieve the permanency plan of reunification (Child Welfare Information Gateway, 2019).

Additionally, state statute provides requirements for the provision of visitation in Alaska. The Reasonable Contact requirements are as follows (FindLaw, n.d.):

47.10.080 (p) states, “If a child is removed from the parental home, the department shall provide reasonable visitation between the child and the child’s parents, guardian, and family. When determining what constitutes reasonable visitation with a family member, the department shall consider the nature and quality of the relationship that existed between the child and the family member before the child was committed to the custody of the department. The court may require the department to file a visitation plan with the court. The department may deny visitation to the parents, guardian, or family members if there is clear and convincing evidence that visits are not in the child’s best interests. If the department denies visitation to a parent or family member of a child, the department shall inform the parent or family member of a reason for the denial and of the parent’s or adult family member’s right to request a review hearing as an interested person. A parent, adult family member, or guardian who is denied visitation may request a review hearing. A non-party adult family member requesting a review hearing under this subsection is not eligible for publicly appointed legal counsel.”

Glossary of Terms

Adverse Childhood Experiences (ACEs) | Describes all types of abuse, neglect, and other potentially traumatic experiences that happen before the age of 18. ACEs are linked to risky behaviors, chronic health concerns, lower quality of life, and premature death. The Centers for Disease Control and Prevention indicates that as the number of ACEs increase, the risk for poor outcomes increases.

Caseworker | Office of Children's Services (OCS) staff person who, within their job duties, is responsible for family contact planning.

Child-centered contact | Giving priority to the physical, emotional, mental, developmental, spiritual, and cultural needs of the child.

Community partners | Every identified organization or individual involved, directly or indirectly, in supporting, facilitating, and creating opportunities for family contact. Community partners can include contact facilitators.

Contact facilitator | A designated adult who is facilitating the contact event and who understands the defined roles and responsibilities of this role.

Culturally centered | Actions that promote community and cultural engagement and cultural identity and intentionally connect to how cultural identity supports resiliency.

Culturally centered contact | Family contact that recognizes and promotes self-identification of family traditions, cultural standards, and practices and considers the input of the child and family. This could include recognition of the practices of the community in which the family members reside or to which the family members maintain identity, social, and cultural traditions.

Education plan | Plan to educate community partners, contact facilitators, and family contact participants to understand what meaningful and healthy contact is and their role in supporting child-centered family contact. This can include a specific plan to train individuals and organizations regarding their role in family contact.

Family contact | The time that the child/youth spends with their parent, guardian, Indian custodian, siblings, or extended family members in the least restrictive, least intrusive environment possible.

Family contact coordinator | A paid staff position responsible for overseeing the appropriate delivery of a family contact plan and the development and execution of education plans for all recipients.

Family contact facilitator | The person who is responsible for facilitating the family contact event. For the purposes of this guide, this person is a professional—an employee of either a provider agency, stakeholder agency, or the Office of Children's Services.

Family contact participant | The child and anyone having contact with the child under the authority of the family contact plan developed by OCS.

Family contact plan | A written document that outlines responsibilities, timing, location, goals, suggested activities, and supervision justifications for family contact. The plan should be collaboratively developed by OCS staff and the contact participants and provided to the family and the family contact provider agency with appropriate release of information.

Family of origin | Child's legal, biological, and tribally recognized family members, with whom the department is working to promote family contact and/or reunification. This includes Indian custodians.

Historical Trauma | Cumulative and collective psychological and emotional injury sustained over a lifetime and across generations resulting from massive group trauma experiences (Brave Heart & De Bruyn, 1998). For more information about the historical trauma experienced by Native American communities, see: [What Is Historical Trauma?](#)

Intergenerational trauma | The transmission of trauma from survivors to subsequent generations.

Meaningful, healthy contact | Child-centered interactions that take place in the least restrictive environment in a manner that promotes typical parent-child interactions and positive family connections for all.

Office of Children's Services | The Office of Children's Services works in partnership with families and communities to support the well-being of Alaska's children and youth. OCS provides services to enhance families' capacities to give their children a healthy start, to provide them with safe and permanent homes, to maintain cultural connections, and to help them realize their potential. The three main programs within OCS are the infant learning program, early childhood comprehensive systems planning, and child protection and permanency—all of which help meet the primary goal to keep Alaska's children safer.

Protective factors | Characteristics that have been shown to make positive outcomes more likely for young children and their families and to reduce the likelihood of child abuse and neglect (Center for the Study of Social Policy, [Protective Factors Framework](#)).

Raising Our Children with Kindness – Mat-Su (R.O.C.K. Mat-Su) | R.O.C.K. Mat-Su is a collaborative of community members—including individuals and organizations—joining together to promote family resilience and reduce child maltreatment. R.O.C.K. works to build social supports, eliminate silos, and influence systems that affect kids and families throughout the borough, all in support of achieving the goal of ending child abuse in Mat-Su.

Resource family | The person currently caring for the child. This could be a licensed or unlicensed foster parent, a kinship placement, or an Indian custodian.

Trauma-informed child welfare system | A trauma-informed child welfare system implements strategies and supports partnerships that are attuned to the impact of trauma on the children and families they serve with a focus on building resiliency and developing healing-centered practices. All parties involved in the system recognize and respond to the varying impact of traumatic stress on children, caregivers, families, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery (Chadwick Trauma-Informed Systems Project, 2013, p. 11). A trauma-informed child welfare system understands (Chadwick, 2013):

- The potential impact of childhood and adult traumatic stress on the children served by the system
- How the system can either help mitigate the impact of trauma or inadvertently add new traumatic experiences
- How to promote factors related to child and family resilience after trauma
- The potential impact of the current and past trauma on the families who are served by the system
- How adult trauma may interfere with adult caregiver's abilities to care for and support their children
- The impact of vicarious trauma on the service system workforce
- That exposure to trauma is part of the job for many in the child welfare system

Family Contact Partners

Many types of community partners help support family contact. Some community partners are contracted, or grant funded, to provide family contact services, and some, such as extended family members, are providing unfunded, natural contact supports to a family. See the full graphic depiction of the partners list at: [The Family Contact Partners](#). The partners working with OCS represent all of the community partnerships that exist and are needed to support family contact in the Mat-Su Borough.

Together, these partners have agreed to commit resources that support the changes needed in order to promote meaningful and healthy contact for children. As community partners, the commitment of resources is necessary and must be grounded in trusting and supportive working relationships. All partners are invested in enhanced family contact that is culturally centered and supported by staff that have the knowledge and skills necessary to improve child and family outcomes related to family contact for children in out-of-home care.

Funded provider partners are expected to offer family contact facilitation services within the parameters established by the Office of Children's Services (OCS) in agreement with parents. Providers should

approach family contact facilitation in a neutral yet supportive manner that assures parents are treated with equity and respect.

For the purposes of this guide, the family contact facilitator implementing best practices is a professional and employee of a community provider agency or the Office of Children's Services. The family contact facilitator's agency should ensure that staff or persons facilitating contact are sufficiently trained and deemed qualified to provide family contact facilitation, including those agencies whose primary function is not supervising family contact. Staff serving as family contact facilitators must be clear on their role and responsibilities before, during, and after each family contact event and in their ongoing role in providing family contact facilitation.

Conflict of Interest

At times, a conflict of interest situation may arise. The following are circumstances that should be discussed and decided upon within a team approach prior to confirming that an individual family contact facilitator can conduct family contact facilitation:

- Individual is financially dependent on the person being supervised or on a family member of that person
- Individual is an employee or employer of the person being supervised
- Individual currently has or was in an intimate relationship with the person being supervised

General Requirements

The following are general requirements and qualifications of professionals providing family contact:

- Services must be provided in a manner that promotes the primary goal of assuring culturally centered, meaningful, healthy contact for the child
- Services are delivered by staff who demonstrate knowledge, skills, and abilities to address varied family contact situations
- Staff seek consultation if they experience concerns outside of their education or training level
- Staff meet minimum requirements for education and ongoing training for professionals within their agency or OCS and have successfully achieved the competencies and learning objectives established to support best practices
- Staff must complete a criminal background check and a central records child maltreatment review prior to providing family contact facilitation services.
 - No felony-level criminal convictions regarding crimes against persons, any level of crime against a child, or other crimes related to children, sex offenses, or a child protection

- substantiation finding or a CINA matter against the potential facilitator that meets the reporting criteria for the child abuse registry.
 - No record of misdemeanor-level crimes against a person, terroristic threatening, or felony probation/parole status in the past 10 years
 - No record of misdemeanor-level crimes involving drug or alcohol, weapons, and property crimes in the past 5 years. Wildlife criminal convictions are not included
 - No record of being a respondent of a restraining order involving assaultive behavior or stalking behavior in the last 5 years
 - Be at least 18 years of age
 - Any additional screening process the facilitating agency may have in place
 - If the potential facilitator has a barrier regarding a substantiation of maltreatment, the facilitator has the option to file an appeal with the Office of Children's services and follow the appeal process
- To transport a client, the person must hold a valid drivers' license for the state/country in which driving will occur and must be driving a safe vehicle covered by liability insurance. Child safety seats and restraints must be used in accordance with local laws.
 - Staff must assure arrangements are made for visitation to be provided in a family's primary language, including American Sign Language (ASL). Any visitation documentation written for the parent in the family's primary language will be translated into English for official records.

In situations involving concerns for child sexual abuse, the family contact provider should:

- Use staff who have been training in child sexual abuse and its impact on the child
- Assure the contact between the parent and child is fully observed, including verbal and non-verbal, and written communication
- Prevent physical contact from happening

In situations involving concerns for domestic violence, the family contact provider should:

- Have established written procedures that assure parental and child safety, including a plan for safe arrival and departure from the family contact location or building site
- Provide resource referrals and assist in creating an immediate safety plan with the parent if necessary
- Assure information sharing only occurs in accordance with current court orders

Family Contact Expectations

Family contact will take place in the safest and most family-friendly environment possible with providers trained to provide trauma-informed and culturally centered facilitation. This is particularly important for

indigenous families who have experienced historical and intergenerational trauma. In general, a family that has lost physical custody of their child has likely experienced historical and/or intergenerational trauma, which can influence other trauma, including physical abuse, substance use disorders, or domestic violence. It is important for parents to address their own trauma as part of the recovery from cycles of abuse, which can help support a loving and safe environment for themselves and their children. In order to address the trauma, the family needs to build upon protective factors, which are: social connections, knowledge of parenting and child development, concrete supports in times of need, parental resilience, and social and emotional competence of children (Center for the Study of Social Policy, 2019).

Family contact supports parent-child attachment while a parent makes the positive changes necessary to safely reunite with their child. A child should expect to spend quality time with their parent in a safe environment where they are valued and able to express themselves freely. If a child is uncomfortable, then the child has the right to end the family contact event. The age and developmental level of the child should be considered. For example, a three-year-old child who has been appropriately verbally reprimanded for misbehavior and then says they want to leave the visit should be redirected as an opportunity to discuss what has made the child uncomfortable. Contact facilitators are expected to provide a safe setting for family contact to take place and encourage the family through parent coaching, modeling, and positive interactions.

The following are parent and child expectations regarding family contacts:

- Safety is paramount for the child and the parent. Safety is at the core of meaningful, healthy contact and includes the parent's perception of safety. Safety should involve ongoing assessment by OCS in collaboration with the parent, child, contact facilitators, and other actively involved partners. The various levels of supervision during family contact will ebb and flow with current safety needs. Family contact plans should align with ongoing safety considerations by OCS and the family contact provider (see Appendix A).
- Family contact events should include culturally centered activities and experiences specific to the cultural needs and expectations of each family. These should be identified with the family early on once out-of-home care has occurred.
- Family contact should never be used as reward or punishment for the parent or the child.
- Special considerations are required when a parent or child is experiencing domestic violence or sexual abuse or when a parent is residing in residential treatment or is incarcerated.
- Preparation with the parent, child, foster family, and nontraditional family contact facilitators should be part of the planning for family contact events. This includes:
 - Ice breakers at the beginning of a family contact event, which may include brief fun activities or quick questions that relieve tension and serve as a quick conversation starter.
 - Review of expectations for family contact and the movement between levels of family contact. This includes reviewing foster parent responsibilities for scheduling and transportation arrangements. Encouragement of the parent to initiate and lead activities

- during the family contact, including providing ideas to parents on developmentally supportive activity ideas and level of child-led play expected.
- Encouragement of connections between parents, siblings, extended family, and foster parents, such as discussion of daily routines and expressions of family culture. If extended family will be attending the family contact events, discuss expectations that their role be supportive and not overtake the parent's level of involvement or authority during the event.
 - Exploration of parenting time and ways to improve quality and quantity of time.
 - Debriefing of the family contact event prior to departure to highlight what went well and areas to strengthen before the next family contact event. The parent should be asked to identify what they did well and what they'd like to continue to improve upon. If the parent is feeling too emotional to respond in a positive way immediately after a family contact, arrange for a follow-up discussion to occur the very next day. This may also be necessary if family contact events are scheduled immediately following each other at a family contact provider agency.
 - Family contact reviews should be scheduled every 60 days with the team, which typically, at a minimum, includes the OCS caseworker, parents, and the family contact facilitator.

Coaching for the parent and child during a family contact event is decided upon prior to family contact occurring and is coordinated between OCS and the family contact provider and the family. Formal coaching occurs during the "guided supervision" level of family contact, involving direct coaching of the parent during family contact. This coaching should be followed by documentation submitted to OCS for the case record. Coaching should include the identification of concrete and objective parental behaviors the coach wants to support and build upon during family contact. Coaching should also include an exploration with the parent about the impact of trauma on the child due to physical abuse, sexual abuse, or domestic violence and identification of ways to respond during family contact to enhance resiliency and emotional regulation of the child. Regardless of whether coaching is formal or informal, there is one of many opportunities for the family contact facilitator to build upon protective factors for the parent and child, as well as with the foster parents who are caring for the child. There are five Strengthening Families Protective Factors to stay attuned to throughout the phases of visitation and work with the parents (Center for The Study of Social Policy, 2019). These five protective factors are:

1. **Parental Resilience** | Managing stress and functioning well when faced with challenges, adversity, and trauma. "Parents ability to bounce back and cope with life's stressors."
2. **Social Connections** | Positive relationships that provide emotional, informational, instrumental, and spiritual support. "Parents have healthy people they can call on and trust."
3. **Knowledge of Parenting and Child Development** | Understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development. "Parents learn what to do to at each milestone and life stage to support their child's growth."
4. **Concrete Support in Times of Need** | Access to concrete support and services that address a family's needs and help minimize stress caused by challenges. "Parent's know where to go for help."

5. **Social and Emotional Competence of Children** | Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships. “Parents will help children learn to bounce back and cope with life stressors by providing an emotionally safe environment.”

Family Contact Phases

Family contact planning is an ongoing process that should correspond to the child’s placement phase in the child welfare system. The overarching goal of family contact is to preserve and enhance the parent-child relationship while providing for the safety and well-being of the child. Each phase of family contact emphasizes a different purpose and arrangements will vary. The phases are described below along with best practices during each phase.

Initial

This phase focuses on maintaining ties between parent and child, assessing the parent’s capacity to care for the child, creating a family contact plan, and conducting overall goal planning. Goal planning should include identifying other potential family contact facilitators, including nontraditional facilitators such as extended family members or tribal representatives. To ensure the child is safe and appropriately cared for, family contacts are generally supervised and controlled for location and length. This phase typically lasts from four to eight weeks, but the length varies from family to family. Decisions about family contact during this stage are focused on mitigating the safety concerns that resulted in the child requiring out-of-home care, rather than focusing on the degree to which the parent has completed treatment plan requirements.

The family contact plan should be completed by OCS within two weeks of the child’s removal from the parent’s home and must include parent(s) and siblings as part of the plan. Sibling connections are some of most critical connections that children want help maintaining (Wentz, 2013). Information should be gathered to inform the family contact plan, including daily routines of the child, the extended family members with whom the child has the strongest connections with, names of the child’s closest friends, and ways in which those connections can be maintained safely and respectfully during out-of-home care.

The family contact plan should be updated every 60 days thereafter by the OCS caseworker in collaboration with the parent and other stakeholders. Communication is critical during this phase. Written communication, including the family contact plan and related event-specific documentation, provide clarity and transparency. The written family contact plan provided to the parent should include identification of their strengths, their areas for growth, and the frequency and location of the visits. This lessens anxiety and builds hope for the parent to support their success in their service plan. Verbal communication, including conversations before, during, and after each family contact event, also allows for relationship building, trust, and mutual feedback on progress.

If possible, a phone call between the child and the parent should occur on the day that child removal from the parent's home occurs or the very next day. And the initial visit should occur within 5 calendar days of removal of the child from the parent's home. For youth who have been removed, there should be access provided to their own cell phone for contact with the parent when appropriate. These immediate contacts strengthen emotional attachments and diffuse anxiety and related worries the child and the parent are both likely experiencing. Depending upon the child's age and developmental capacity, the child may perceive limitations in accessing their parent as punishment for something the child did (Wentz, 2011).

The primary recommended location for family contact is to occur in the most homelike setting possible. Depending upon the age of the child and the individual circumstances of the family, family contact may occur in the family home based upon recommendations from the team. A decision to hold the family contact in the family home should include assessing if active or identified safety concerns are present, such as active drug use in the home, threats by family members, or past demonstrated behavior that a parent is non-protective. The intent is to promote a strong assessment of the parent-child relationship and the home environment. Regardless of the location of the family contact following removal of the child from the parent's home, there should be an opportunity to gather items for the child to take back to the foster parent/caregiver home.

The first two family contact events are coordinated and facilitated by OCS as part of an assessment process to arrive at an individualized family contact plan. The first two events are typically highly or moderately supervised to provide guidance on setting the most appropriate level of supervision for future family contact. These first few visits are a good time to collect family history, medical records, contact information, and other data. The parent should be encouraged to bring clothes, comfort items, schoolwork, medicine, family pictures, and other items, such as small remembrance gifts, if allowable, to the first visit.

Once the initial assessment is completed by OCS regarding family contact parameters, a referral may be made to a family contact provider. When making referrals, a redacted summary or copy of court documents (i.e., Emergency Petition) should be included to provide proper background to the family contact provider. The referral should include the requested amount of contact hours, recommended initial supervision level, goals, concerns, and special instructions to inform a family contact plan. Family contact facilitators will conduct a strengths-based assessment with the parent and make additional recommendations to OCS based upon this assessment. If recommendations are not going to be implemented, a team discussion should be held. See the process map in Appendix B.

OCS is responsible for completing the family contact plan. OCS and the family contact provider should review the family contact plan and safety assessment every 30 days to determine the appropriate level of supervision. For example, OCS tells family contact providers what days work, level of supervision, how long the visit is for, and whether they can have contact outside of the office; the agencies may make their own goals with them as well and can recommend that the visit location, level of supervision, or frequency be increased/decreased, but it is OCS's responsibility to decide the final plan.

Intermediate

This phase involves the parent working to meet his or her case goals, and family contact activities allow the parent to learn and practice new skills and behaviors. Family contacts should typically occur more frequently, for longer periods, in a greater variety of settings, and with gradually reduced supervision as the parent assumes more and more responsibility for the child (Smariga, 2007). During this phase, parents have the opportunity to learn new skills or build upon existing skills in a safe secure environment that also provides them meaningful feedback. They also have the opportunity to be included in health care and education-related appointments, religious or spiritual events, and sporting activities for the child.

Family contact events should occur in the most homelike setting possible, or in a location the child is normally in, such as school, sports events, religious events, or medical appointments. Family contact is best to occur in the family home when:

- The child will not experience returning to the home as a traumatic event. The OCS worker and contact facilitator need to carefully assess the impact of returning to the family home for a family contact event and how it may affect the child.
- The child will not experience leaving the home as a traumatic event or experience it as another removal episode. The worker and family contact facilitator should consider the age and developmental and cognitive functioning of the child and how having to leave the family home after each visit may impact the child.
- The child is in full agreement that the family contact should occur in the family home and understands and agrees that they will be returning to a placement outside the home.
- Family contact in the family home is the next logical step in the process and the family is ready to begin progressing toward unsupervised contact.
- The family is beginning to prepare for a trial home visit. The child and/or the parent may need a transition time before moving back into the home.

Changes in family contact arrangements should be progressive toward reunification. If problems arise during the visit, parents and children should be given feedback during the family contact event and immediately after the event (Wentz, 2013).

Transition

This phase focuses on smoothing the transition from placement to home and determining what services are required to support the child's needs and the parent's ability to meet those needs following reunification. Family contacts should provide maximum opportunities for parent-child interaction. After the child leaves the foster parent's care, it is important to arrange contacts between the child and foster parent, recognizing the value of that relationship to the child (Smariga, 2007).

During this phase, if the permanency plan is reunification, this phase may involve gradual increases in length and frequency of family contact; however, incremental increases are not necessary in all family situations. Behavioral indicators of change relevant to the safety of the child and the parent's demonstrated capacity to provide safety are used to decide upon moving to unsupervised family contact. This should be reviewed by the parent, OCS, and provider every 30 days as part of the ongoing family contact plan and safety assessment review.

Family contact during this phase may occur in a religious or spiritual setting when doing so does not require a foster parent to attend. A third party or nonprofessional family contact facilitator may be arranged to provide support for family contact in this setting. The OCS supports the parent and child seeing each other in this setting and encourages the parent to function in their parenting role during this time. The decision to hold family contact in a religious or spiritual setting should be made on case-by-case decisions with considerations for reasons for removal such as physical abuse or sexual abuse.

Overnight unsupervised visits at the parent's home occur during this phase. When reunification is imminent, trial home visits are ideal, permitting reunification to occur while continuing to hold court custody as a safety measure. Prior to reunification, a plan should be created on how to maintain contact with the foster parent or relative care provider out of respect for the child's intersectional relationships with caregivers. The State of Alaska House Bill 151 – Children Deserve a Loving Home Act (2018) was created to help children maintain meaningful connections with relationships established while in the state's custody. It states, to the extent practicable, the department should enable a child's contact with previous out-of-home caregivers when appropriate and in their best interest. See Appendix C (or <http://dhss.alaska.gov/ocs/Documents/Publications/pdf/FP-BillOfRights.pdf>) for the Foster Parent Bill of Rights for further details.

During this phase, if a termination of parental rights has been granted by a judge and the plan is for the child to be adopted, then the child should be helped to understand the changing legal relationships and a plan should be in place for how family contact will occur throughout the remainder of childhood. Research shows that most children who grow up in foster care or are adopted want contact with their birth family. Ongoing birth family connections must include contact with siblings, extended family, or other "fictive" kin with whom the child has emotional attachments. It is a federal requirement that in the case of siblings removed from their home who are not placed together, the child welfare agency must provide for frequent visitation or other ongoing interaction between the siblings, unless it would be contrary to the safety or well-being of the siblings. Every child needs to be connected to at least one other caring adult. If any of the people whom the child needs to have contact with continues to have problems related to abuse, drug addiction, mental illness, or violence, there should be strict guidelines and protections developed regarding the contacts.

Adoptive parents, birth family members, and guardians must be provided with training and support, so they are able to help the child/youth handle the ongoing issues related to termination of parental rights and the trauma that did occur. When adults say, "It would be better if the child never has contact with their family again," that is often a sign that the adults need help in resolving relationships (Wentz, 2011).

Family Contact Levels

The level of supervision needed for family contact will depend upon the individual needs and circumstances of the parent and the child. Child safety is the first priority in determining what level of supervision is needed at the initiation of family contact following child removal from their parent's home and custody. The decision on the level of family contact supervision needed is dependent on child safety needs, child developmental needs, and parent success in addressing the need for out-of-home care of the child. The OCS caseworker and family contact facilitator should have ongoing, transparent conversations with the parent and child to discuss progress and decision-making related to family contact.

The levels of family contact are listed below from least restrictive to most restrictive.

Unsupervised contact | No family contact supervisor is necessary. Unsupervised family contact will likely include overnights. Trial home visits are encouraged at this family contact level.

Supported contact | This is contact in which a family contact facilitator is available for help if needed. There is little coaching and direction needed for parenting, and this level is most likely to occur in a community setting. Supported contact is a low level of supervision of a child by safe adults, and contact with extended family members is often encouraged. Supported contact takes place in a variety of neutral community sites that enable the child to develop and maintain positive relationships with the parent and other family members. Supported contact is suitable for families where no significant risk to the child or those around the child has been identified. At this level, the family contact facilitator is available for assistance, but there is no close observation, monitoring, or evaluation of individual contacts/conversation. OCS and the family contact facilitator review visitation summaries as part of the 30-day family contact plan and safety assessment review.

Supervised contact | This is structured family time in which there is a risk to the safety of the child's physical, mental, or emotional safety or well-being. Supervised contact involves supervision of the child by a family contact facilitator while the child has contact with their parent. Supervised contact is used when it has been determined that a child has suffered or is at risk of suffering harm during contact and supports the physical safety and emotional well-being of the child. During supervised contact, the parent is assisted in building and sustaining positive relationships with their child and promotes ongoing sibling relationships.

This level requires that the family contact facilitator be skilled and confident enough to intervene immediately and firmly if necessary and work professionally in a planned way. This supervision level requires that the family contact facilitator be in constant sight and sound of the child.

Guided supervision contact | This is typically a supervision level used within the Families with Infants and Toddlers (FIT) court and involves direct coaching of the parent during the family contact events. Guided supervision is also used outside of FIT court and is offered by family contact providers. Contact involves the demonstration of parenting skills and teaching/coaching of skills during the session within the parent-

child interactions. The parent is expected to accept direction and coaching to learn or strengthen effective parenting skills. Frequent documentation on progress is provided to FIT court partners, including OCS.

Considerations During Family Contact Events

The following are overall considerations for family contact events:

- The child's feelings and preferences should be given strong consideration.
- The child's therapist should be consulted.
- The family contact facilitator should have the ability to monitor behavior and verbal and nonverbal communication. This includes communication that may increase the child's sense of guilt.
- Family contact should occur in the most neutral and natural setting possible.
- Parents should be offered the opportunity to debrief the family contact and/or review the visitation notes.
- Conversation about the allegations of abuse or any court proceedings is prohibited. Coaching should be given to parents on how to respond to difficult questions posed by the child, such as when the child is coming home to stay or seeking details about the abuse or neglect that caused child removal.
- In situation of sexual abuse or serious physical abuse, the offending parent, or the parent alleged to have offended, should not be left alone with the child, nor be allowed to bathe or dress the child or accompany him or her to the bathroom. This includes no physical contact between the offender and child.
- Disturbances in the child's behavior should be expected before and after family contact events. In situations of extreme disturbance, a consultation with a therapist will be arranged and changes to the family contact plan may be discussed. Otherwise, these disturbances should not affect the family contact plan.

Before Family Contact

The family contact facilitator and the parent should schedule a resilience meeting to begin to develop an alliance, discuss strengths of the child, affirm the goals of the family contact, and select resilience-enhancing activities that the parent can engage in with the child during family contact events. Children ages 10 or older should be informed of guidelines so that they understand the expectations. The family contact facilitator should discuss the upcoming family contact with the child, especially if the child will be at a nontraditional setting such as a jail, prison, or treatment facility. The resilience meeting should include affirming for the parent their rights regarding family contact within a strength-based approach.

During this meeting, parents can be given a tour of the visit location if the family contact is not going to occur in a family home. Resiliency activities are shared during the meeting and are explained as the center piece of each visit. Resiliency activities build on the child's strengths, strengthen the parent-child relationship, provide the opportunity for the parent to practice positive parenting skills, and promote positive parent-child interactions (Smith, Shapiro, Sperry, & LeBuffe, 2014). Any necessary paperwork, such as client rights and informed consent, guidelines, Release of Information, and emergency contact information, should be completed during this orientation session. Copies of documents should be provided to the parent. During this time, expectations of the family contact can be discussed and addressed.

Upon referral, the family contact facilitator must be informed of the reason for referral, the safety risks associated with the need for supervised family contact, and the conditions necessary in each unique situation. Considerations include:

- Visitors (including pets) allowed or not allowed to attend the family contact event
- Toys, food, types and frequency of gifts
- Permissions for taking photos and video/audio recordings
- Use of cellular phones during the family contact event
- Toileting parameters
- When and how coaching should be delivered to assure the coaching does not appear as reprimanding the parent in front of the child
- Conducting meaningful age and developmentally appropriate activities
- Accessibility of family contact space such as transportation, physical considerations, and communication about the space
- Safety of family contact space such as access to weapons, others who may pose a threat, or environmental concerns
- Appropriate conversations or answers to hard questions
- Clarification on precautions for substance use, if currently suspected

During Family Contact

Each family contact event should follow the same visit routine to provide predictability for the parent and child and the opportunity for the parent to intentionally be involved in the preparation of an upcoming family contact. A visit routine also helps the child in knowing what they can expect, encourages feelings of safety and security, and eases separation at the end of the family contact event. The routine for each event includes:

- Greetings that are warm and positive
- Family circle time to catch up on recent experiences and a reminder of family contact goals
- Resilience activity that supports the goals and the developmental needs of the child
- Meal or snack (when appropriate)
- Family clean-up time to work together on tidying up and caring for items in the room
- Review and planning time to help the parent take ownership and responsibility for what occurred in the visit and for thinking ahead to the next visit

The family contact facilitator must remain fully attuned to interactions for safety and appropriateness based on established guidelines. Coaching and feedback should be offered to the parent when needed and in a positive and encouraging strengths-based manner. Parent modeling can be used to help teach parents who may not have a strong foundation based on previous experiences in their own childhoods. The child should be kept safe and encouraged to interact with their parent without personal bias from the provider. In general, outside influences such as use of phones, photo/video use, and additional visitors should be kept at a minimum to give the parent the opportunity to focus on and engage with their child.

The family contact facilitator must ensure that any sexualized or sexual grooming behaviors are ceased immediately even if the child does not appear to be impacted. The behavior may be “normal” from their point of view, and the child may not be able to understand that type of behavior is unacceptable (see Sexual Abuse Guidelines on pages 27–28). Interactions should be documented in a non-biased, nonjudgmental manner.

During the family contact, the parent is responsible for their own behavior, for the belongings of the child, and for following any requirements set out in a court order. The family contact facilitator is responsible for sharing specific policies and procedures that involve additional expectations of the parent. The family contact facilitator is also responsible for ensuring:

- The child is not left unattended with a non-custodial parent unless an exception has been made by OCS.
- The child is cared for and protected during the transition of the child from parent to foster/kin parent.
- Off-site family contact event has prior approval from OCS and arrangements have been made ahead of time as to the time, location, and length of the family contact event.

The location of the family contact should occur in the most natural setting possible, such as the family home, a local restaurant, a family member’s home, church, park, library, or community center. This may also include family events such as a birthday party or cultural ceremonies for the child or parent. During the family contact, the family contact facilitator should serve in the role of an “extra adult,” unless the family is in the guided supervision level. The family contact facilitator provides guidance, including

informal modeling for the parent through natural interactions and making suggestions that are less directive in nature than in guided supervision.

The parent should be encouraged to initiate the conclusion of the family contact event and for adhering to rules, with support from the family contact facilitator. This provides a natural, affirming experience for the child, indicates the parent remains the authority figure, and sustains the parent-child attachment. The parent should be supported in providing good-bye messages to the child that assure the child will see their parent again soon. The family contact facilitator will support the parent in answering the difficult question a child may pose regarding when the child will see the parent next. The parent should be encouraged to reinforce that the parent is safe and that the child is not to worry about the parent. Visual aids and activities are encouraged to assist with this, such as creating a countdown calendar together or drawing a picture of what the parent and child will do together the next time they see each other. The child could also draw a picture of how the family contact went for them and what they enjoyed doing together that day. These visual aids and activities may also be used with the child by the family contact facilitator to help explore the child's feelings related to the parent not attending a scheduled visit.

When a family contact event must be ended earlier than expected, the facilitator should be attuned to the child's emotional needs. The facilitator should also affirm that this is a temporary situation and not a final decision about future family contacts. Family contact events should conclude when:

- The child is acutely distressed and out of control behaviorally, beyond the typical distress the child is expected to demonstrate due to separation from their parent
- The parent is not following the rules set out ahead of time for the family contact
- Any participant is at risk of imminent harm—whether physically or emotionally

The facilitator should provide expedited and timely feedback to the parent when the following occurs:

- There has been an injury to the child
- A critical incident has happened
 - If the critical incident that occurred involves the need for a mandated report of child maltreatment concerns, then the facilitator should not inform the parent without prior approval of OCS
- An incident has happened that indicates the parent is at risk of harm
- The parent has violated a provider rule that could lead to suspending the family contact or completely ending the provision of family contact services

If a new report of alleged child maltreatment will be made, this information may not be appropriate to share with the parent.

Immediately After Family Contact

The family contact facilitator will encourage the child to discuss their feelings and make any observations about the family contact. If the facilitator believes the child would benefit from therapeutic services, then the facilitator will immediately contact OCS to make this recommendation. The family contact facilitator will also encourage the parent to share their feelings and observations from the family contact event. The parent should be asked what worked well for them and what their concerns may be and be encouraged to accept feedback that helps build parenting skills and parental resiliency. Next steps should be discussed to address any concerns raised by the child or parent. This helps build upon what is going well. The discussion should include asking questions that affirm the family contact was child-centered and culturally centered from the parent's perspective.

A brief survey should be provided to the parent that asks for their feedback about the supports and services they are receiving and inquires about the family contact event that just occurred. Follow up should include scheduling or confirming when the next family contact will occur.

Follow Up Prior to Next Family Contact Event

A discussion should occur between the OCS caseworker, the parent, and the family contact facilitator to help prepare for the next family contact event and follow up on any commitments made during the immediate debrief that occurred after the family contact event. This is also an opportunity to revisit the communication plan earlier agreed upon within the family contact plan. This follow-up discussion should also include revisiting the Protective Factors and identifying possible next steps that will build on these factors for the parent and child. The parent's skill development occurring in other services, such as in parenting education classes, should be integrated in the family contact events. This is an opportunity for the parent to apply what they are learning in the classroom to their parenting with the child.

Trauma-Informed Approach

Professionals working with the parent and child to facilitate and support family contact should understand the need for a paradigm shift, the trauma-informed principles, and how to apply trauma-informed practices in planning and interactions with the family.

In order to ensure that children in the child welfare system receive effective care that meets their needs, a paradigm shift to a trauma-informed practice that involves how these children are treated is needed (Henry, Sloane, & Vandervort, 2012). These considerations help to maintain a trauma-informed approach:

- The focus should be "What Happened to You?" not "What Is Wrong with You?"
- The child should be viewed as injured, not as behaviorally bad or emotionally ill or genetically flawed.

- The child's responses or behavior were adaptive in a neglectful/abusive environment. However, in a normal environment these responses may be seriously maladaptive.
- The move to a safe environment, alone, may not change the child's behavior.
- Structural changes may have occurred in the child's brain itself.
- If the child is failing, the care and treatment is not providing what the child needs.
- It is not the child failing the treatment program; it is the program failing the child.
- Trauma-informed assessment, treatment, and environment are essential.

If both parent and child are experiencing the impact of trauma during a family contact event, then the trauma of the child should be honored and responded to first. The child's needs come first if there is any conflict. There may be a need to ask a second facilitator or available professional to diverge the discussion with the child and the discussion with the parent. It is important to remember that often it is not the visit that is traumatizing but the separation that is traumatizing—not only to the child, but to the parent also.

Principles of Trauma-Informed Care (SAMHSA, 2014)

The following are key principles that support a trauma-informed approach. These principles guide the work in responding to the impact of trauma in an individualized manner, rather than focusing on specific and generic practices, procedures or protocols.

1. **Safety** | The parent and child feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those being served is a high priority.
2. **Trustworthiness and Transparency** | Planning and decisions are conducted with transparency with the goal of building and maintaining trust with the parent and child, family members, and professional stakeholders.
3. **Peer Support** | Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing individual stories and lived experiences to promote recovery and healing. The term "peers" refers to individuals with lived experiences of trauma, or, in the case of children, this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as "trauma survivors."
4. **Collaboration and Mutuality** | Importance is placed on partnering and the leveling of power differences between staff, parents, and other professional stakeholders, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The OCS and family contact providers recognize everyone has a role to play in a trauma-informed approach. As one expert stated, "one does not have to be a therapist to be therapeutic."

5. **Empowerment, Voice, and Choice** | Throughout interactions with the parent and child, an individual's strengths and experiences are recognized and built upon. The belief is fostered that those being served are of the utmost importance, that hope is found in resilience, and that there is ability in individuals and communities to heal and promote recovery from trauma. There is a common understanding that the experience of trauma may be a unifying aspect in the lives of those who serve families and the families who receive assistance and support. As such, operations, workforce development, and services are all organized to foster empowerment for staff and families alike. The OCS and family contact providers understand the importance of power differentials and ways in which families, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Families are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as the families receiving services.
6. **Cultural, Historical, and Gender Issues** | The OCS and family contact providers actively move past stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offer and provide access to gender responsive services; leverage the healing value of traditional cultural connections; incorporate policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served; and recognize and address historical and intergenerational trauma. Effectively engaging and involving fathers in protecting and parenting their children may present unique challenges to a child welfare system that has historically been "mother-centric." The father should be offered resources and assisted in making connections to organizations that provide father-specific supports and services.

The following should be considered when deciding upon trauma-specific services (Trauma Informed Oregon, n.d.):

1. The needs, interests, and goals of the person seeking services:
 - a. Immediate crisis support, ongoing support, desire, or motivation for a better quality of life
 - b. Preferred service type (formal, informal, holistic, culturally specific, clinical treatment, or support)
 - c. Current strengths and resources
2. Characteristics of the person seeking services:
 - a. Think about age, developmental stage, cultural background, language, gender, other identities
 - b. Their past experience with services
 - c. Their trauma history and its impact (individual, intergenerational, historical)

3. The most important qualities about the service and provider
 - a. Provider/Practitioner qualities (e.g., licensed, familiar, well-regarded, culturally similar)
 - b. Accessibility (location, transportation, virtual-phone, emails, text, available in preferred language, and clarifying times of availability)
 - c. Affordability (transportation, required time away from work)
 - d. Effectiveness (evidence-based; cultural adaptations of evidence-based known to be helpful; regarded as helpful by others)
 - e. Opportunities for contact (scheduled, school events, medical, extracurricular, holiday, religious events, or cultural events, such as berry picking, ceremony participation, or hunting)
 - f. Flexibility (frequency, times of services, and ability to take a break and return)

“The research on the most effective treatment to help child trauma victims might be accurately summed up this way: what works best is anything that increases the quality and number of relationships in the child’s life. Relationships matter. The currency for systemic change is trust, and trust comes through forming healthy relationships” (Perry & Szalavitz, 2006).

Security and Emergency Communication Protocols

There should be a match between the family contact provider’s ability to provide the service and the needs of the family particularly regarding risk. The family contact provider should ensure security measures are in place including, but not limited to:

- Carefully reviewing the initial referral and related information as to specific safety and risk concerns for the child and parents
- Having court orders on file that are specific to custody status of the child or family contact parameters
- Collaborating with local law enforcement to plan for any necessary immediate response
- Creating a physical environment that provides safe access for arrival and departure and within the building, including providing separate rooms for transitioning physical custody of the child from one parent to another (foster/kin parent)
- Having written procedures for how to handle emergency situations

Grievance Process for Parents and Caretakers

If a parent has a complaint with an employee of OCS that the parent is not able to resolve informally, the parent has a right to access the formal complaint process. OCS aims to treat every family served with dignity, respect, and consideration to their cultural values. The complaint procedure is a formal way to ensure the parent’s concerns are heard and addressed. Before filling out a complaint form, the parent should review what a complaint is and is not to determine if the process is right for them. If the parent

decides it is the correct process, then the parent should complete the form and e-mail, post mail, or fax it to the address/phone number provided on the OCS website at:
<http://dhss.alaska.gov/ocs/Pages/grievance/index.aspx>.

The parent may also give it to an OCS staff person to send the complaint form for the parent. OCS staff will not take action against the parent for filing a complaint.

Special Considerations

Special considerations in the following areas must be made when family contact is occurring while the parent is meeting their service needs:

- Domestic Violence
- Sexual Abuse
- Incarcerated Parent
- Parent in Treatment or Care Facility

Domestic Violence

Safety during family contact should be continually assessed to determine the appropriate level of contact. Ongoing individualized assessment of the parent's progress should occur. The following criteria should be used to assess and provide the most appropriate level for shared family contact between parents:

- The offending parent has successfully completed a certified batterer intervention program and demonstrates a reduction in controlling behavior. The parent uses techniques learned in a parenting or batterer intervention program consistently.
- The offending parent demonstrates behavior consistent with a supportive, respectful co-parenting relationship with the child's other parent. Positive interactions between parents are observed during family contact events and any areas of disagreement are set aside for discussion outside of family contact.
- Safety for the non-offending parent and the child should be assured through family contact pre- and post-planning (see pages 18-20). The non-offending and offending parents should not engage in planning with OCS or the family contact facilitator together if they are choosing not to remain in a relationship. The drop-off and/or pick-up times, location, and activities should be arranged with safety as the first priority. Conversations between the child and the offending parent should be monitored to assure the child is not being used to give information about or convey information to the non-offending parent.
- A signal should be arranged ahead of time with the child if the child begins to feel unsafe and needs a break or needs the family contact event to end early.

- It is important to seek feedback from the child and the non-offending parent about how the family contact is impacting them both.
- If a parent is living in a shelter or other confidential situation, the location must not be disclosed except to law enforcement or as required by court order. (Vermont Department for Children and Families , 2014)

If the child verbalizes a desire to not see the parent, then the family contact facilitator should help identify and work through the child's concerns. A check in with the child should be facilitated by the family contact facilitator or OCS caseworker to allow the child to communicate their discomfort.

Sexual Abuse

Every parent who has an intact legal connection to their child has the right to reasonable family contact with the child, even when they have harmed the child. This includes harm related to sexual abuse, unless the court has deemed otherwise or there is therapeutic recommendation for no family contact to occur.

In situations involving sexual abuse, family contact will depend upon the status of a criminal case, if any. If there is suspected sexual abuse, substantiated sexual abuse, or a conviction of sexual abuse, the family contact between the child and suspected offending parent must be highly supervised, with physical restrictions put in place. Physical restrictions include that the child may not sit on the lap of the suspected offending parent.

The family contact facilitator should monitor the suspected offending parent for grooming behavior. Grooming is a process in which an individual gains the trust of a child in order to take advantage of the child for sexual purposes. Indicators of grooming behavior include

- Elaborate gift giving
- Influencing and normalizing secretive behavior (including electronic communication and viewing of inappropriate sexual content)
- Giving soft compliments (sweetie, cutie, etc.)
- Desensitizing sexual contact, content, and behavior

Children may not exhibit distress when in family contact with the suspected offending parent; however, the family contact facilitator must be aware of these guidelines to ensure child safety during family contact and be aware of potential triggers or trauma for the child. The OCS caseworker will coordinate a meeting to discuss additional guidelines that must be set in place for family contact involving sexual abuse. The following restrictions apply to all cases where there are allegations of sexual abuse and address the potential for grooming behaviors to occur during family contacts:

- A family contact facilitator must be present at all times
- Visitors will not be permitted

- Touching, snuggling, hair brushing, kissing, stroking, lap sitting, tickling, or roughhousing is not allowed
- Any physical contact is to be initiated by the child only and must be brief
- Any prolonged or sexualized behavior will be stopped immediately by the facilitator, even if the child does not appear upset
- No food or objects from the home are permitted
- The non-custodial parent is not permitted to accompany the child to the restroom or assist them
- No gift giving

These also apply to others who may be visiting if there are concerns that the additional visitor failed to protect the child from the sexual abuse.

Incarcerated Parent

The child has a right to family contact with the parent even when the parent is incarcerated. Family interaction during incarceration has shown lower rates of recidivism and can help with reintegration back into society (Trauma Informed Oregon, 2018). The family contact plan should be developed to identify ways in which the family contact will assure it is child-centered. Alaska Correctional Facilities welcome the opportunity to coordinate family contact events that occur outside the typical facility visiting times.

The child may have entered out-of-home care due to the parent's incarceration if arrangements with other appropriate caregivers, such as extended family members, could not be made. When the parent's incarceration is related to having harmed the child, the impact of family contact with the parent on the child should be assessed and a therapeutic recommendation should be pursued to guide family contact planning. When a child is placed due to the parent's incarceration and family reunification is the goal, regular family contact should occur. The child's fantasy of the parent's experience in prison may be much more frightening than the reality. Family contact can reassure the child that the parent is alive and safe.

In planning family contact between the child and the incarcerated parent, it is essential to secure advanced permission for the child to have family contact within the facility, including clarification on who can accompany the child, what items can be brought into the facility, how frequently family contact may occur, and the duration of a family contact event. Advance clarification must also be received regarding physical contact between the child and the parent. If the family contact event must occur through a glass window, then the child should be prepared for this lack of physical contact.

The family contact facilitator should use a trauma-informed lens by helping the child prepare for the family contact event, including anticipating that the visit may be cancelled with very little notice by the facility. If this occurs, then the family contact facilitator should be prepared to help the child talk through their disappointment or, depending on the age of the child, draw about their disappointment during the drive away from the facility.

The family contact facilitator should examine their own attitudes about the child's family contact in an incarceration setting. If there is discomfort with the plan, the family may be deprived of their right to contact by delays in scheduling of family contact (Hess, 1989).

Written correspondence between the parent and child should be encouraged by providing stationery and stamps and helping with delivery of the correspondence. The facility may also permit the use of video conferencing for contact between the child and the parent; however, this should not replace in-person family contact, which supports continued parent-child attachment.

Parent in Treatment or Care Facility

The child also has a right to family contact with the parent when the parent is living in a treatment facility or in a care facility. Special attention is needed when planning for family contact between the child and the parent when in a mental health or chemical dependency treatment facility. The OCS caseworker and family contact facilitator should work closely with treatment staff to assess the parent's initial readiness and ongoing capacity for family contact events to occur at the facility setting. Family contact should occur as soon as the parent is able to welcome and be present for the child. The family contact facilitator should offer support to the parent by talking about how it will be to see the child and what the parent might say to the child and gather their feedback to create parameters for the family contact.

If the child verbalizes a desire to not see the parent, the OCS caseworker can help identify and work through the child's concerns. The child may be able to overcome initial reluctance when the child has an active role in deciding what the family contact will look like, including input on who participates, where in the facility it occurs, what they might do, and how to signal when the child wants leave.

Depending on the age and developmental level of the child, reassurance can be provided to assist with preparing for the family contact:

- Ask the child, "What have you heard about this place?"
- Ask the child, "What do you think this is going to be like?"
- Affirm that the facility is a place of healing and hope.
- Affirm that the facility is a safe place.

When the parent is able to leave the facility for periods of time, consideration should be given to bringing the family contact into the community where the facility is located or where the child is residing. The OCS caseworker and family contact facilitator should encourage written correspondence and phone calls between parent and child.

Confidentiality

Family contact providers will hold all information pertaining to family contact and visiting parties confidential. However, if there are concerns pertaining to abuse or neglect of children or elderly or

disabled persons, providers are held to mandatory reporting standards. In accordance with Alaska Statutes (AS 47.10 and 47.24), providers will contact appropriate authorities if they suspect any form of abuse or neglect. If a participant threatens to harm him/herself or another individual(s) (AS 12.61.010), the threat will be taken seriously and reported to the appropriate authorities. When a report is filed to protect an individual(s), the report will be prepared without consent from the client.

The parent will sign a Release of Information (ROI) when initially engaging in family contact, authorizing information to be shared with partner agencies. This will facilitate support and case progress decision-making. Documentation is part of the legal record and can be subpoenaed. Family contact facilitators may be subpoenaed if documentation is deemed insufficient to make case determinations.

Communication and Documentation

Strong communication across stakeholders is critical to successful service delivery when involved with the same family. The family contact facilitator should submit the required documentation to OCS within 5 business days. In general, transparency when communicating and documenting is encouraged and is in the best interest of the parent and the child. Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is expected. The following are required standards for maintaining client files and case records, guidelines for release and disclosure of client information, and types of provider reports to the court and/or referral source.

Client File Guidelines

1. A provider is responsible for maintaining, storing, and destroying records in a manner consistent with applicable government statutes, regulations, and confidentiality standards (HIPAA).
2. Each agency is responsible for having, implementing, and maintaining policies and procedures regarding the release of case information that cannot be released except as provided by law, court order, or consent of the parents.
3. When the parent or child is staying in a confidential location or there is a concern of domestic violence, the family contact provider must not disclose the shelter location or other confidential client identifying information, except as required by law or court order.
4. Use of strengths-based language is encouraged in documentation of family contact, including the parents' efforts to meet the child's needs, areas for improvement, facilitator's interventions, and the child's responses, when relevant. The child's response is not necessary in every interaction that is documented. Recognizing the child's positive response can reinforce positive changes in parenting, and recognizing a child's negative response can identify a new need or avoid re-traumatization.
5. Documentation should be provided within three business days following a family contact event.

6. When communicating with the parent, the needs and progress of the parent and their child should be regularly included.
7. All financial, personnel, and agency records should be maintained when they are relevant to the provision of family contact services.
8. Family contact records should include:
 - Client identifying information
 - Name of person who brought child to the family contact event
 - Name of person who facilitated the family contact event
 - Names of any persons who were present as an observer
 - Date, time, and length of the family contact event
 - An objectively written account of important incidents during the family contact
 - Written observations of what went well and what concerns may have occurred that require follow up
 - An explanation of what transpired in the event a family contact ended early

Parents should be informed that a copy of their record can be provided upon request.

Closing Out Services

Each agency has additional parameters on closing out services. At times, continued non-compliance, such as missing contacts consecutively or placing the child's safety in jeopardy, will indicate the need to close out services. In addition, parent coaching may no longer be needed from the family contact provider. Ideally, discontinuation of family contact services occurs because the family has made significant progress. However, the family contact provider should refuse to accept or continue serving when:

- Safety needs of the child cannot be managed by the facilitator
- Parental failure to cooperate with the conditions or rules of the provider program or participate in the parent coaching services
- Threat of violence or act of violence toward the child or family contact facilitator
- Lack of availability of a provider due to workload

If the parent is discharged from local services, OCS continues to be responsible for ensuring family contact occurs. If a child refuses to attend family contact with parents/caretakers or siblings, a referral to therapeutic services will be made to determine next steps.

If family contact services are to be terminated, then the referring agency will be consulted prior to informing the parent. Providers have the right to end family contact in an urgent situation in which safety cannot be managed. When closing out family contact services, the facilitator should:

- Inform the parent in writing and include the reason for closing out
- Provide a written notice to the referring source stating the reason for closing out

Document in the provider records the details regarding the closing, including the reason for closing.

Disclaimer

The Family Contact Improvement Best Practices Guide for Professionals and accompanying content is not intended to be directional in nature but informative, and should not be construed as providing recommendations, endorsements, or legal advice. While reasonable endeavors are taken to ensure that information is accurate and current at the date of publication, R.O.C.K. Mat-Su, FCIP, and its contributors do not accept liability or responsibility for any loss or damage occasioned to any person, agency or other party acting or refraining from acting on any information contained therein.

References

Brave Heart, M. Y. H., & De Bruyn, L. (1998). The American holocaust: Historical unresolved grief among native American Indians. *National Center for American Indian and Alaska Native Mental Health Research Journal*, 8(2), 56–78.

Center for the Study of Social Policy. (2019). Strengthening families. Retrieved from <https://cssp.org/our-work/project/strengthening-families/>. Protective Factors. Retrieved from <https://cssp.org/our-work/projects/protective-factors-framework/>

Chadwick Trauma-Informed Systems Project. (n.d.). Trauma-informed child welfare practice toolkit. Retrieved from <http://www.chadwickcenter.com/wp-content/uploads/2017/07/TICWPracticeToolkit.pdf>

Chadwick Trauma-Informed Systems Project. (2013). *Guidelines for applying a trauma lens to a child welfare practice model* (1st ed.). San Diego, CA: Chadwick Center for Children and Families.

Child Welfare Information Gateway. (2019). *Introduction to parent child visits*. Retrieved from <https://learn.childwelfare.gov/lms/mod/scorm/view.php?id=380>

Davis, I., Landsverk, J., Newton, R., & Granger, W. (1996). Parental visiting and foster care reunification. *Children and Youth Services Review*, 18(4/5), 363–382.

Fein, E., Maluccio, A. N., & Kluger, M. (1990). *No more partings: An examination of foster family care*. Washington, DC: Child Welfare League of America.

FindLaw. (n.d.). Alaska Statutes Title 47. Welfare, Social Services and Institutions § 47.10.080. Judgments and orders. Retrieved from <https://codes.findlaw.com/ak/title-47-welfare-social-services-and-institutions/ak-st-sect-47-10-080.html>

Hess, P., & Proch, K. (1989). *Family visiting in out of home care – A guide to practice*. Washington, DC: Child Welfare League of America.

Henry, J., Sloane, M., & Vandervort, F. (2012). *Building Resilience in Foster Children: The Role of the Child's Advocate*. Retrieved from <https://repository.law.umich.edu/cgi/viewcontent.cgi?article=2504&context=articles>

James Bell Associates. (2009). *Evaluation of the court teams for maltreated infants and toddlers: Final report*. Arlington, VA: Author.

Longworth-Reed, L., Parsons, A., Westinicky, A., Wilcox, C., Berglund, M., & Franko, M. (2017). *R.O.C.K. Mat-Su final report: Evaluation of family contact resources for children in out-of-home placement*. Denver: Butler Institute for Families, University of Denver.

National Indian Child Welfare Association (NICWA). (2019). The Indian Child Welfare Act of 1978. Retrieved from <https://www.nicwa.org/wp-content/uploads/2016/11/Indian-Child-Welfare-Act-of-1978.pdf>

Smith, G. T., Shapiro, V. B., Sperry, R. W., & LeBuffe, P. A. (2014). A strengths-based approach to supervised visitation in child welfare. *Child Care in Practice*, 20(1), 98–119.

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. (SMA) 14-4884). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/system/files/sma14-4884.pdf>

Trauma Informed Oregon. (n.d.). Trauma specific services – A resource for implementation and use. Retrieved from http://traumainformedoregon.org/wp-content/uploads/2016/01/Trauma-Specific-Services_A-resource-for-implementation-and-use.pdf

Trauma Informed Oregon. (October 9, 2018). Making prison visitation programs trauma-informed. Retrieved from <https://traumainformedoregon.org/making-prison-visitation-programs-trauma-informed/>

Perry, B. D., & Szalavitz, M. (2006). *The boy who was raised as a dog: What traumatized children can teach us about loss, love, and healing*. New York: Basic Books.

Smariga, M. (July 2007). *Visitation with infants and toddlers in foster care: What judges and attorneys need to know*. Washington, DC: American Bar Association and Zero to Three.

Vermont Department for Children and Families, Family Services Division. (2014). Initial caregivers meeting, shared parenting meetings and family time practice guidance. Retrieved from <https://dcf.vermont.gov/sites/dcf/files/FSD/pubs/Family-Time-Guidelines.pdf>

Wentz, R. (2011). *Visitation – The Key to Children's Safety, Permanency and Well-Being*. New York: National Resource Center for Family-Centered Practice and Permanency Planning at the Hunter College School of Social Work.

Wentz, R. (2013). *Parent/Child Visits and Maintaining Connection*. Ref: California Child Welfare Council booklet, Building a System of Support for Young Children in Foster Care.

Appendix A – Safety Threats Guide

Safety Threats Guide

Impending Danger

Office of Children's Services, Executive Steering Committee

Adapted with permission from material created by ACTION for Child Protection

September 2010

The safety threats and examples identified within this handout are consistent with the Alaska safety model. While the safety threats contained within the Alaska model enable a worker to identify either present or impending danger, the safety threats in this guidebook are written in such a way so as to apply to impending danger. Regarding any family condition being considered as a safety threat, remember that the safety threshold criteria must always apply.

Safety Threshold Criteria

- *A family condition is out of control.*
 - *A family condition is likely to result in a severe effect.*
 - *The severe effect is imminent: it reasonably could happen very soon.*
 - *The family condition is observable and can be clearly described and articulated.*
 - *There is a vulnerable child (see page 12 for more information).*
-

Safety Threats

1. No adult in the home is performing parenting duties and responsibilities that assure child safety.

This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are to be considered at such a basic level that the absence of these basic provisions directly affect the safety of a child. This includes situations in which parents'/caregivers' whereabouts are unknown. The parent's/caregiver's whereabouts are unknown while the CPS initial assessment is being completed and this is affecting child safety.

Application of the Safety Threshold Criteria

The caregiver who normally is responsible for protecting the child is absent; likely to be absent; or is incapacitated in some way or becomes incapacitated. Nothing within the family can compensate for the condition of the caregiver which meets the out-of-control criterion. An unexplained absence of parents/caregivers is obviously a situation that is out-of-control. Without explanation, the children have been abandoned and are totally subject to the whims of life and others. They are totally without caregiver protection. Nothing can control the absence of the caregivers.

Duties and responsibilities are at a critical level that if not addressed represent a specific danger or threat is posed to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, kidnapped, seriously ill, even dying. Regarding absent parents/caregivers and in the absence of a family network that imposes itself, vulnerable children left without caregivers will suffer serious effects.

That the severe effects could occur in the now or in the near future is based on understanding what circumstances are associated with the caregiver's absence or incapacity, the home condition, and the lack of other adult supervisory supports. The absence of caregivers meets the imminence criteria. The threat is immediate.

This threat includes both behaviors and emotions as illustrated in the following examples.

- Parent's/caregiver's physical or mental disability/incapacitation renders the person unable to provide basic care for the children.
- Parent/caregiver is or has been absent from the home for lengthy periods of time, and no other adults are available to provide basic care.
- Parents/caregivers have abandoned the children.
- Parents arranged care by an adult, but the parents'/primary caregivers' whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief.
- A substance abuse problem renders the parents/primary caregivers incapable of routinely/consistently attending to the children's basic needs.
- Parent/caregiver is or will be incarcerated, thereby leaving the children without a responsible adult to provide care.
- Parent/caregiver does not respond to or ignores a child's basic needs.
- Parent/caregiver allows child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child and the parent/caregiver is present or approves.
- Child has been abandoned or left with someone who does not know the parent/caregiver.
- Parent/caregiver has left the child with someone and not returned as planned.
- Parent/caregiver did not express plans to return or the parent/caregiver has been gone longer than expected or what would be normally acceptable.
- No one knows the parent's/caregiver's identity.
- Parents'/caregivers' unexplained absence exceeds a few days.
- Parent/caregiver cannot or will not explain the injuries to a child.
- Parent/caregiver explanation of injuries to a child contradicts the facts observed by child welfare staff and/or other professionals.

2. One or both caregivers are violent and/or acting dangerously.

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be immediately observable, regularly active or generally potentially active.

Application of the Safety Threshold Criteria

To be out-of-control, the violence must be active. It moves beyond being angry or upset particularly related to a specific event. The violence is representative of the person's state-of-mind and is likely pervasive in terms of the way they feel and act. There is nothing within the family or household that can counteract the violence.

The active aspect of this sort of behavior and emotion could easily lash out toward family members and children, specifically, who may be targets or bystanders. Vulnerable children who

cannot self-protect--who cannot get out of the way and who have no one to protect them--could experience severe physical or emotional effects from the violence. The severe effects could include serious physical injury, terror, or death.

The judgment about imminence is based on sufficient understanding of the dynamics and patterns of violent emotions and behavior. To the extent the violence is a pervasive aspect of a person's character or a family dynamic; occurs either predictably or unpredictably; and has a standing history, it is conclusive that the violence and likely severe effects could or will occur for sure and soon.

This threat includes both behaviors and emotions as illustrated in the following examples.

- Violence includes hitting, beating, physically assaulting a child, spouse or other family member.
- Violence includes acting dangerously toward a child or others including throwing things, bantering weapons, driving recklessly, aggressively intimidating and terrorizing.
- Family violence involves physical and verbal assault on a parent in the presence of a child, the child witnesses the activity and is fearful for self and/or others.
- Family violence is occurring and a child is assaulted.
- Family violence is occurring and a child may be attempting to intervene.
- Family violence is occurring and a child could be inadvertently harmed even though the child may not be the actual target of the violence.
- Parent/caregiver who is impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (e.g., throwing things).
- Parent/caregiver whose behavior outside of the home (e.g., drugs, violence, aggressiveness, hostility) creates an environment within the home which threatens child safety (e.g., drug parties, gangs, drive-by shootings).

3. One or both caregivers are not/will not/cannot control their behavior.

This threat is concerned with self-control. It is concerned with a person's ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the lack of caregiver self-control that places vulnerable children in jeopardy.

Application of the Safety Threshold Criteria

This threat is self-evident as related to meeting the out-of-control criterion. Beyond what is mentioned in the definition, this includes caregivers who cannot control their emotions resulting in sudden explosive temper outbursts; spontaneous uncontrolled reactions; loss of control during high stress or at specific times like while punishing a child. Typically, application of the out-of-control criterion may lead to observations of behavior but, clearly, much of self-control issues rest in emotional areas. Emotionally disturbed caregivers may be out of touch with reality or so depressed that they represent a danger to their child or are unable to perform protective duties. Finally, those

who use substances may have become sufficiently dependent that they have lost their ability for self-control in areas concerned with protection.

Severity should be considered from two perspectives. The lack of self-control is significant. That means that it has moved well beyond the person's capacity to manage it regardless of self-awareness and the lack of control is concerned with serious matters as compared, say to lacking the self-control to exercise. The effects of the threat could result in severe effects as caregivers lash out at children; fail to supervise children; leave children alone; or leave children in the care of irresponsible others.

A presently evident and standing problem of poor impulse control or lack of self-control establishes the basis for imminence. Since the lack of self-control is severe, the examples of it should be rather clear and add to the certainty one can have about severe effects probably occurring in the near future.

This includes behaviors other than aggression or emotion that affect child safety as illustrated in the following examples.

- Parent/caregiver is observed to be acting bizarrely.
- Parent/caregiver is observed to be unable to perform basic care, duties, fulfill essential protective duties.
- Parent/caregiver is observed to be under the influence of some substance.
- Parent/caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.
- Parent/caregiver makes impulsive decisions and plans which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situationally) and cannot control behavior.
- Parent/caregiver has addictive patterns or behaviors (e.g., addiction to substances, gambling or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).
- Parent/caregiver is delusional and/or experiencing hallucinations.
- Parent/caregiver cannot control sexual impulses.
- Parent/caregiver is seriously depressed and functionally unable to meet the children's basic needs.

4. A child is perceived in extremely negative terms by one or both parents/caregivers.

“Extremely” is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate.

Application of the Safety Threshold Criteria

This refers to exaggerated perceptions. It is out-of-control because their point of view of the child is so extreme and out of touch with reality that it compels the caregiver to react to or avoid the child. The perception of the child is totally unreasonable. No one in or outside the family has much influence on altering the caregiver’s perception or explaining it away to the caregiver. It is out-of-control.

The extreme negative perception fuels the caregiver’s emotions and could escalate the level of response toward the child. The extreme perception may provide justification to the caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc.

The extreme perception is in place not in the process of development. It is pervasive concerning all aspects of the child’s existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the caregiver. Anything occurring in association with the standing perception could trigger the caregiver to react aggressively or totally withdraw at any time and, certainly, it can be expected within the near future.

This threat is illustrated by the following examples.

- Child is perceived to be the devil, demon-possessed, evil, a bastard or deformed, ugly, deficient, or embarrassing.
- Child has taken on the same identity as someone the parent/caregiver hates and is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions of the person to the child.
- Child is considered to be punishing or torturing the parent/caregiver.
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents’/primary caregivers’ relationship and stands in the way of their best interests.
- Parent/caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing.
- Parent/caregiver sees the child as responsible and accountable for the parent/caregiver’s problems; blames the child; perceives, behaves, acts out toward the child based on a lack of reality or appropriateness because of their own needs or issues.

5. The family does not have or use resources necessary to assure a child's safety.

"Basic needs" refers to the family's lack of (1) minimal resources to provide shelter, food, and clothing or (2) the capacity to use resources if they were available.

Application of the Safety Threshold Criteria

There could be two things out-of-control here. There are not sufficient resources to meet the safety needs of the child. There is nothing within the family's reach to address and control the absence of needed protective resources. The second question of control is concerned with the caregiver's lack of control related to either impulses about use of resources or problem solving concerning with use of resources.

The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.

Imminence is judged by context. What context exists today concerning the lack of resources? If extreme weather conditions or sustained absence of food define the context, then the certainty of severe effects occurring soon is evident. This certainty is influenced by the specific characteristics of a vulnerable child (e.g. infant, ill, fragile, etc.).

This threat is illustrated in the following examples.

- Family has no money.
- Family has no food, clothing, or shelter.
- Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety.
- Parents/caregivers lack life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g., drugs) other than their basic care and support thereby leaving them without their basic needs being adequately met.
- Child's basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs.

6. One or both caregivers are threatening to severely harm a child or are fearful they will maltreat the child and/or request placement.

This refers to caregivers who are directing threats to hurt a child. Their emotions and intentions are hostile, menacing and sufficiently believable to conclude grave concern for a child's safety. This also refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a "call for help."

Application of the Safety Threshold Criteria

Out-of-control is consistent with conditions within the home having progressed to a critical point. The level of aggravation, intolerance or dread as experienced by the caregiver is serious and high. This is no passing thing the caregiver is feeling. The caregiver is or feels out-of-control. The

caregiver is either afraid of what he or she might do or beyond self limits and forbearance. A request for placement is extreme evidence with respect to a caregiver's conclusion that the child can only be safe if he or she is away from the caregiver.

Presumably, the caregiver who is threatening to hurt a child or is admitting to an extreme concern for mistreating a child recognizes that his or her reaction could be very serious and could result in severe effects on a vulnerable child. The caregiver has concluded that the child is vulnerable to experiencing severe effects.

The caregiver establishes that imminence applies. The threat to severely harm, admission or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time and it could be in the near future.

This threat is illustrated in the following examples.

- Parents/caregivers use specific threatening terms including even identifying how they will harm the child or what sort of harm they intend to inflict.
- Parents/caregivers threats are plausible, believable; may be related to specific provocative child behavior.
- Parents/caregivers state they will maltreat.
- Parent/caregiver describes conditions and situations which stimulate them to think about maltreating.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/caregiver identifies things that the child does that aggravate or annoy the parent/caregiver in ways that make the parent want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out-of-control.
- Parents/caregivers are distressed or "at the end of their rope," and are asking for some relief in either specific (e.g., "take the child") or general (e.g., "please help me before something awful happens") terms.
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

7. One or both caregivers intend(ed) to seriously hurt the child.

This refers to caregivers who anticipate acting in a way that will result in pain and suffering. "Intended" suggests that before or during the time the child was mistreated, the parents'/primary caregivers' conscious purpose was to hurt the child. This threat must be distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt. "Seriously" refers to an intention to cause the child to suffer. This is more about a child's pain than any expectation to teach a child.

Application of the Safety Threshold Criteria

This safety threat seems to contradict the criterion "out-of-control." People who "plan" to

hurt someone apparently are very much under control. However, it is important to remember that “out-of-control” also includes the question of whether there is anything or anyone in the household or family that can control the safety threat. In order to meet this criterion, a judgment must be made that 1) the acts were intentional; 2) the objective was to cause pain and suffering; and 3) nothing or no one in the household could stop the behavior.

Caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. Furthermore, the whole point of this safety threat is pain and suffering which is consistent with the definition of severe effects.

While it is likely that often this safety threat is associated with punishment and that a judgment about imminence could be tied to that context, it seems reasonable to conclude that caregivers who hold such heinous feelings toward a child could act on those at any time – soon.

This threat includes both behaviors and emotions as illustrated in the following examples.

- The incident was planned or had an element of premeditation and there is no remorse.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns) and there is no remorse.
- Parent’s/caregiver’s motivation to teach or discipline seems secondary to inflicting pain and/or injury and there is no remorse.
- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident and there is no remorse.
- Parent’s/caregiver’s actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child, and there is no remorse.
- Parent/caregiver does not acknowledge any guilt or wrong-doing and there was intent to hurt the child.
- Parent/caregiver intended to hurt the child and shows no empathy for the pain or trauma the child has experienced.
- Parent/caregiver may feel justified; may express that the child deserved it and they intended to hurt the child.

8. One or both lack parenting knowledge, skills, and motivation necessary to assure a child’s safety.

This refers to basic parenting that directly affects a child’s safety. It includes parents/primary caregivers lacking the basic knowledge or skills which prevent them from meeting the child’s basic needs; or the lack of motivation resulting in the parents/primary caregivers abdicating their role to meet basic needs or failing to adequately perform the parental role to meet the child’s basic needs. This inability and/or unwillingness to meet basic needs creates child safety concerns.

Application of the Safety Threshold Criteria

When is this family condition out-of-control? Caregivers who do not know and understand how to provide the most basic care such as feeding infants, hygiene care, or immediate supervision.

The lack of knowledge is out-of-control since it must be consistent with capacity problems such as serious ignorance, retardation, social deprivation, and so forth. Skill, on the other hand, must be considered differently than knowledge. People can know things but not be performing or just don't perform. The lack of aptitude must be clear. The basis for ineptness may vary. Caregivers may be hampered by cognitive, social, or emotional influences. Motivation is yet another matter. People may be very capable, have plenty of pertinent knowledge, but simply don't care or can't generate sufficient energy to act. Remember, any of these are out-of-control by virtue of the behavior of the caregiver and the absence of any controls internal to the family.

This threat is illustrated in the following examples.

- Parent's/caregiver's intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually limited parents/primary caregivers have little or no knowledge of a child's needs and capacity.
- Parent's/caregiver's expectations of the child far exceed the child's capacity thereby placing the child in unsafe situations.
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to the child's age).
- Parents'/caregivers' parenting skills are exceeded by a child's special needs and demands in ways that affect safety.
- Parent's/caregiver's knowledge and skills are adequate for some children's ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver does not want to be a parent and does not perform the role, particularly in terms of basic needs.
- Parent/caregiver is averse to parenting and does not provide basic needs.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity (whether known or unknown).
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the children's needs thereby affecting the children's safety.
- Parents/caregivers do not believe the children's disclosure of abuse/neglect even when there is a preponderance of evidence and this affects the children's safety.

9. A child has exceptional needs that affect his/her safety which the parents/caregivers are not meeting; cannot meet or will not meet.

"Exceptional" refers to specific child conditions (e.g., retardation, blindness, physical disability) which are either organic or naturally induced as opposed to parentally induced. The key here is that the parents, by not addressing the child's exceptional needs, will not or cannot meet

the child's basic needs.

Application of the Safety Threshold Criteria

The caregiver's ability and/or attitude are what is out-of-control. If you can't do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either. If you are not doing what is required to assure the exceptional needs are being met daily then nothing within the family is assuring control.

This does not refer to caregivers who do not do very well at meeting a child's needs. This refers to specific deficiencies in parenting that must occur and are required for the "exceptional" child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, "exceptional" includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.

The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to soon.

This threat is illustrated in the following examples.

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Parent/caregiver does not recognize the condition.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition or the safety threat.
- Parent's/caregiver's expectations of the child are totally unrealistic in view of the child's condition.
- Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.

10. Living arrangements seriously endanger the child's physical health.

This threat refers to conditions in the home which are immediately life-threatening or seriously endangering a child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness). Physical health includes serious injuries that could occur because of the condition of the living arrangement.

Application of the Safety Threshold Criteria

To be out-of-control, this safety threat does not include situations that are not in some state of deterioration. The threat to a child's safety and immediate health is obvious. There is nothing within the family network that can alter the conditions that prevail in the environment.

The living arrangements are at the end of the continuum for deplorable and immediate

danger. Vulnerable children who live in such conditions could become deathly sick, experience extreme injury, or acquire life threatening or severe medical conditions.

Remaining in the environment could result in severe injuries and health repercussions today, this evening, or in the next few days.

This threat is illustrated in the following examples.

- The family home is being used for methamphetamine production; products and materials used in the production of methamphetamine are being stored and are accessible within the home.
- Housing is unsanitary, filthy, infested, a health hazard.
- The house's physical structure is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves, are hazardous and accessible.
- There are natural or man-made hazards located close to the home.
- The home has easily accessible open windows or balconies in upper stories.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child's safety.
- People abusing substances, high, under the influence of substances particularly that can result in violent, sexual or aggressive behavior are routinely in the home, party in the home or have frequent access to the home while under the influence.
- People frequenting the home in order to sell drugs or who are involved in other criminal behavior that might be directly threatening to a child's safety or might attract people who are a threat to a child's safety.

Child Vulnerability

It is important to remember that the safety threshold criteria include a determination of the presence of a vulnerable child. Vulnerability will always include dependent young children but also can include dependent, helpless older children, especially those who are vulnerable to the authority and influence of adults within their family.

Application of the Safety Threshold Criteria

Vulnerability is a criterion within the safety threshold criteria.

This threat is illustrated in the following examples.

- A child lacks capacity to self-protect.
- A child is susceptible to experience severe consequences based on size, mobility, social/emotional state.
- Young children (generally 0-6 years of age).
- A child has physical or mental developmental disabilities.

- A child is isolated from the community.
- A child lacks the ability to anticipate and judge the presence of danger.
- A child consciously or unknowingly provokes or stimulates threats and reactions.
- A child is in poor physical health or has limited physical capacity and robustness; is frail.

Appendix B – Process Mapping Document



Family Contacts Case Process

Key



Office of Children's Services



Alaska Youth & Family Services



Alaska Family Services



Relatives/Friends/Foster Parents



Tribal Partners



Providers Outside Mat-Su



Department of Corrections

- 1 assumes physical custody of the child [Note - First contact is required within the first 5 days]
- 2 caseworker develops family contact plan by observing family interaction
- 3 caseworker sends information to Social Service Associate (SSA)
- 4 SSA sends the referral to and/or
- 5 First 2 weeks – contact is usually facilitated by caseworker or SSA
- 6

Referrals to can occur at step 3 (above), or families can be referred to at any point in the process from other providers. communicates to family that will supervise contact.

If referral is to they get referral family contract plan & IA summary or emergency petition. lets family know they are assessing visitation. lets caseworker know they are scheduling visitation, caseworker notifies necessary parties that is taking over visitation.

Additional providers: may provide visitation. If child resides outside of Mat-Su, then may assume visitation.

Referral back to if:

- Unsafe visits occur
- Too stressful for children. Case may go to mental health consultation
- Lack of participation from parents
- Reunification circumstances
- Termination of parental rights

Referral to can happen at any point in the process. From the beginning if family is already engaged with or later in the process if family is referred to for any services.

Appendix C – Foster Parent Bill of Rights



WORKING TOGETHER
FOR ALASKA'S
CHILDREN in care



RFAB

Resource Family Advisory Board



office of
CHILDREN'S
SERVICES
safe children | strong families

Written in Partnership with The State of Alaska
Office of Children's Services

BILL WALKER, Governor, State of Alaska

VALERIE DAVIDSON, Commissioner,

Department of Health & Social Services

CHRISTY LAWTON, Director, Office of Children's Services

P.O. Box 110630 • Juneau, AK 99811-0630

(907) 465-3191

www.dhss.alaska.gov/ocs

RFAB email • acrf@nwresource.org



RESOURCE FAMILY BILL OF RIGHTS
Alaska



RFAB

Resource Family Advisory Board

1

RESPECT

Resource families can expect to be **treated with respect** when interacting with staff of the State of Alaska Office of Children's Services and be included in discussions about the child prior to case planning, administrative reviews, TDMs and court hearings. CPS 1.3

2

OPTIONS

Resource parents **have the right to decide whether to accept placement of a child** into their foster home. Resource parents have the right to set a limit to the number of children that can be placed in their foster home within legal and licensing capacity. CPS 3.5, AS 47.14.100

3

INFORMATION

Resource parents have a right to **receive known information on each child** who is to be placed in the foster home including educational, medical and behavioral information including the strengths and needs of the child. CPS 3.5, AS 47.14.100

4

PRIVACY

Resource families have the right to **work with the caseworker on how family contact will be maintained** in the home. Resource families will make the decision on what contact information will be provided to the parents/caregivers and the decision to allow birth family visits in the home. CPS 6.5.6

5

FAIR HEARING

Resource parents have the right to a **fair hearing on licensure actions** on their home including access to an appeal process if given a plan of correction or if a license is revoked. Resource families have a right to include a written response to a completed investigation despite the outcome to be included in the foster care licensing file. CPS 1.16, AS 47.10.098

6

NOTICE

Resource parents have a right to have **notice of a placement change of a child** in their home under non-emergency conditions and have a right to challenge a placement change under non-emergency conditions. CPS 2.11, 1.16, AS 47.10.098

7

RELIGION

Resource parents have a right to **practice their religion and spiritual practices** in their home as long as the religious and spiritual practices of the child's birth family are also respected. CPS 6.5.4, AAC 50.430

8

INVOLVEMENT

Resource families have a right to **receive notice of court hearings** involving a child placed in their home. CPS 6.6.3, AS 47.10.030

9

COMMUNICATION

Resource families can **expect regular visits from the child's caseworker** to exchange information, plan together, and discuss any concerns about the child. CPS 3.2.1

10

PERMISSIONS

Resource families have the right to **sign for permissions for every day events** (as long as they don't go against regulations or statute) using a reasonable and prudent parent standard to decide based on the child's age and developmental level about child and youth participation in cultural, extra-curricular, social, and enrichment activities. CPS 6.5.4, AAC 50.415

11

GRIEVANCE

Resource families have the right to **use the grievance procedure** established by the Office of Children's Services to make their concerns known without the fear of reprisal. CPS 1.16 AS 47.10.098

12

DISCLOSURE

Resource families moving towards adoption of a foster child have the right to **full disclosure information** regarding the child before the finalization of the child's adoption. CPS 3.15.5

13

PLACEMENT

Resource families have the right to **request a change in placement of a child** from their home and are required to provide OCS with reasonable advance notice of the requested change. CPS 3.7.1, AAC50.340