

# Best Practices Guide for Family Contact Supporters

## July 2020



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



## Acknowledgements

This guide was created by the Family Contact Improvement Partnership (FCIP) in partnership with the Butler Institute for Families (Butler). The FCIP is a group of organizations, agencies, and community members committed to improving family contact for parents and their children who are in foster care. The goal of FCIP is to unite community partners so families and children can have meaningful, healthy contact that is best for the child. The FCIP believes community partners must work together to provide regular, culturally centered, meaningful, and healthy contact for all children.

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For more information, please go to <https://www.rockmatsu.org/familycontact/> or email [Info@rockmatsu.org](mailto:Info@rockmatsu.org).

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## For More Information about the Butler Institute for Families

Please visit the Butler Institute for Families website at [thebutlerinstitute.org](http://thebutlerinstitute.org)

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## Introduction

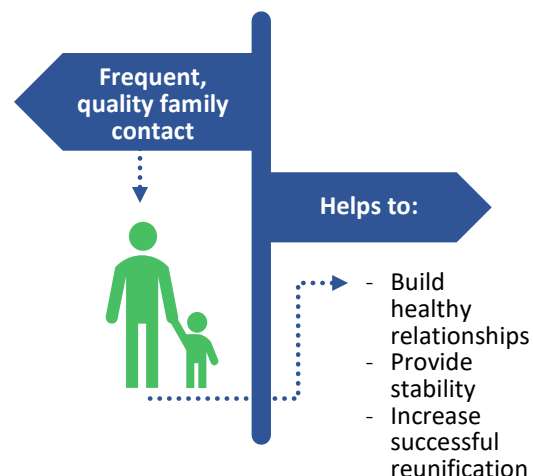
Welcome to a team of caring adults working to make sure children in foster care are receiving regular and meaningful visitation with their families. This guide is for you, as a Family Contact Supporter. You are likely a relative, foster parent (kinship or non-kinship), tribal member, caring community member, or family friend.

A child in foster care needs to maintain contact with their family so they can return home safely and experience stability for the remainder of their childhood. Family contact sessions must be focused on the child's culture and the kind of contact that is healthy for the child's emotional and physical well-being. You are an important community partner in making this happen. Working together, we need to help make contact happen regularly for all children and youth in foster care. We must unite to make connections that support children's growth and sense of belonging.

Frequent and quality family contact is very important. Research suggests that regularity of visitation is directly related to children going home from foster care and safely staying home (Davis et al., 1996). The main reason for family contact is for children to build healthy and positive relationships with their families (Fein et al., 1990). We ask you to join us as we work together to improve the availability, frequency, and quality of family contact in the Mat-Su Borough.

There is a growing body of research that links regular, meaningful family contact for children in out-of-home care with several positive outcomes, including stronger parent engagement and a stronger likelihood that the child will return home and stay home successfully (USDHHS, 2020). Research shows that the frequency of visitation, especially for very young children, should happen at least two times a week and ideally every day while they are away from their parents. During family contact, a family should be doing activities at the appropriate developmental level for the child, and parents should get coaching to help grow the child's knowledge and support the child's needs (James Bell Associates, 2009). When consistent, quality contact between parents and children is paired with professional intervention, placement stability and the child's overall well-being increase (Bullen et al., 2017).

In 2017, Butler worked with R.O.C.K. Mat-Su and the Office of Children's Services (OCS) in the South Central region of Alaska to study the parts of the child welfare system most involved with providing family contact services. We learned that what was needed first was to focus on the availability, frequency, and quality of family contact services to better serve children and their families (Longworth-Reed et al., 2017). The purpose of this guide is to help you learn how to be a Family Contact Supporter because you can contribute to frequent and quality family contact. This guide will also help



agencies and individuals create a consistent, community-wide way of maintaining family contact. Our goal is not to just reunite families but also help keep them together.

## Becoming a Family Contact Supporter

Before starting as a Family Contact Supporter, you will be asked to sign a permission form for OCS to do a criminal background check. The release will also give OCS permission to check their central records for any past or current child maltreatment concerns that might raise concerns about you becoming a Family Contact Supporter. The OCS takes these extra steps to make sure children who are already vulnerable after having experienced neglect or abuse are safe. To learn more about what might prevent you from becoming a Family Contact Supporter, please see [Appendix A](#).

If you're going to transport a child for family contact, there are additional steps that must be completed beforehand:

- Have approval from the child's OCS caseworker
- Be at least 18 years old
- Have a valid drivers' license for the state/country where the driving will happen
- Drive a safe vehicle that is covered by liability insurance
- Use child safety seats and restraints as directed by local laws (if you don't have a child safety seat, OCS can help provide resources to get one)

The OCS caseworker will plan so that the family's primary language is spoken during family contact. This includes American Sign Language (ASL).

You are not expected to know everything. For example, if there are situations where there is a worry about child sexual abuse or domestic violence, the OCS caseworker will give you tips on how to keep parents and children safe during family contact.

Child welfare workers use many professional terms. To familiarize yourself with some of these common terms, see [Appendix B](#).

## Family Contact Laws

There are many federal and state laws and rules that apply to helping children and families involved with the child welfare system. See [Appendix C](#) to read more about the laws that most impact family contact. The bottom line in these laws is that children have the right to maintain contact with their biological parents.

## Family Contact Partners

Many types of community partners help support family contact. Some community partners are paid to do family contact sessions under a contract or a grant and are called family contact facilitators. Others, like yourself, are helping with family contact as natural supporters of the family, such as extended family members, foster care providers, tribal partners, or family friends, and are called Family Contact Supporters. All family contact partners work to support family contact in the Mat-Su Borough. We are all in this together to help children and their families.

Together, we agree to commit our resources to help make the changes needed to uphold meaningful and healthy contact for children. Our guiding principle, as community partners, is that we share needed resources with each other, because we value our relationships with each other and value helping families get back together and stay together safely. We believe in the importance of culture and purposefully place culture at the center of our work. Training and support are available to make sure all partners have the knowledge and skills they need to improve child and family outcomes for children in foster care. You are an important partner in reaching this goal for families and their children.

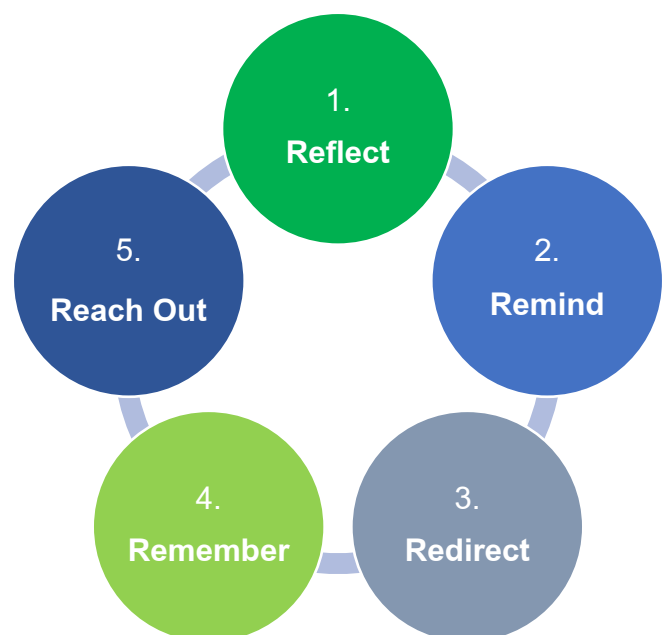
## Conflict of Interest

Sometimes, a conflict of interest comes up. This tends to happen when identifying who in the family can be a Family Contact Supporter. For example, if you have an intimate relationship with the parent who is going to need help with family contact, this would be a conflict of interest. If a conflict of interest is identified, it is settled by the OCS caseworker before family contact happens. A conflict of interest can put people in situations where they have two right choices, and it may be difficult to put the child's best interest first. It is normal for these to come up since we are people and have complex relationships. We will help you as a Family Contact Supporter to put the child's interest first and resolve any conflicts of interest.

Sometimes a Family Contact Supporter will struggle with wanting to be loyal to both the parent and the child. This can be stressful for everyone. It is important to keep the child and their needs front and center. Here are some tips for handling loyalty conflicts:

- Reflect at the start of every family contact event by reviewing the purpose and goals with the parent to keep the focus on the child and their needs.

### *Tips for Handling Loyalty Conflicts*





- Remind the parent that visits are about their child and meeting their child's needs.
- Redirect the parent to the appropriate support network or materials.
- Remember, as a Family Contact Supporter you're not the decision-maker.
- Reach out to the OCS caseworker for support or to the identified family contact coach.

## What is a Strong Family?

Strong families work together, respect each other, provide encouragement, help others, watch over each other, laugh together, are good role models, and make healthy choices. To strengthen families in Alaska, everyone needs to work together. Research shows that families need five protective factors to be healthy and strong (Center for The Study of Social Policy, n.d.):

1. **Parental Resilience** | No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when needed.
2. **Social Connections** | Friends, family members, neighbors, and community members provide emotional support, help solve problems, offer parenting advice, and give concrete assistance to parents. Networks of support are essential for parents and also offer opportunities for people to "give back," an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help reaching out to build positive relationships.
3. **Knowledge of Parenting and Child Development** | Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.
4. **Concrete Support in Times of Need** | Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness, or substance abuse, adequate services and supports need to be in place to provide stability, treatment, and help for family members to get through the crisis.
5. **Social and Emotional Competence of Children** | A child or youth's ability to interact positively with others, self-regulate their behavior, and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development create extra stress for families, so early identification and assistance for parents and children can mitigate negative impacts and keep children's development on track.

These five factors give children, parents, and communities the tools they need to build resilience and stay strong. In 2005, Alaska was one of seven states to be selected by the Center for the Study of Social Policy to pilot this approach. Now, over 30 states endorse the Strengthening Families approach (Alaska Children's Trust, 2020).

## Strengthening Families

Trauma is an overwhelming experience that can create challenges for the mind and body. It is hard for a child who has experienced trauma to cope with their feelings and know how to best act out their feelings. It is important to understand how trauma can impact children and adults. The best response to trauma is to focus on family strengths, resilience, and healing.

As a Family Contact Supporter, you are an important partner in the healing process. You can help by asking what you can do or say to lessen the impact of trauma or avoid creating new traumatic experiences for the child. It is helpful to focus on what happened to the child, rather than viewing the child as damaged or behaviorally bad. The child's needs come first during family contact, especially because of the impact of trauma. You are encouraged to understand some basics about trauma response and how to apply it with the family. A child's behavior may not change simply because they move to a safe environment because the child may be reliving past trauma and need time and space to work through feelings they may not understand at the moment.

There are six guiding trauma-informed [principles](#) that are helpful for adults to know who are supporting children experiencing the impact of trauma (SAMSHA, 2019):

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

## Helping With Family Contact

It is very important to keep a family-friendly frame of mind, a positive attitude, and a focus on the child's safety during family contact. A child deserves to spend quality time with their parent in a safe place where they are appreciated for who they are and can express their feelings openly.

“ 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)



Safety is the foundation of meaningful and healthy contacts. This includes the parent understanding what safety means for the child. Safety should also involve frequent reevaluation of how family contact is going. This evaluation should be done as a team involving yourself, the parent(s), the child, the caseworker, and other actively involved partners. The level of supervision during family contact will change with current safety needs. Family contact plans should reflect ongoing safety concerns (see [Appendix D](#) for the safety threats guide). You can help ensure safety by:

- Knowing your surroundings.
- Understanding the family contact plan including knowing what the main safety and risk concerns are for the child and parents.
- Having a copy of a court order specific to child custody status or family contact parameters.
- Planning ahead for the safe arrival to and departure from the family contact location.
- Having a written plan for how to handle emergency situations including immediate medical or law enforcement needs.
- Establishing a back-up support system for difficult situations that may occur.
- Contacting the caseworker and following their directions about reporting protocols for incidents. If the caseworker isn't available, you can call OCS intake at 1-800-478-444, or go to [www.ReportChildAbuse.alaska.gov](http://www.ReportChildAbuse.alaska.gov)

Beyond ensuring safety, here are other ways to prepare for family contact:

- Support activities and other experiences that focus on the child's culture and what activities the family expects will be continued while their child is in foster care. Usually, these are identified with the family when the child first enters foster care.
- Avoid using family contact as a reward or punishment for the parent or the child.
- Think ahead of ways to involve the parent during family contact such as:
  - Facilitating icebreakers at the beginning of family contact, which may include brief fun activities or quick questions that create comfort.
  - Encouraging the parent to initiate and lead activities during the family contact, including providing ideas to parents on developmentally supportive activity ideas and the level of child-led play expected.
  - Using [resiliency activities](#) that help build on the strengths of the parent and the child.
  - Encouraging connections between parents, siblings, extended family, and foster parents, such as discussion of daily routines and how the family culture is expressed in day-to-day actions or activities. If extended family will be coming to the family contact events, encourage them to be supportive and not take over the parent's authority or involvement.
  - Talking about how the family contact event went before leaving to highlight what went well and what areas can be strengthened before the next family contact event. The parent should

be asked to relate 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 right after family contact, plan a follow-up conversation for the very next day.

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 part of the decision to end the family contact event. For example, a three-year-old child who has been appropriately scolded for misbehavior and who then says they want to leave the session should be redirected and helped to share their feelings about what has made them unhappy or uncomfortable.

If you need to reschedule a family contact session, contact the caseworker as soon as you know. If you decide you no longer want to or are unable to be a Family Contact Supporter for a family, contact the caseworker to set a date when you will stop providing family contact. Plans should be made with the caseworker before the last family contact event to minimize the negative impact this may have on the child.

Special considerations must be made when a parent or child has experienced domestic violence or sexual abuse. This is also true when a parent is living in residential treatment or jail or prison. The caseworker will give you extra tips if you are a Family Contact Supporter for a family who has this type of situation (see [Appendix E](#)).

## Before, During, and After Family Contact

Your role as a Family Contact Supporter is to empower parents to have safe, meaningful, and healthy contact with their child that celebrates the family's culture. This can be done by helping parents plan age-appropriate family activities for their family contact.

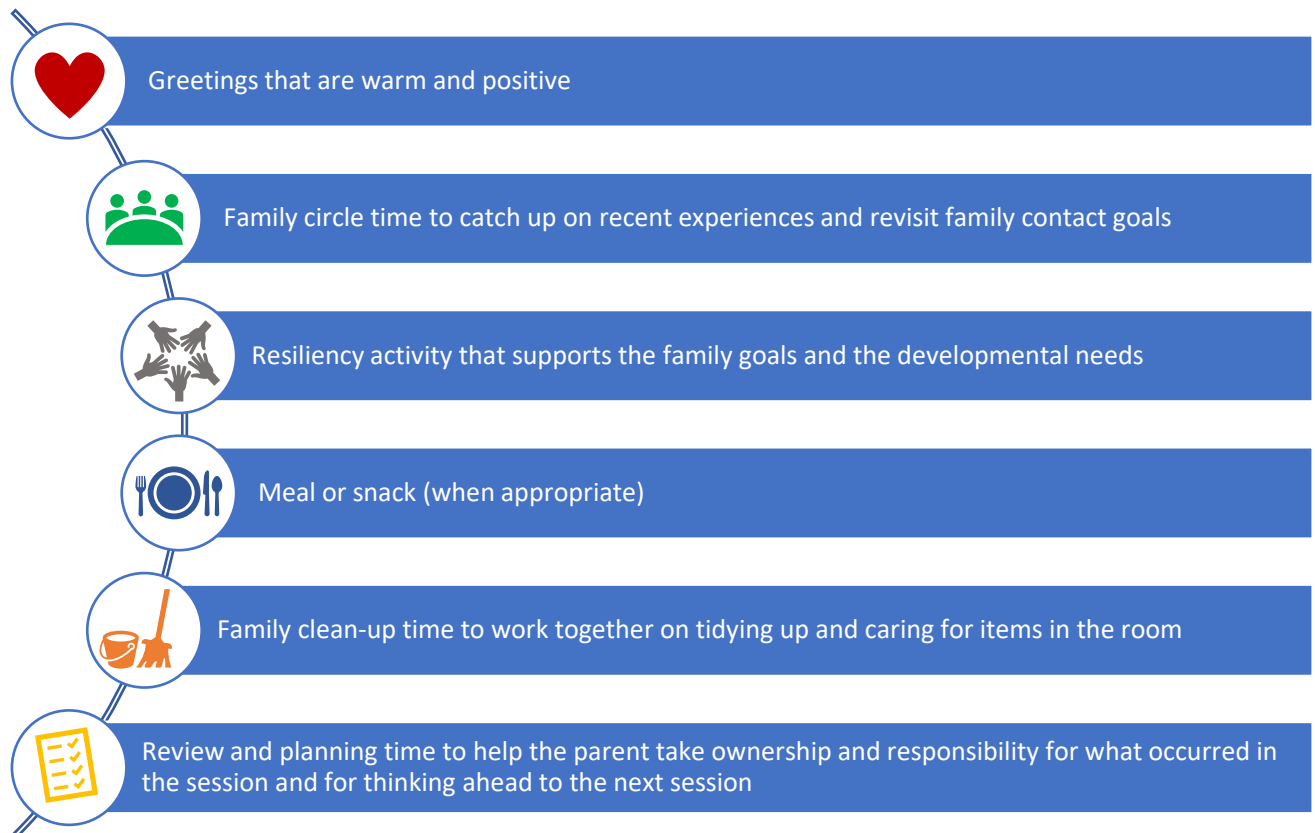
### Before Family Contact

- Receive a copy of the family contact plan from the caseworker.
- Meet with the caseworker to understand your role in the family contact plan.
- Before the first session, you will be told about any safety matters concerning:
  - Visitors (including pets) allowed or not allowed to attend
  - Toys, food, types and frequency of gifts
  - Permissions for taking photos and video/audio recordings
  - Use of cellular phones
  - Toileting parameters
  - When and how coaching should be delivered
  - Conducting meaningful age and developmentally appropriate activities
  - Accessibility of space, transportation, physical considerations, and communication

- Safety of family contact space such as access to weapons, others who may pose a threat, or environmental concerns
- Explanations about measures to address substance use, if currently suspected
- It is very important to understand the boundaries for family contact within the family contact plan. It is your responsibility as the Family Contact Supporter to ensure family contact is appropriate.
- Tour the location if family contact is not going to happen in the home. Think about the setting and how it will contribute to safety and allow for activities.
- Talk with the parent and help them decide on one or more [resiliency activities](#) to do during the family contact event.

### During Family Contact

Each family contact event should flow using the same process so the events are predictable for the parent and child. This helps create feelings of safety and security. Each session should include:



You should be aware of the how the family is behaving and communicating throughout the family contact event. Safety is always the main concern.

Each family has different traditions and ways of parenting. These should be encouraged and continue without interference from you, unless they make the child unsafe. The focus is on safety, not on your personal preferences or expectations.

During family contact, the parent is responsible for their own behavior, for the child's belongings, and for following family contact rules. You are responsible for child safety during family contact and transitioning the child back to the foster home.

Possible family contact settings can be the family home, a local restaurant, a family member's home, church, park, library, or community center. Family contact may also include family events such as a birthday party or cultural ceremony for the child or parent. During family contact, you should be in the role of an "extra adult." You can give positive guidance and offer suggestions through demonstration in natural interactions.

You should help the parent remind the child that the parent is safe, and that the child should not worry about the parent. You can help support this message by doing activities such as 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 family contact went for them and what they enjoyed doing together that day.

Sometimes, family contact needs to end sooner than expected, for example, if:

- 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.
- Any participant is at risk of imminent harm – physical or emotional.

Contact the OCS caseworker if:

- The child has been injured.
- A critical incident has happened. If this incident raises concerns about child maltreatment and a new report of alleged child maltreatment will be made, this information may not be appropriate to share with the parent.
- An event happens that puts the parent at risk of harm.

## Right After Family Contact

If you have any concerns or suggestions you are encouraged to reach out to the caseworker, including if you believe the child would benefit from counseling services. You can encourage the parent to share their feelings and observations from family contact. You can ask the parent what worked well for them and what their concerns may be. This helps build upon what is going well and encourages the parent.

Focus the discussion on how the parent was able to make the family contact child and culturally centered from the parent's perspective.

It is normal for a child to be upset after family contact, because they are separated from their parent. You should stay aware of the child's emotional needs and be prepared to anticipate these feelings and offer the child positive support.

### Follow-Up Before the Next Family Contact Session

The OCS caseworker, parent, and Family Contact Supporter should have a discussion to help prepare for the next family contact event and follow-up on any commitments made during the immediate debrief following the last family contact event. This follow-up discussion should emphasize the protective factors and identify possible next steps that will help the parent and child build on these factors.

## Family Contact Phases

Family contact planning is an ongoing process that matches the parent's progress and the child's stage in foster care. The main goal of family contact is to preserve and strengthen the parent-child relationship and maintain the child's safety and well-

being. Each phase of family contact emphasizes a different goal, and family contact arrangements will be different depending upon the current phase. The phases and best practices for each phase are outlined below.

### Family Contact Phases



#### Initial

This phase is about keeping strong family ties between parent and child while ensuring the child is safe and properly cared for. In this initial phase, family contact is usually supervised by a family contact facilitator from OCS or a contracted community agency. The location and length of each family contact session is controlled. Every family situation is different, and the duration of family contact changes from one family to the next. Decisions about family contact during this phase are led by OCS and informed by the assessment. The decisions are focused on addressing safety concerns and keeping connections between siblings. Sibling relationships are critical for children. For children in foster care these are important relationships to keep strong (Wentz, 2013).

Family contact should 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 discussions between the caseworker, parent, and family contact facilitator. A decision to hold family contact in the family home will include considering if there are active or identified safety concerns in the

family home, such as substance use, threats by family members, or past incidences of the parent not being protective.

The first two family contact sessions are handled by OCS as part of their early review process. This helps to create a unique family plan. The parent is encouraged to bring clothes, comforting items, schoolwork, medicine, family pictures, and other items, such as small gifts, if permitted.

Once the initial review is done by OCS, a referral is usually made to a community agency for a family contact facilitator. The referral process is laid out in [Appendix F](#).

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## Intermediate

During the intermediate phase, family contact usually happens more often, for longer periods, in different settings, and with gradually less supervision as the parent takes on more responsibility for the child (Smariga, 2007). During this phase, parents can learn new skills or build on existing skills in a safe, secure environment where they can receive helpful feedback. Parents are also able to go to the child's doctor, dentist, or school appointments; go to church or cultural/traditional events; and go to sporting events the child is involved in.

Family contact events should still be held in the most homelike setting possible. They can also happen in places the child normally goes, such as school, sporting events, religious events, or medical appointments. The caseworker must approve any family contact events that are held in the family home.

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## Transition

This phase focuses on getting the child and parent ready for final steps toward family reunification. Family contact should be set up to give the parent and child the most opportunity to interact. Family contact during this phase may happen in a religious or spiritual setting, and the foster parent may or may not also attend. You may be asked to help with family contact at these locations as a Family Contact Supporter. When family contact events are happening in these settings, the parent is encouraged to act as the parent rather than the foster parent or other supporter filling the parental role. The caseworker makes the decision to hold family contact in a religious or spiritual setting on a case-by-case basis.

Overnight unsupervised family contact at the parent's home will also happen during this phase. At times a "trial home visit" is done to assure that reunification will be safe for the child. During a "trial home visit," court custody will continue as a safety measure. The [Foster Parent Bill of Rights](#) has further details.

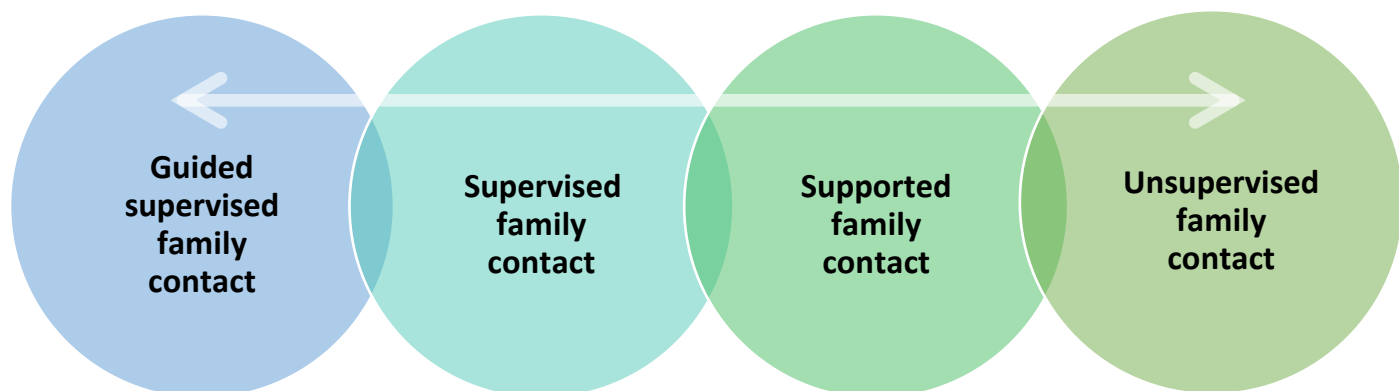
# Family Contact Supervision Levels

Family contact supervision levels depend upon the unique situation of the parent and the child. Child safety is the priority in deciding what level of supervision is needed when family contact first begins after



the child goes into foster care. Decisions about supervision level are made after considering child safety needs, child developmental needs, and parent success in addressing the need for foster care. The family's OCS caseworker determines the level of supervision needed. As a Family Contact Supporter, you will be involved in the Supported Family Contact level.

The levels of family contact are listed below from most supervised to least supervised:



This level is established when a family needs teaching and coaching on healthy and positive parent/child interactions. Families involved with the Families with Infants and Toddlers (FIT) court usually have this level of family contact. The parent is directly coached by a well-trained family contact facilitator. This level helps a parent learn or strengthen effective parenting skills.

At this level, the family contact is well-planned, because there is a risk to the child's physical, mental, or emotional safety or well-being. Family contact is supervised by a family contact facilitator who is ready to step in right away and is always in sight and sound of the child. This level is used when the child has suffered or is at risk of suffering harm during family contact. Supervising the family contact helps keep the child physically and emotionally safe. The parent is provided with help to build and keep positive relationships with their child and maintaining ongoing relationships with siblings is encouraged.

At this level, someone is available for help during family contact – either a family contact facilitator or a Family Contact Supporter - but there is no close observation happening. Family contact usually happens somewhere in the community such as a park, restaurant, or library. Often extended family members are encouraged to join in during this level of family contact.

At this level, no one observes family contact, and overnights often take place in the parent's home. The court usually encourages trial home visits at this level to confirm it is time for the family to be reunited.

## Complaints and Disagreements

If you disagree with the family contact plan or have other concerns, you can contact the OCS caseworker by phone or email. If a parent has a complaint with an OCS employee that cannot be resolved informally, there is a formal complaint process. The OCS aims to treat every family served with dignity and respect, including respecting the family's cultural values. The complaint process helps ensure the parent's concerns are heard and addressed. Information about this is available on the OCS website at <http://dhss.alaska.gov/ocs/Pages/grievance/index.aspx>.

## Situations with Exceptions

There are some situations that typically require a family contact facilitator to manage family contact events. However, the caseworker may approve an exception on a case-by-case basis to involve you, instead, as a Family Contact Supporter. [Appendix E](#) has information about these situations, which include those involving:

- Domestic violence
- Sexual abuse
- Parent in jail or prison
- Parent in treatment or care facility

## Confidentiality

All people have the right to respect and privacy. You should not discuss your observations about the family contact sessions with anyone who is not involved in the family's case. You can talk about it with family members of the parent being served, if the parent has asked you to do so.

If you are worried that abuse or neglect is happening or have a worry that the adults involved may be a danger to themselves or others, you should contact the OCS caseworker right away after the family contact session. This includes a situation where the parent or other adult threatens to harm themselves or another individual(s). These threats must be taken seriously and reported to the right authorities.

## Communication and Documentation

Strong communication is very important for successful family contact. You will be asked to provide some brief information to the OCS caseworker about each session, including when the visit was, who was there, what you think went well, and worries or concerns you had, if any. It is important to send this information to the caseworker within one day of the family contact event, and you can do it by email or regular mail.

Records are kept in the family's OCS file regarding family contact events. Your information about the family contact events is an important part of this record. Parents can get a copy of their full record upon request.

## Closing Out Services

When family contact events are coming to an end, the caseworker will let the parent know and give you written notice. The caseworker will give sufficient notice so that you, the parent, and the child can say goodbye, ideally during the last planned session.

## Disclaimer

The Best Practice Guide for Family Contact Supporters 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

- Alaska Children's Trust. (n.d.). *Strengthening families*.  
<https://www.alaskachildrenstrust.org/strengthening-families?rq=strengthen%20families>
- Alaska Statutes § 47.10.080 (2019). <https://codes.findlaw.com/ak/title-47-welfare-social-services-and-institutions/ak-st-sect-47-10-080.html>
- James Bell Associates (2009). *Evaluation of the court teams for maltreated infants and toddlers: Final report*. <https://www.jbassoc.com/wp-content/uploads/2018/03/Executive-Summary-Evaluation-Court-Teams-Maltreated-Infants-Toddlers.pdf>
- 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.
- Bullen, T., Taplin, S., McArthur, M., Humphreys, C., and Kertesz, M. (2017). Interventions to improve supervised contact sessions between children in out of home care and their parents: A systematic review. *Child & Family Social Work*, 22, 822– 833. doi: [10.1111/cfs.12301](https://doi.org/10.1111/cfs.12301)
- Center for the Study of Social Policy (n.d.). Strengthening families: Increasing positive outcomes for children and families. <https://cssp.org/our-work/project/strengthening-families/>
- Child Welfare Information Gateway. (2019). *Introduction to parent child visits*.  
<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*. Child Welfare League of America.
- Hess, P. (1988). *Family visiting in out of home care*. Child Welfare League of America.
- 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*. Butler Institute for Families, University of Denver.
- National Indian Child Welfare Association. (2016). *The Indian child welfare act of 1978*.  
<https://www.nicwa.org/wp-content/uploads/2016/11/Indian-Child-Welfare-Act-of-1978.pdf>

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

Smariga, M. (2007). *Visitation with infants and toddlers in foster care: What judges and attorneys need to know* [Policy brief]. Center for Children's Advocacy. <http://cca-ct.org/birth%20to%20three%20and%20visitation%20aba%20child%20law%20center%20doc.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*. <https://store.samhsa.gov/system/files/sma14-4884.pdf>

U.S. Department of Health and Human Services Administration on Children, Youth and Families. (2020). *Family time and visitation for children and youth in out-of-home care*. <https://www.acf.hhs.gov/sites/default/files/cb/im2002.pdf>

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

Wentz, R. (2013). *Frequency of Visits – Are One Hour Weekly Visits Enough to Achieve Reasonable Effort to Reunify Children and Parents?* Rose@Wentztraining.com.

## Appendix A – Barriers to Becoming a Family Contact Supporter

According to OCS, to become a Family Contact Supporter you must be older than 18 years of age and have:

- No felony-level criminal convictions of crimes against persons.
- No crimes, at any level, against a child or other crimes related to children and no sex offenses.
- No child protection findings of abuse or neglect and no Child in Need of Aid concerns similar to a report of child abuse or neglect.
- 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 drugs or alcohol, weapons, or property crimes in the past five 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 five years.

If the barrier to becoming a Family Contact Supporter is due to a substantiation of child maltreatment found during the central records check, you have the option to file an appeal with the OCS and go through the appeal process.



## Appendix B – Common Terms

**Adverse Childhood Experiences (ACEs)** | Describes all types of abuse, neglect, and other experiences that could be traumatic and that happen before the age of 18. ACEs are linked to risky behaviors, chronic health concerns, lower quality of life, and premature death. According to the Centers for Disease Control and Prevention, as the number of ACEs increases, the risk of 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 and relatives of the family are included in this.

**Contact facilitator** | A designated adult who is facilitating the family contact event and who understands this role and its responsibilities.

**Culturally centered** | Actions that encourage community and cultural engagement, cultural identity, and intentionally connect to how cultural identity supports resiliency, which is the ability to stay strong during tough times.

**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 and 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 about their role in family contact.

**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, either an employee of a provider agency, stakeholder agency, or employee of the Office of Children Services.

**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 supporter** | A family member, family friend, tribal member, community member, or foster parent who supports family contact by attending sessions with the parent and child.

**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 - infant learning program, early childhood comprehensive systems planning, and child protection and permanency – all help meet the primary goal of keeping 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, n.d.). [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.

**Resiliency Activities** | Activities that 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 et al., 2014).

**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.

## Appendix C - Federal and State Laws

All child welfare professionals must be familiar with federal and state laws and policies that impact their work with children and families. Federal legislation influences the way states deliver child welfare services. The following four pieces of federal legislation 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 especially significant in Alaska, where there are 231 federally recognized tribes. The 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, and 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 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 the ICWA (NICWA, 2016). 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, title 47 of the state statute provides requirements for the provision of visitation in Alaska. The reasonable contact requirements pursuant to section 47.10.080 (p) of the statute are as follows :

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 (Alaska Statutes §47.10.080, 2019).

## Appendix D – Safety Threats Guide

# Safety Threats Guide

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## 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.



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## ***Safety Threshold Criteria***

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- *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 E – Exception Situations

### Domestic Violence

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Domestic violence involves violent or aggressive behavior within the home that usually involves the violent abuse of a spouse or partner. If you are helping with family contact in a family that has a history of domestic violence, you will want to pay attention to the safety and presence of adults at the family contact location who are not supposed to be there because of safety concerns.

### Sexual Abuse

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In situations involving sexual abuse, family contact will depend upon the status of a criminal case, if any. Physical restrictions include that the child may not sit on the lap of the suspected offending parent. If you are helping with family contact in a family that has a history of child sexual abuse, you will want to pay attention to grooming behavior during the family contact event. 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. You will also want to pay attention to too much touching, snuggling, hair brushing, kissing, stroking, lap sitting, tickling, or rough housing during family contact. Also pay attention to any gifts in any form such as toys, food, or anything that might be construed as a bribe or grooming.

### Parent in Jail or Prison

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A child has a right to visit with their parent even when the parent is in jail. Alaska Correctional Facilities welcome the opportunity to coordinate family contact events that occur outside the typical facility visiting times. Correctional facilities do have restrictions on who can visit and when sessions can occur. Often children imagine the parent's experience to be much scarier than the reality. The child may need reassurance.

If you are helping with family contact and a parent is in jail or prison, the OCS caseworker will assist with planning visits. The caseworker will get advance permission for the child to have family contact in the facility and will know ahead of time if the child will be able to have physical contact with their parent or if the visit will happen through a glass window.

### Parent in Treatment or Care Facility

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A child has a right to visit with their parent even when the parent is in treatment. Treatment facilities do have restrictions on who can visit and when sessions can occur. The OCS caseworker will help arrange the family contact with the treatment staff. When helping to prepare a child, some helpful tips to keep in mind are:

- 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



## Appendix F – Referral Process



# 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.