R.O.C.K. Mat-Su Final Report

Evaluation of Family Contact Resources for Children in Out-of-Home Placement

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Introduction

Raising Our Children with Kindness (R.O.C.K.) Mat-Su is a cross-sector collaborative in Alaska's Matanuska-Susitna (Mat-Su) Borough that promotes family resilience and the reduction of child maltreatment. Together with the local Office of Children's Services (OCS), R.O.C.K. Mat-Su is working to strengthen the provision of family contact services for children in out-of-home placement in the community. The Butler Institute for Families (Butler) partnered with R.O.C.K. Mat-Su and the local OCS 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 aims to improve the availability, frequency, and quality of family contact for families in the borough served by the South Central Office. Doing so will support effective reunification efforts under the overarching goals of reducing the recurrence of child maltreatment and improving family stability. R.O.C.K. Mat-Su wants to identify the strengths and challenges of its family contact service approach and to make recommendations for intervention steps that will improve family contact. These improvements will help inform early planning and implementation steps for a Safe Babies Court improvement model.

Methodology

Evaluation Design

The evaluation of the family contact process used a mixed-methods design to collect both qualitative and quantitative data to answer three key evaluation questions. Table 1 provides a summary of the evaluation questions that were explored, methods used in the evaluation design, and the proposed sample.

TABLE 1. EVALUATION DESIGN SUMMARY

Evaluation Question	Method	Proposed Sample
Q1. What are participating resource providers' experiences implementing family contact services?	Review of OCS reports, policies, and available secondary data sources Survey of all resource provider staff involved in family contact services	Staff and leaders at Unified Families and Alaska Family Services
Q2. How do OCS agency and resource provider procedures, processes, staff capacity, and training impact delivery of family contact services?	Examine best practices in other jurisdictions providing exemplary family visitation services Agency leadership, frontline staff / social service associates, and legal partner interviews 1–2 leaders per agency x 4 agencies 8 staff 8 legal partners	Identified leaders and frontline staff from OCS, R.O.C.K. Mat-Su, Unified Families, Alaska Family Services, and legal partners.
Q3. What are client experiences with agencies who refer and/or provide family contact services?	Client interviews (8–12 total from resource agency sites)	Stratified random sample representing each resource agency

Data Collection

Document and data review. Butler evaluators used secondary data analysis to maximize existing information about family visitation/contact service practices in Alaska and nationally. Evaluators reviewed reports and data from OCS, identified exemplary practices and protocols from other jurisdictions, and conducted a literature review to identify best practices for family visitation/contact services.

Survey of agency staff. The evaluation team administered a survey to resource provider staff at Alaska Family Services and OCS to assess components connected to creating a seamless, coordinated system of family contact services for children in out-of-home placement and their families. The survey assessed levels of collaboration, coordination, support for the work, and ideas for improvement.

Agency leadership, frontline staff, and legal partner stakeholder interviews. The Butler team conducted interviews with key leaders from R.O.C.K. Mat-Su, state and regional OCS agencies, Unified Families, Alaska Family Services, frontline staff / social service associates, and legal partners. The interviewees were asked to share their experiences at the agency, leadership, frontline staff, and stakeholder levels regarding efforts to improve access to and use of family contact resources. Of those nominated for an interview by R.O.C.K. Mat Su, a total of 16 partners agreed to participate. Interviews lasted approximately one hour and were conducted between April and June 2017.

Client interviews. The evaluation team also proposed interviewing a total of 12 clients of Unified Families and Alaska Family Services agencies to examine individual client experiences and perspectives on accessibility of services, referral and coordination, receipt of services, and overall identified successes and challenges based on their individual situation. Interview participants were offered a $20 gift card as an incentive to participate. The Butler evaluation team coordinated logistics for the interviews with support from lead staff at Alaska Family Services and the Office of Children's Services to identify the family members and assist in introductory connections with the family members. To aide in the recruitment process for the interviews, the evaluation team also created flyers and outreach materials to be shared with family members. All interviews were scheduled to take place by phone or through the use of web-based technology (i.e., Skype, Zoom) at a time that was convenient for participants. Despite these numerous efforts, evaluators were unsuccessful in engaging families for an interview. In an attempt to provide families an alternative, evaluators administered a survey. Surveys were mailed to

OCS in Wasilla and Alaska Family Services in Palmer to be distributed by caseworkers to families who receive family visitation services. Similar to the proposed interviews, the survey explored the family's overall experience of visitation, including frequency and length of family visits, the family member's role in planning and participating in visitation, and the level of support and success felt by the family member. Families were given the option to complete the survey on paper and mail it to Butler or complete the survey online. The first thirty survey respondents were offered a $20 gift card for their completion of the survey. In August, 35 survey copies and an accompanying information sheet were sent to Alaska Family Services and 30 survey copies and an accompanying information sheet were sent to OCS for distribution to families who received family visitation services. The survey closed on September 27, 2017, at which time a total of 20 completed surveys had been received by Butler.

Measures

In order to examine the factors that contribute to the delivery of supervised visitation by staff, the *Supervised Visitation Survey for Staff* was created to collect quantitative indicators of participants' current workload, family contacts implementation processes, training around supervised visitation, staff knowledge and skills, and collaboration. Table 2 provides a detailed summary of each subscale that composes the battery, the scale type, number of items, and a general description and sample items.

TABLE 2. SUMMARY OF SUPERVISED VISITATION SURVEY FOR STAFF

Measure (Subscales)	# of Items	General Description and Sample Items
Workload and Time Pressure	4	Staff's perception of the availability of time to complete their work. • ***I don't have enough time to do my job effectively.***
Implementation of Supervised Visitation Services	9	Staff's knowledge of the processes in place that guide the implementation of supervised visitation. • ***My agency has set clear and specific goals related to the delivery of supervised visitations.***
Training for Supervised Visitation Services	10	Staff perception of training and its delivery. • ***Staff are trained prior to beginning to supervise family contacts.***

Measure (Subscales)	# of Items	General Description and Sample Items
Knowledge and Skills for Delivering Supervised Visitation	6	Staff self-report of their own knowledge and skills. • *I have acquired skills for engagement of families and children.*
Family Engagement	8	Staff perception of their skills and responsibility to engage families in supervised visitation. • *It is my responsibility to engage families in the provision of supervised visitation services.*
Collaboration	6	Perceptions of collaboration among staff and other partners. • *Staff at my agency successfully coordinate with other community partners to deliver services to children and families.*

Analysis

The current report presents both quantitative and qualitative results from the surveys of staff at Unified Families, Alaska Family Services, and the Office of Children's Services, as well as interviews with key leaders from R.O.C.K. Mat-Su, state and regional OCS agencies, Unified Families, Alaska Family Services, frontline staff / social service associates, and legal partners. Data were analyzed by calculating mean scores and frequencies of the survey responses and conducting thematic content analyses of qualitative data gathered through interviews and focus groups. Due to small sample sizes, best practices to protect the anonymity of respondents have been used where small samples may reveal respondent identity.

Results

Document and Data Review

Since 2013, 790 children have been placed in out-of-home care in the Mat-Su region. Secondary data from Alaska's OCS indicates that the majority of children removed from homes experienced neglect (52%). Additional types of child maltreatment included mental injury, physical abuse, and sexual abuse (Figure 1).
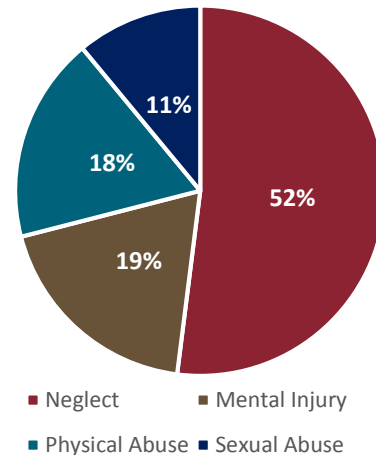
FIGURE 1. PREVALENCE OF MALTREATMENT TYPE

FIGURE 2. OUT-OF-HOME PLACEMENT RESOLUTION PERCENTAGES

Once removed from the home, children achieved varied permanency plans, with the majority experiencing reunification with their birth parents, followed by adoption (Figure 2). Across all outcomes, children's length of stay in out-of-home placement was, on average, 26.1 months. In 2016, 29.3% of children were identified as Native, 70.4% identified as nonnative, and .3% of children identified as unknown racial background. There was a fairly even split by gender, with 47.5% female and 52.5% male. Ages of children served ranged from 0 to 15 and up, with the largest proportion of children served being under the age of 5 (43%).

Survey of Agency Staff

The survey of staff providing family contact supervision focused on issues of current workload, processes, training, staff knowledge and skills (specifically for working to engage families), and collaboration. Staff rated their

perception on all domains using a scale from *Strongly Disagree* (1) to *Strongly Agree* (4). For all scales except *High Workload and Time Pressure*, high scores are preferred. Means ranged from 2.29 for *Training on Supervised Visitation* to 3.18 on *Family Engagement*. Overall means for each area are presented below in Figure 3.

FIGURE 3. OVERALL STAFF SURVEY SCALE MEANS (N = 27)

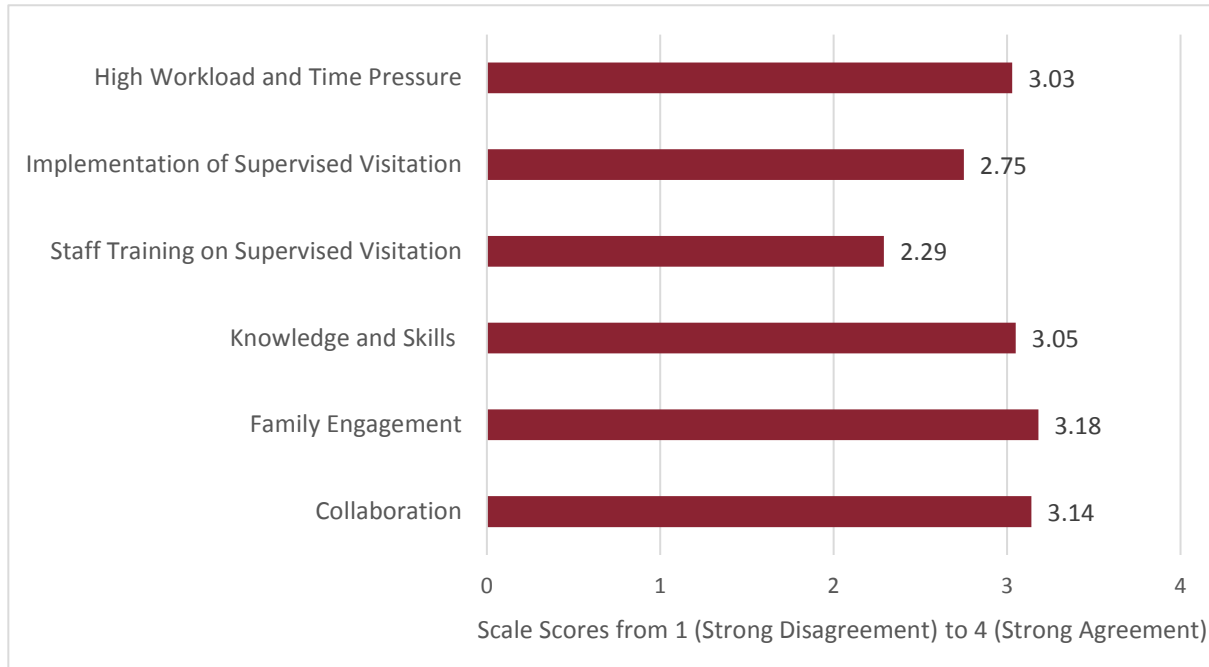High Workload and Time Pressure. **Staff agreed that they had a large workload (Figure 4) and more than half (60%) indicated that their caseloads were *too high* and could not be completed effectively in the time given. The overall mean (M = 3.03) was <u>high</u> and <u>lower means are preferred</u>.**
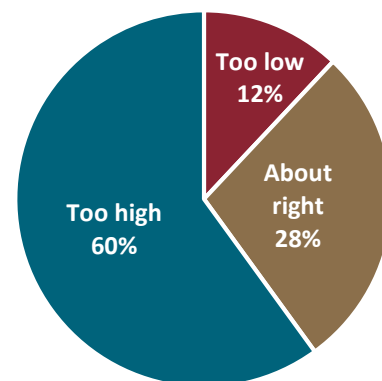
FIGURE 4. STAFF-REPORTED WORKLOAD LEVELS (N = 25)

Figure 5, below, presents the number of participants who agreed to each statement around *Time Pressure* and indicates high levels of endorsement.
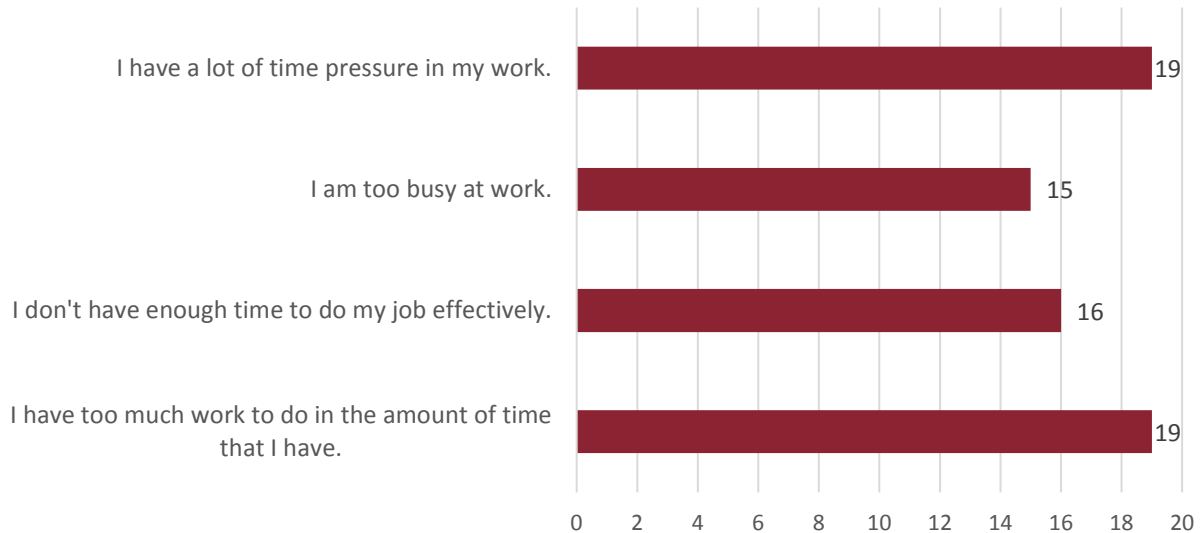
FIGURE 5. FREQUENCY OF STAFF AGREEMENT REGARDING TIME PRESSURE (N = 27)

Implementation of Supervised Visitation. Staff indicated lower endorsement of key features of implementation processes for supervised visitation. **Implementation of Supervised Visitation had an overall scale mean of 2.75**. For the most part, staff agreed that there were processes and procedures in place to guide the execution of supervised visitation. **However, over half of staff (55%) indicated they did not agree that "*adequate resources are available to deliver the supervised visitation services as prescribed.*"**

Training on Supervised Visitation. Staff answered questions regarding the training they receive in order to provide supervised visitation. **Training on Supervised Visitation was the <u>lowest</u> rated domain with an overall mean of 2.29.** Specifically, staff did not agree that key techniques considered best practice, such as rehearsal and practice, are part of training. Figure 6 below presents the number of participants who either *Stongly Disagree-Disagree* or *Agree-Stongly Agree* with each statement around *Training*. These results indicate that participants disagreed or stongly disagreed with the majority of statements.

However, staff did agree or strongly agree with statements that "*training is highly valued by my agency*" and "*skills-based training teaches me how to work with families of diverse cultures/ethnicities.*"

# of staff who...

■ Strongly Disagree-Disagree   ■ Agree-Strongly Agree   ■ Don't know

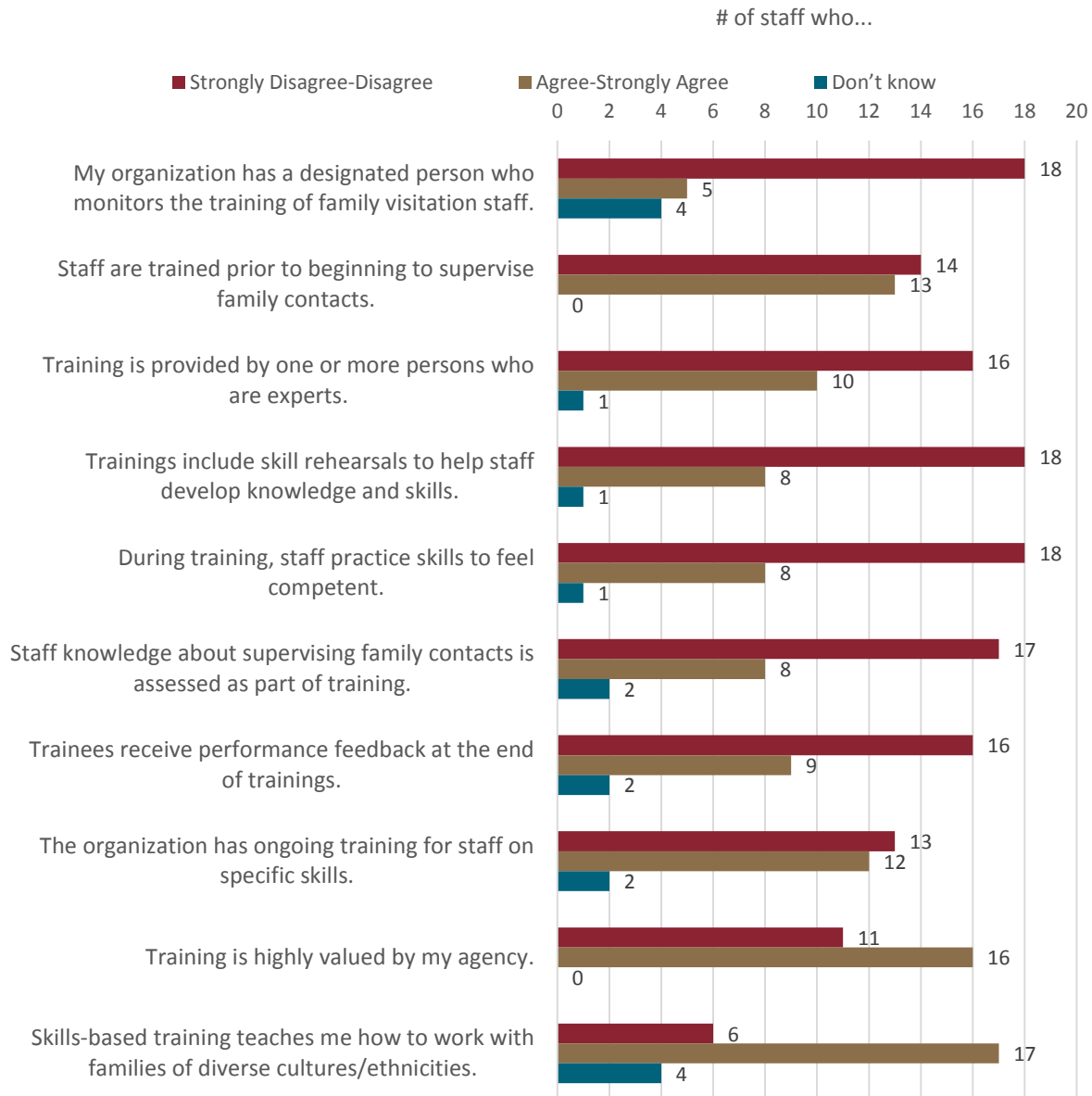|	Strongly Disagree-Disagree	Agree-Strongly Agree	Don't know
My organization has a designated person who monitors the training of family visitation staff.	18	5	4
Staff are trained prior to beginning to supervise family contacts.	14	13	0
Training is provided by one or more persons who are experts.	16	10	1
Trainings include skill rehearsals to help staff develop knowledge and skills.	18	8	1
During training, staff practice skills to feel competent.	18	8	1
Staff knowledge about supervising family contacts is assessed as part of training.	17	8	2
Trainees receive performance feedback at the end of trainings.	16	9	2
The organization has ongoing training for staff on specific skills.	13	12	2
Training is highly valued by my agency.	11	16	0
Skills-based training teaches me how to work with families of diverse cultures/ethnicities.	6	17	4

FIGURE 6. FREQUENCY OF STAFF AGREEMENT REGARDING TRAINING (N = 27)

Knowledge and Skills. **Overall, staff agreed that they had the knowledge and skills required for providing successful supervised visitation (*M* = 3.05).** In addition to measuring staff knowledge and skills on specific items related to supervised visitation, staff were asked to rate how knowledgeable they

were of the co-occurring parental challenges families might face. On average, participants indicated high levels of knowledge. Overall, staff believed they had working knowledge of parental challenges that may co-occur with child maltreatment. Co-Occurring Parental Challenge items and frequency of agreement for each challenge are presented in Table 3.

TABLE 3. FREQUENCY OF RESPONSES CONCERNING STAFF KNOWLEDGE OF CO-OCCURRING PARENTAL CHALLENGES (N = 27)

Parental Challenge	Agree	Strongly Agree	Don't Know
Substance abuse	15	11	0
Domestic violence	17	10	0
Mental and behavioral health concerns	16	11	0
Developmental disability	14	7	1
Physical disability	16	6	2
Impact of parent's own trauma history	18	9	0
Poverty	19	8	0
Homelessness	18	9	0

Family Engagement. Staff believed it was their responsibility to engage and support families during supervised visitation. **Family Engagement was the highest rated domain with an overall mean of 3.18.** Staff felt they had the skills and knowledge necessary to engage families and that it was a key responsibility of their job. **One hundred percent of staff agreed that they had the skills to engage and support families and children during supervised visitation.**

Collaboration. Overall, staff believed they worked well with different agencies and organizations. **Collaboration was the second highest rated domain with an overall mean of 3.14.** Almost all staff (96%), agreed that their agencies "*have good relationships with community partners.*"

Stakeholder Interviews

As part of the mixed-methods design of the evaluation, the Butler Institute for Families conducted interviews with key leaders from R.O.C.K. Mat-Su, state and regional OCS agencies, Unified Families, Alaska Family Services, frontline staff / social service associates, and legal partners. The following summary presents the primary themes that emerged from the interviews.

Interagency Collaboration

Partners held mixed views about their collaboration, but all agreed that their primary goal of collaboration was to serve families. In order to better meet the needs of families, providers indicated that they serve on community teams and internal/external committees, and strive to maintain regular communication with workers through face-to-face meetings, e-mails, and phone calls.

> *"You can always improve communication. I don't think you can communicate too much."*

Providers reported mixed success in communicating effectively with OCS, Alaska Family Services, and Unified Families. Partners reported that while some caseworkers were very good at communicating and working in a collaborative relationship, other workers faced challenges. Providers generally blamed *"red-tape"* for breakdowns in communication. One provider shared, *"We do not communicate. So this is one of the things that's been really kind of aggravating. We are not allowed to talk to one another because we have no release of information."* According to another partner, *"We try to get in touch with the OCS caseworker sometimes and that's difficult in and of itself. They don't allow any direct contact, so you have to call through the OCS generic line and hit the number that gets a person on the phone. If you don't get a person and you have to leave a voicemail and maybe they call you back, maybe they don't. If they do call you back, you may not be available to have a conversation. Those are all challenges. Usually,*

if we're needing information, it's need it now, not never or later. We need easier access to the people that we actually need to be talking to when we have a child in our care. That would be super helpful."

Partners saw inconsistency in communication and collaboration as extremely detrimental to families. One partner stated, "*I think mostly just more information for everyone would be helpful, including the families. I think our observation is families oftentimes come with very little information and that's traumatizing. Then it leaves the agencies that are trying to support them in a position of not being able to necessarily provide what are appropriate supports, because we don't have all of the information we need. I think there's a balance between confidentiality and what's needed for people to be able to act in the best interest of the family and the child, and I don't think that that's being balanced very well right now."*

Most partners reported that OCS and Family Resource Providers were hard to work with, *"due to bureaucracy."* Many policies and procedures were viewed as "*inflexible*" and *"cumbersome,"* both to families and to the partners. One partner put it this way, *"One problem that we have is family resources providers don't release records even though it's regarding children on our caseload and even though we have an order in all of our cases to get these records. They release them to OCS because they are contractors of OCS and they don't give them to us, even though, legally, I think we're entitled to receive them directly from them. We also don't get records from OCS."*

Despite these challenges to collaboration, partners recognized that the barriers to communication were often a result of lack of support, resources, and time available to staff working with families. As one partner shared, *"You're communicating with people who oftentimes are so frustrated with their own lack of resource, they don't have the capacity to change what they're doing. I mean, that's, I think, what the response has been mostly when those conversations are had, is they're doing what they can with what they have."*

Time Pressure

Quantitative findings provide support that *"time pressure"* is problematic. Seventy percent of staff felt they *"have a lot of time pressure at work"* with 60% of staff surveyed reporting they thought their caseloads were *"too high."*

> *"I would say that there's a general feeling from our staff that OCS is not responsive to concerns when we do call. And I think most everyone recognizes that it's not because they don't want to be, and to me, that comes down to not having enough people to do the work that needs to be done."*

Partners pointed to the high workload demands as a barrier for effective collaboration. As one partner acknowledged when speaking about collaboration, *"Almost every interaction I've had with a provider, with anyone, has been affected by the fact that they have too much, too many things for each person to be trying to manage effectively, and I think that affects every element of how they perform."* It is important to note that time pressure is not isolated, as it impacts work with families and providers. It affects morale, efficiency, communication, and the workers' ability to cope with secondary traumatic stress, and partners are aware of these impacts.

Professional Skills and Training

Participants reported the need to improve staff access to training and the agencies' support of professional development for all staff who provide supervised visitation. Partners were not intimately aware of the details of training, but recognized that access and support for professional development varied by agency and implied a desire to understand more about the

competency of staff supervising visitation. One partner shared,

"We're pretty much unaware and have to just trust that these

people are being trained properly or come from the right

background, because we have no input into it. We are passive about

all that. We're just not part of that conversation." Another partner

put it this way, *"Whoever employs the person doing the contact—so*

either OCS or Alaska Family Services Family Support—they're going to be the ones that determine what

they think their staff needs. And I suspect it's not a lot. And because it takes place in—it's private. So it's

not something that many other people are party to, or weighing in on, or talking about."

> *"There's a wide variance between the education, training, and experience that these family contact supervision staff have amongst the agencies."*

When partners were more informed about the qualification and training acquired by staff who supervise

visitation, they expressed concern over training adequacy and how a lack of knowledge might lead to

lack of support for families during supervised visitations*.* One partner stated, *"For the most part, they*

don't even know basic child development, what age children are when they do certain things, what's

normal for children's behavior—they don't feel like it's normal for children to get upset when their

parents leave. Now that's just ridiculous. I mean, children get upset when you have a regular family that

doesn't have any issues, when they just leave their child at daycare. So to have them get upset because

their one-hour visit for the week is ending, that's ridiculous for them to blame the parent and tell the

parent, 'Oh, you need to handle this better.' It's the child that's having the issue and the parent feels

horrible already and then to have a worker try to tell them that it's all their fault."

A lack of adequate training led some partners to voice concern about the credibility of family contact supervisors. *"They don't have the credibility of someone who actually had training that was very specific to dealing with at-risk families, dealing with multicultural families, dealing with childhood development, dealing with trauma issues, those types of things."* Given partners' concerns around training and the professional skills of visitation supervisors, several felt there should be a minimum amount of training provided to staff to ensure they were prepared to work with families. *"I think that there should be a fairly comprehensive training program, that they should have continuing education requirements, and that the supervisors should be supervised when they're initially starting their work."* Some partners also felt that staff could benefit from specific training around *"cultural sensitivity,"* *"trauma informed approaches,"* and *"parental coaching."* Finally, partners felt strongly that knowledge of the importance of family contact was not systemic. One partner shared, *"I think staff, OCS staff in particular—on the importance of family contact—I don't think our local OCS office has a culture that prioritizes family contact."*

> *"There should be more understanding about where these families are coming from themselves. You know, in my dream world, we would have some training on best practices for how to supervise contact when that is needed."*

Families

Throughout the interviews, the needs that emerged around improved collaboration and training were often referred to in the context of impact on families, and partners felt that these challenges had to be addressed to better serve families. Partners also spoke at length about the importance of prioritizing family contacts and using family visitation to improve case outcomes. One partner put it this way, *"We get sometimes to where we are reporting everything instead of spending more time with the parent and explaining how to parent. We are so worried about the*

process and the planning and the reporting, when what we need is to help these parents become better parents. Another partner expanded on the importance of family contacts and its overall impact on success*, "I'm not sure family contact is given the primacy it deserves. It should be the number one thing on every case. I just believe it is the number one issue, because having family contact will make things end up in the right way, whatever that is, quicker. If we just focused on contacts, it would just solve a lot of problems and help everyone figure out which cases should be successful and which should not and my opinion is—and I think the research suggests—the best outcome for these kids is if they're raised by their own family. They have a better chance of succeeding in life that way, of coming through better if that happens, than getting caught up in this foster care system. The saddest thing in the world is for us to get clients who came through that system and they sure as hell don't trust or want to work with OCS because of what they've been through themselves. Family contacts, more often than not, lead to reunification. WE have to get it right."*

When asked to expand on how visitation could be improved for families, partners shared the following; *"There could be lower level of supervision in many cases, which would help families to interact more naturally."* Another shared, *"One thing is to have less pressure of having that visitation supervisor right in the office. You can have more visitation; it's more meaningful; you're not just stuck in one little room. They should be able to go out in the community, which makes a lot of sense because that's when you're going to get a sense of the parenting in those situations. I think it's a false scenario when you're in these visitation rooms. It's not a real sense of what the parent can do in terms of parenting the child."*

Given the importance of family contacts themselves, it is clear that partners are vested in families' successes and committed to addressing collaboration issues in order to better serve families.

> *"What we really need is to work together to benefit the family, not just be siloed; that would be best. I just want to make sure that the children are going back into a safe environment where they can flourish and be able to grow up feeling like someone cares about what happens to them. And I think that when we start to deliver the service in an unbiased way, have staff that are skilled in coaching parents, keep in contact with each other, have a mutual exchange of information, and focus on visitation, then we will."*

Family Surveys

To gather more information about family's experiences of visitation services, surveys were distributed to families to gain their perspective. The majority of surveys were completed by families who received visitation services from Alaska Family Services (n = 17), followed by OCS (n = 2) and Unified Families (n = 1). Table 4 provides an overview of the demographics for survey respondents.

TABLE 4. FAMILY SURVEY DEMOGRAPHICS (N = 20)

	N	%
Race/Ethnicity		
American Indian or Alaska Native	13	65
White or Caucasian (non-Hispanic Origin)	13	65
Hispanic or Latino	1	5
Age		
26–34	10	50
35–44	8	40
45–54	1	5
55–64	1	5
Relationship to Child		
Mother	11	55
Father	8	40
Grandmother	1	5

Most respondents indicated they visit with their child once a week (*n* = 14), while five respondents indicated visits occur twice a week. Families were asked how often they were unable to attend a visit with their child. Most selected never or rarely (*n* = 15), while five respondents indicated this happens often. All families reported family visitation services that lasted at least one hour and up to two hours. Figure 7 provides an overview of duration of family visit.
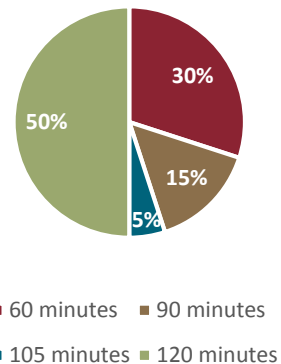

30%
50%
15%
5%

■ 60 minutes ■ 90 minutes
■ 105 minutes ■ 120 minutes

FIGURE 7. DURATION OF FAMILY VISITS (N = 20)

Families rated statements about their visits on a scale of 1 to 4 (1 = Strongly Disagree; 4 = Strongly Agree). Table 5 below displays the mean and standard deviations for each statement. Overall, families agreed they feel supported and welcomed, are provided with helpful information, and have a positive experience during visits with their children. The highest rated statement was regarding engagement in the planning phase of family visitation. The vast majority of families (95%) agreed or strongly agreed that they had the opportunity to participate in planning visits with their children. **The lowest rated statement was regarding the environment in which the visitation was provided. Almost half of the respondents (45%) felt visits were not provided in a home-like environment.** One respondent said their visits should *"be outside these four walls and in the community."* The second lowest rated statement was regarding the help provided by the family's social worker in ensuring the family's ability to attend visitation, where 30% of respondents did not agree they

> *"It feels like it's so little time and I'm not more active with her or around enough to keep up with her progression. The short time makes the end emotional since we rarely see one another."*

were supported in this way. Although many of the statements were rated highly, families reported

feeling judged and punished with short visitation times.

TABLE 5. MEANS AND STANDARD DEVIATION REGARDING FAMILY VISIT EXPERIENCES (N = 20)

Statement	Mean	SD
When I visit with my children, I feel welcome and understood.	3.20	0.89
I was engaged in planning for my visits with my children.	**3.45**	**0.76**
My family visits are planned around my family's schedule.	3.30	0.80
My family visits are planned around my family's transportation needs.	3.05	0.95
My visits are provided in a home-like environment.	**2.75**	**1.02**
I feel supported during visits with my children.	3.15	0.88
I feel respected.	3.32	0.75
I learn helpful information about my child's growth during visits.	3.05	1.00
I learn helpful ideas about parenting during visits.	3.00	0.97
The person who supervises my visits helps me feel successful.	3.30	0.87
My social worker helps ensure I am able to attend visits with my children.	2.85	1.04
I have a positive experience during visits with my children.	3.26	0.73

Summary

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 includes poor access to and sharing of records that are needed in a timely manner to inform work with the family. Overall, access to workers by stakeholders involved with the family is a primary communication barrier to improving partnership with families. A system with high workloads and stress may promote a perception to families and partners of lack of transparency, poor communication, limitations around sharing documentation with partners, and specific barriers to family contact services.

To better serve children and their families, the availability, frequency, and quality of family contact services needs prioritization within organizational structures and demonstrated leadership activities. And given the largest proportion of children served are under the age of 5 (43%), it is critical that this prioritization be attuned to early childhood knowledge, developmental considerations, and meaningful assessment and guidance of the parent/child relationship. This is particularly relevant given the interest in development of a Safe Babies Court model, which was expressed during the development of the proposal to evaluate family contact resources in the Mat-Su Borough.

Research related to the Safe Babies Court model highlights the need for all team members to have a shared knowledge base about the impact of abuse and neglect on early development and an active plan

to address the needs of maltreated infants and toddlers involved in the court system. Successful court

models assure family contact plans are highly individualized for the parent and child. They additionally

consider child safety, the best level of contact, and available resources. Research shows that a successful

Safe Babies Court allows for a frequency of visitation, ranging from twice weekly up to daily. Babies need

to have daily contact with their parents if at all possible. Ideally, that family contact includes

developmentally appropriate activities and coaching guidance to promote knowledge and support of the

child's developmental needs (James Bell Associates, 2009).

Recommendations

Based upon the results of the evaluation, specific recommendations, if implemented, can aid in addressing the systemic challenges involved with family contacts for children in out-of-home placement. Implementing these intervention steps is best conducted within the framework of implementation science to maximize success. The National Implementation Resource Network provides a meaningful framework to advance successful implementation by paying attention to specific drivers: competency, organization, and leadership (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

> ➢ Competency drivers guide the ways in which an agency can develop, improve, and sustain the abilities of those persons implementing the practice or program change. This involves decision-making regarding staff selection and provision of the relevant training and coaching needed to support their efforts.

> ➢ Organizational drivers are attuned to organizational and system supports that are needed to create the environment where changes can thrive. This includes having a data system that informs decisions, administrative structure that support the changes, and connections to the external systems of partnership that are key to the success of the change initiative.

> ➢ Leadership drivers are attuned to understanding and initiating varied leadership strategies for different types of challenges—both technical and adaptive challenges—in order to arrive at successful solutions within a continuous quality improvement process that embraces change.
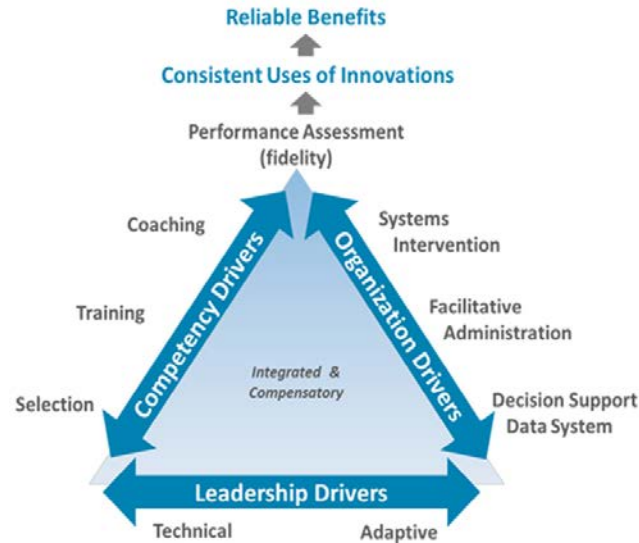
FRAMEWORK FOR SUCCESSFUL IMPLEMENTATION (*SOURCE*: ©FIXSEN & BLASE, 2008)

The evaluation team recommends the following intervention steps to improve family contact based upon the drivers of implementation science.

Overall Recommendations

➢ Conduct a Theory of Change to translate recommendations into intervention action steps. A Theory of Change results in a written and "digestible" roadmap for the change desired in the form of a graphic display of how a program or agency will achieve its ultimate outcome. It is the opposite of strategic planning, which typically starts with strategies or interventions. Instead, participants in a Theory of Change effort begin with the end in mind and define the preconditions necessary to get to their desired state (the ultimate outcome). It is both a process and a product that generates a facilitated consensus about how to reach that ultimate outcome. It also makes clear the necessary preconditions or the "states of being" that must occur to move up to the ultimate outcome. A Theory of Change process strengthens partnerships, improves communication, instructs the pooling of resources, generates plans to address resource limitations, and creates action steps for changes in procedures that will improve family contact services.

- Implement a strengths-based, resiliency-focused approach to supervised family contact services that intentionally assesses strengths, values the environment as a key resource, develops plans that leverage strengths, and holds hope and positive expectations for the family and their children. One such approach, using the Sherman Model, is the Family Restoration Program. Data from one study related to this program shows 91% of families who completed the Family Restoration Program have not returned to services because of a new charge of abuse or neglect of a child (SCAN, n.d.).

Competency Driver Recommendations

- Identify staff to be trained as an initial cohort on a strengths-based, resiliency-focused approach to supervised family contact services.

- Create a cohort of child welfare professionals specifically trained on the overlap of early childhood development and the impact of child maltreatment and related trauma.

- Provide foundational training to staff and partners who supervise family contacts to maximize benefits to the parent and child, using coaching in teachable moments, highlighting of positive parenting, developing a trusting relationship, and transferring knowledge as to the child's developmental needs.

- Provide updated training for child welfare staff using a simulation and skill-based approach on strengths-based family engagement and Family-Centered Coaching practices, Adverse Childhood Experiences and the impact of trauma, promotion of protective factors that build successful reunification, and individual strategies to promote cultural sensitivity and address the impact of implicit bias.

- Provide coaching to child welfare workers and family contact supervisors on the utilization of a strengths-based family visitation program and related procedures for assessment, planning, and implementation.

➢ Provide ongoing "Calls with a Coach" or onsite coaching services for application and transfer of learning from the classroom to the work in child welfare with families.

Organization Driver Recommendations

➢ Establish fiscal and staffing resources that increase visitation frequency, particularly for infants and toddlers, including consideration of increased family contact contracted services.

➢ Revise and renew consistent application of supervised visitation policy, procedures, and practices, addressing barriers to family contact such as effective communication on logistics and follow-up.

➢ Consider alternative supervisors for family contact events, such as relatives/kin, ICWA workers, therapists, parent and/or community educators, or other involved community partners.

➢ Assure family contacts occur within a family friendly home-like environment that provides opportunity for normalized family interactions such as reading to children, cooking together, or playing a game together

Leadership Driver Recommendations

➢ Initiate training and guidance for leadership at supervisor, middle-manager, and director levels on the four domains of leadership within the National Child Welfare Workforce Institute's (NCWWI) Leadership Framework: Leading in Context; Leading People; Leading for Results; and Leading Change. Include the application of implementation science to the change initiative underway.

➢ Address workforce issues by applying the NCWWI Workforce Development Tool Kit as a Leadership Team to create strategies and action steps that improve outcomes for children and families and address:

- o staff turnover;
- o impact of secondary trauma on the workforce; and
- o high workload.

- In 2016, 29.3% of children served were identified as Native American based on analysis of secondary data from Alaska's Office of Children's Services (OCS); by comparison, 6.7% of the entire population in the Mat-SU Borough identified as Native American during the US Census in 2016. This suggests overrepresentation of Native American children in the child protection system. Examine systemic strategies to address overrepresentation of Native American children and their families in the child protection system, create an action plan, and implement activities that promote racial equity.

Once implementation has occurred, sustainability factors to consider include ongoing technical assistance; continued promotion of practice shift principles; integration of training and coaching; meaningful collaboration with borough, tribal, and community stakeholder partners that reflects a parallel process of the practice principles with families; and continued tracking of performance measures to inform policy and practice enhancements.

Conclusion

R.O.C.K. Mat-Su and the South Central Office of Children's Services' partners are clearly committed to enhancing family contact services for children in out-of-home placement. This study has found that the majority of staff who were surveyed have high workloads and time pressures, accompanied by inadequate resources and training. While workers perceive themselves as highly knowledgeable and skilled, system partners do not all share this perception. Additionally, poor cross-system communication and a perceived low value for family contacts are straining the family contact service system. Frequent and quality visitation has been shown to increase the likelihood of reunification, reduce time in out-of-home care, and promote healthy development. Therefore, this shared commitment should result in implementation of interventions that advance the organizational, staff-competency, and leadership efforts needed to assure best outcomes for children and their families.

This report provides the foundation for continued and future dialogue and collaboration with R.O.C.K. Mat-Su, the Office of Children's Services, tribal and court partners, and community agencies. Professionals should continue to work together to pursue strategies that build upon the strengths of families and communities, promote fair and equitable access and provision of services, and maintain community and cultural connections for children.

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Appendices

Appendix A

Caseworker Survey Descriptive Tables

A. Means and Standard Deviation for the Implementation of Supervised Visitation Services (N = 27)

Statement	Mean Item Score	Standard Deviation
Our agency has developed a manual about how to conduct our supervised visitation services.	2.91	0.90
Supervised visitation services are implemented as prescribed by our agency's guidance.	3.20	0.71
The delivery of supervised visitation is consistent across staff at the agency.	2.60	1.04
There is adequate time to plan for supervised visitations.	2.56	1.12
My agency has set clear and specific goals related to the delivery of supervised visitations.	2.96	0.81
Parents and family members are meaningfully involved in planning for supervised visitations services.	2.56	0.80
Ongoing support is readily available for issues related to delivery of supervised visitation.	2.56	0.77
Adequate resources are available to deliver the supervised visitation services as prescribed.	2.37	0.93
Staff are encouraged to express any concerns that arise in the course of delivering supervised visitation services.	3.04	0.82

B. Means and Standard Deviation Regarding the Training for Supervised Visitation Services (N = 27)

Statement	Mean Item Score	Standard Deviation
My organization has a designated person who monitors the training of family visitation staff.	1.91	0.85
Staff are trained prior to beginning to supervise family contacts.	2.44	1.05
Training is provided by one or more persons who are experts.	2.19	1.10
Trainings includes skill rehearsals to help staff develop knowledge and skills.	2.08	0.94
During training, staff practice skills to feel competent.	2.19	1.10
Staff knowledge about supervising family contacts is assessed as part of training.	2.12	0.93
Trainees receive performance feedback at the end of trainings.	2.24	1.05
The organization has ongoing training for staff on specific skills.	2.32	1.03

Training is highly valued by my agency.	2.63	0.97
Skills-based training teaches me how to work with families of diverse cultures/ethnicities.	2.78	0.90

C. Means and Standard Deviation Regarding Staff Knowledge and Skills for Supervised Visitation Services (N = 27)

Statement	Mean Item Score	Standard Deviation
I have received training on the relevance of attachment and separation issues as they relate to child welfare practice.	2.56	0.80
I have received training on the relevance of child development as it relates to child welfare practice.	2.74	0.86
I know the importance of increasing the capacity of families to provide for their children's needs.	3.19	0.96
I have acquired skills for engagement of families and children.	3.30	0.61
I have acquired skills for working with community partners.	3.30	0.54
I know how to engage families with cultural sensitivity.	3.22	0.51

D. Means and Standard Deviation of Staff Knowledge Regarding Co-Occurring Parental Challenges (N = 27)

Parental Challenge	Mean Item Score	Standard Deviation
Substance abuse	3.37	0.57
Domestic violence	3.37	0.49
Mental and behavioral health concerns	3.41	0.50
Developmental disability	3.08	0.69
Physical disability	3.12	0.60
Impact of Parent's own trauma history	3.33	0.48
Poverty	3.30	0.47
Homelessness	3.33	0.48

E. Means and Standard Deviation Regarding Family Engagement in Supervised Visitation (N = 27)

Statement	Mean Item Score	Standard Deviation
I have acquired skills for engagement of families and children.	3.37	0.49
I have the skills to effectively coordinate services for children and families.	3.30	0.54
It is my responsibility to engage families in the planning of supervised visitation services.	3.04	0.76
It is my responsibility to engage families in the provision of supervised visitation services.	3.12	0.71
I have the skills to support families during supervised visitation.	3.42	0.50

It is part of my job to ensure that families are successful in supervised visitation.	3.12	0.77
I play a crucial role in supporting families' attendance at supervised visitation with their child/ren.	3.00	0.80
I use strategies to ensure families have a positive experience during supervised visitation with their child/ren.	3.08	0.69

F. Means and Standard Deviation of Workload and Time Pressure (N = 27)

Statement	Mean Item Score	Standard Deviation
I have too much work to do in the amount of time that I have.	3.15	1.03
I don't have enough time to do my job effectively.	2.93	1.11
I am too busy at work.	2.88	1.11
I have a lot of time pressure in my work.	3.15	1.08

*A higher score indicates higher workload/time pressure.

G. Means and Standard Deviation Regarding Collaboration (N = 27)

Statement	Mean Item Score	Standard Deviation
Staff at my agency work well with community partners.	3.19	0.57
Staff at my agency have a working knowledge of the court system.	3.07	0.73
Staff work well with OCS line staff.	3.29	0.49
OCS staff work well with family contact resource providers.	3.05	0.61
Staff at my agency successfully coordinate with other community partners to deliver services to children and families.	3.04	0.74
Staff at my agency have good relationships with community partners.	3.19	0.49

R.O.C.K. Mat-Su Interim Report

Literature Review and Secondary Data Analysis

Regarding Family Contact Resources for Children in

Out-of-Home Placement

May 2017

Prepared by the Butler Institute for Families,

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UNIVERSITY *of*
DENVER

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Acknowledgments

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Contents

Introduction

Raising Our Children with Kindness (R.O.C.K.) Mat-Su is a cross-sector collaborative in Alaska's

Matanuska-Susitna (Mat-Su) Borough that promotes family resilience and the reduction of child

maltreatment. Together with the local Office of Children's Services (OCS), R.O.C.K. Mat-Su is working to

strengthen the provision of family contact services for children in out-of-home placement in the

community. This report is part of a project to evaluate the systemic challenges involved in providing

family contact services and improve the availability, frequency, and quality of those services.
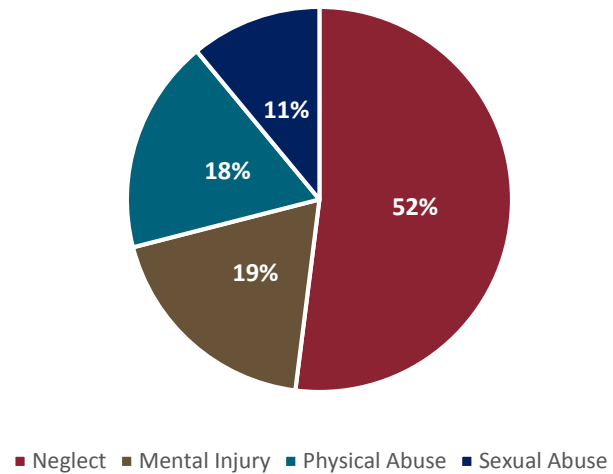

In support of R.O.C.K. Mat-Su's commitment to child well-being and family support, the

following review documents current initiatives, provides an overview of best practices and

considerations for visitation policies, and outlines exemplar protocols to serve as a guiding framework

for policy and practice development.

FIGURE 2. PLACEMENT RESOLUTION PERCENTAGES

51 — Reuinification
36 — Adoption
5 — Runaway
3 — Aging Out
2 — Tribe Assumed Jurisdiction
1 — Custody Granted to Relative (1%)
1 — Death
1 — Guardianship

FIGURE 1. PREVALENCE OF MALTREATMENT TYPE

52% — Neglect
19% —
18% —
11% —

■ Neglect ■ Mental Injury ■ Physical Abuse ■ Sexual Abuse

State of Mat-Su

Since 2013, 790 children have been placed in out-of-home care in the Mat-Su region. Secondary data form Alaska's Office of Children's Services (OCS) indicates that the majority of children removed from homes experienced neglect (52%). Additional types of child maltreatment included mental injury, physical abuse, and sexual abuse (Figure 1). Once removed from the home, children achieved varied permanency plans, with the majority experiencing reunification with their birth parents, followed by adoption (Figure 2). Across all outcomes, children's length of stay in out-of-home placement was, on average, 26.1 months. In 2016, 29.3% of children were identified as Native, 70.4% identified as Non-native, and .3% of children identified as unknown racial background. There was a fairly even split by gender, with 47.5% female and 52.5% male. Ages of children served ranged from 0 to 15 and up, with the largest proportion of children served being under the age of 5 (43%).

Mat-Su Resources and Initiatives

Since its development in 2014, R.O.C.K. Mat-Su has worked as a collective community project to increase protective factors for family stability and reduce child abuse in Mat-Su. As part of this initiative, R.O.C.K Mat-Su has partnered with the Alaska Office of Children's Services (OCS) in the Mat-Su Borough to examine family contact practices and visitation protocols for biological family members and children who are in out-of-home placement. R.O.C.K. Mat-Su is ultimately interested in assuring that families have access to a range of services aimed at improving child safety and family stability, particularly focused on prevention and early intervention supports.

Review of Existing Data

Child welfare stakeholders, including the Alaska Department of Health and Social Services (DHSS), Office of Children's Services (OCS), and the Mat-Su Health Foundation, have conducted initial work to understand families' needs for strengthening parenting and preventing child abuse in the Mat-Su Borough. This section briefly summarizes findings from these existing resources.

Wasilla Café. In 2015, R.O.C.K. Mat-Su hosted a gathering of community members, service providers, and parents at the Wasilla Café to discuss issues in the community, offer support, and work together on potential solutions ("Community Café," 2016). The event was one of six similar community cafés sponsored by OCS in cities and towns in Alaska. Participating members at the Wasilla Café expressed concerns about safety in the community, a sense of isolation, a lack of religious and spiritual resources, and the difficulty in building relationships with neighbors. Specific to parenting, participants expressed fears around asking for help due to concerns about losing custody of their children. Others described feelings of shame, guilt, and embarrassment for needing help with parenting skills. There was

a clear appreciation for the Wasilla Café as it brought people together and provided a space for

participants to be open and honest about their struggles and concerns. When asked about ways the

community could support parents, participants highlighted the following key factors: connect families

with someone to help them access services, provide more services locally, and decrease embarrassment

associated with asking for help. When asked about family stability, participants expressed a desire for

the community to:

- ❖ connect families with someone to help them access services;
- ❖ offer support from family, friends, and neighbors; and
- ❖ encourage workplaces and employers to be flexible and understanding.

When surveyed about strengthening families, participants suggested:

- ❖ hosting community gatherings and events;
- ❖ sharing cultural traditions;
- ❖ inviting others to join parent groups; and
- ❖ offering words of encouragement and help.

To support learning about parenting and child development, participants suggested hands-on, in-home

coaching for new parents, engaging elders and extended family members, offering local classes, and

sharing/learning from other parents. In terms of nurturing children's social and emotional skills,

participants described a need for showing parents how to provide supportive environments, helping

children manage and express emotions, and assisting parents with their own personal/emotional needs.

Mat-Su Environmental Scan. The Mat-Su Health Foundation commissioned a behavioral

health environmental scan that examined systems in the Mat-Su Borough that support family resilience

and child safety ("Environmental Scan", 2017). According to the resulting report, Mat-Su has resources

for a range of child-focused treatments for victims of abuse. The primary office responsible for these

services is the Office of Children's Services and the Office of Public Advocacy. In a review of child welfare services, the Mat-Su Environmental Scan identified: the need for increased workforce development, especially focused on increasing the use of a trauma-informed approach: an expanded family visitation policy; support for service providers; and a program geared toward the specific needs of low-risk families. Following these recommendations, the current report reviews common family visitation practices recommended by the research literature and provides future directions for intervention steps that will improve family contacts and positive family and child outcomes.

Family Contacts in Practice

Family contacts aim to increase the likelihood of successful and lasting reunification. For these reasons, research has focused on identifying best practices for successful supervised visits. This research has identified key foundational principles that guide family contacts. In the following section, we review the benefits, barriers, and approaches to best practice in family contacts.

Best Practice in Family Contacts

❖ Consistent visitations as a right of families and children

❖ Agency responsibility for facilitating and promoting visitation

❖ Caseworker and caregiver commitment to visitation

❖ Caseworker sensitivity and empathy around parents' emotions

❖ Visitation activities to promote attachment and support child development

❖ Written policies to ensure implementation of frequent,

Benefits of Visitation

Throughout a child's time in out-of-home placement, visitations follow three key phases. The initial phase, at the onset of removal, includes assessment and goal setting. The middle phase is primarily geared toward building and practicing parenting skills. The third phase, known as the transition phase, supports the child and family during the reunification process. In this model, reunification is not defined as an either-or outcome. In fact, research suggests it is better understood as a continuum of behaviors varying in degree of contact (Petr & Entriken, 1995; Warsh, Maluccio, & Pine, 1994).

Research demonstrates many of the benefits of family visits while a child is in the foster care system, including identity development, attachment skills, and relationship building (Hess & Proch, 1988). Other noted benefits for maintaining connection include:

- ❖ easing pain of separation;
- ❖ reducing child self-blame for placement;
- ❖ increasing parent motivation;
- ❖ providing opportunities for parents to learn new skills;
- ❖ supporting the child's placement in their foster home; and
- ❖ increasing the likelihood of reunification.

The frequency and quality of visitation is important to a successful and sustained reunification, but it is also important to recognize that even when reunification is not foreseeable, birth families and extended family members still have something positive to offer to the child.

Barriers to Visitation

There are, of course, barriers for productive visitations that must be identified so that they can be mitigated. In particular, foster and kinship care providers, child welfare professionals, and children can all experience feelings or exhibit behaviors that can impede the family contact process.

Foster and Kinship Care Providers

Foster parents' attitudes and behaviors can negatively influence children's reactions to visits. Loyalty conflicts can also occur when a child feels they have to choose between their foster parents and birth parents. It is best when adults model the acceptability of a child loving and wanting both sets of parents in their lives and avoid pressuring a child to feel one way or another toward birth parents. Instead, modeling acceptance of whatever the child feels is often the best approach (Haight, Kagle, & Black, 2003). Foster parents may also create barriers by requesting a reduction in visitations due to children's responses to birth families and/or insisting on attending visits in an intrusive/counterproductive manner. Overall, the foster parent should be encouraged to follow the visitation plan, respect the importance of family contact, model healthy parent-child interaction, and provide emotional support to aid in preparing the child for visits.

Additionally, family members can also create barriers for visitations. It is important to recognize that not all kinship members are interested or ready to have a relationship with the removed child. Evaluation can help ensure the kinship member is invested and not jeopardizing the process as inconsistency can reinforce a child's instability. These evaluations are best when they are used in ongoing assessment, and discontinuation of contact must always be an option. Changes in visitation

and visitation disruption can be very damaging for both children and parents, and should be directly related to safety concerns as (Terling-Watt, 2001).

Child Welfare Professionals

While working to keep children safe, child welfare professionals can sometimes be a barrier to visitations. If caseworkers hold prejudices against birth families, they impede visitations in a way that is counterproductive to reunification. In some cases, these opinions may be based on files, as opposed to actual interactions with the family; thus, it is important to train professionals in strength-based practices and encourage open-mindedness when working with birth families. Petr and Entriken (1995) found that some child welfare professionals struggle to implement "family-centered practice." Families explained that they often feel stereotyped and excluded from the decision-making process. The authors suggest that child welfare workers should strive to focus on the biological family unit, and view family visitation as "a right, not an earned privilege" (p. 529). Subsequent research demonstrated the importance of birth families being approached from a strength-based model, indicating that birth mothers are more responsive to caseworkers who focus on the mothers' potential for change and growth (Aken & Gregoire, 1997).

Child Reactions to Visits

Specific questions can be used to assess a child's reactions to visits (Hess and Proch, 1998), including:

1. *Is the reaction normal given the stress of the placement?*

2. *Does the reaction reflect distress related to conflicting loyalties?*

3. *Does the reaction reveal problems in the visiting situation?*

4. *Does the reaction indicate problems in the parent-child relationship?*

Children

Children's responses to visitation may also be perceived as a barrier for continuing family contact. Children may exhibit emotional and behavioral reactions as they often have difficulty processing and expressing their emotional experiences. (Beyer, 2008; Haight, Kagle, & Black, 2003; Smariga, 2007). Behavior changes may be an indication of unresolved emotional distress and should be closely monitored. Increases in negative emotions or behaviors should not lead to a decrease in visits, but rather an increase in supports for correctly interpreting and working through the challenges.

The Role of Agencies in Ensuring Quality Family Contact

To alleviate barriers and capitalize on the benefits of visitation, there are several strategies agencies can employ. These include important procedural components for agencies to consider in the development of protocols and guiding frameworks for family visits.

Established Family Contact Plans

A concrete visitation plan should outline goals and the purpose of the visits, dates and length of visits, designations of responsibility for pragmatic concerns, approved visit activities, and policies for addressing unacceptable behaviors and cancellations or missed visits. Other considerations when developing visitation policies include scheduling logistics and frequency of visits ("Child and Family Visitation," 2009). Research highlights caseworkers as being highly influential in driving visitation. There is a strong correlation between plans determined by caseworkers and actual visitation patterns. A systematic review found that over a quarter of agencies did not have formal visitation policies, and when polices did exist, they were not standardized (Proch & Hess, 1987). Thus, an established schedule is the first step in increasing visitation. It may be important for visitation schedules to be orchestrated by externally contracted family resource centers, as the focused time attributed to the task increases the likelihood of routine visits and ultimately reunification (Perkins & Ansay, 1998).

Training and Support

It is important for child welfare professionals to have training on the benefits of family contacts for children and their families. Appropriate training is crucial to the mitigation of many of the barriers identified (Petr and Entriken, 1995). Research suggests that caseworkers, foster and kinship care providers, and parents benefit from training. For foster and kinship care providers, training can be helpful to combat adverse thoughts and behaviors that are exhibited during family contacts, which can be achieved by teaching participants the importance and benefits of family visits and normalizing child reactions to visit (Smariga, 2007). It can also be beneficial for caseworkers to work through challenges concerning family visits with the foster parents and offer resources and support. Foster and kinship care providers are more likely to request an increase in visitations if they receive training or agency support

(Sanchirico & Jablonka, 2000). It is also crucial that families receive appropriate training in support of developing parenting skills. The importance of these factors is supported by research that links an increased likelihood for reunification with strong alliances with families, skills training, and family resource needs being addressed (Fraser, Walton, Lewis, Pecora & Walton, 1996).

Family Contacts

Best practices dictate that quality visits be structured and supportive of the child and parent. Following this approach, all parties collaboratively set goals, and caseworkers offer resources and supports necessary for meeting objectives.

Although face-to-face meetings are ideal, earlier forms of contact can include letters, texting, e-mails, and phone calls. Taking these introductory steps can help with relationship building and may

facilitate more consistent and successful family visits and, ultimately, full reunification ("Second Chances," 2009).

Research has shown the location of the visits is optimal when it is safe and home-like (Smith, Shapiro, Sperry, & LeBuffe, 2014). For example, agencies have successfully used parents' homes, relatives' homes, or foster homes as ideal locations. The primary goal of visits is for children to build healthy and positive relationships with their families (Fein, Maluccio, & Kluger, 1990; Maluccio, Warsh, & Pine, 1993). Thus, effective visits are structured, pleasurable, therapeutic, and appropriate given the current abilities of family members and the child (Loar, 1998). In efforts to be culturally responsive, visitation honors families' faith, cultural practices, and rituals.

Research highlights the Parent Management Training – Oregon Model (PMTO) as a top-tier, evidence-based intervention focused on enhancing parenting skills and managing child behavior problems, with particular efficacy in complex family systems. This model views parents as key agents of the treatment and aims to recognize parenting strengths to build upon across the treatment process. In brief, therapists coach parents on parenting skills, such as goal setting, rewarding appropriate behavior and establishing and tracking children's schedules (Forgatch & Domenech Rodriguez, 2016). The model highlights the importance of child-parent connection and the continual consideration of stressors and barriers to maintaining this connection through visitation.

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). This relationship is so strong that researchers recommend visits ideally occur once a week, but encourage daily visits with infants and visits with toddlers to occur every

two-to-three days (Smariga, 2007). This level of frequency is associated with a reduction in behavior problems, anxiety, and depressive symptoms in children (Cantos, Gries, & Slis, 1997). In contrast, less frequent visits are associated with a range of poorer outcomes (Kufeldt & Armstrong, 1995). In addition to frequency, timing of first visits is also important. Wright suggests visits occur within the first 48 hours of placement (as cited in Smariga, 2007).

Promising Models

There are many best practices that emerge in the literature in regard to family contacts. There are fewer comprehensive models of exemplary practices and protocols from other jurisdictions available for review. However, two models consistently utilize the recommended best practices that emerged in the research. Those models include the Sherman Model and the Connections Project, which are explored in detail here.

The Sherman Model

The Sherman Model is a strengths-based practice that outlines an ideal model for facilitating family visits. Smith et al. (2014) describes the six elements of the Sherman Model:

1. Visitation environment: This element considers how the physical environment impacts interactions between children and families during visits. Research suggests it's important to offer a comfortable home-like environment for visits (Haight et al., 2002) and offering a range of activities for children to choose from encourages engagement and interaction throughout the visit (Mourikis, 2002).

2. Strengths-based assessment: Ongoing assessment of child and parent should be used to inform skills training. For example, standardized assessments may identify risk and protective factors to focus on in training. These resilience-building strategies should be discussed with the family as parent involvement in goal setting is encouraged.

3. Resilience meetings between workers and caregivers: The purpose of these meetings is to foster a positive relationship between workers and family members. During the meeting, the content is focused on discussing the child's strengths, setting goals for visitations, and selecting resilience-enhancing visitation activities. Research suggests it's important for coaching of parents to begin prior to the start of visitations (Beyer, 2008; Haight et al., 2002). There's also evidence that the rapport-building facilitated by these meetings aids in successful reunifications (Gerring, Kemp, & Marcenko, 2008; Haight et al., 2002). The process encourages collaborative goal setting, which increases family engagement and retention. These meetings should result in a written Resilience Plan, beginning with goal setting for both child and parent. Parent goals are geared toward supporting the child and enhancing competence and confidence in parenting, and coaching supports these goals and guides the supervisor's role in visits.

4. Stable visitation routines: Research suggests that supervised visits follow a routine (Mourikis, 2002). The Sherman Model uses a visit routine that includes time allotted for greetings, a family circle (an opportunity to catch up on recent activities and select a resilience activity to focus on for the current meeting), a resilience activity, a meal/snack, clean up, and review/planning. Research supports the importance of everyone knowing what to expect from the visit (Beyer, 2008).

5. Activities to promote resilience: These activities should be developmentally appropriate and build child-parent relationships by offering some form of practicing parenting skills. Specific manualized skills are incorporated through this element of the model.

6. Progress check-ups: More one-on-one time between parents and workers is associated with more frequent visitations and quicker reunifications (McWey & Mullis, 2004; White, Albers, & Bitonti, 1996). The purpose of these meetings is to acknowledge and celebrate the progress of visits.

The Connections Project

The Connections Project developed a program geared toward increasing connections between birth families, foster families, and children in the child welfare system. As such, the grounding values of the Connections Project are as follows:

1. The birth family is a valuable part of the child's life.

2. Maintaining parent-child relationships is the moral and ethical thing to do.

3. Connecting birth and foster families facilitates a supportive foundation for the child.

Early assessments are conducted of birth and foster families, and a developmental assessment of the child guides visitation content. Constructs of interest include parenting attitudes/knowledge, parents' hopes and worries, and engagement and perception of service use. This program's main focus is arranging visitations, including offering transportation services for the child and families to weekly visitations. Prior to visits, service providers meet with birth parents to establish rapport, begin building a supportive relationship, and outline expectations for visitations. This model emphasizes the importance of validation and relational support between service providers and birth parents. These meetings also give caseworkers the opportunity to discuss results of the initial assessments, including the child's

development, giving parents a clear and realistic guide for what they should expect from their children. During visits, service providers offer support and coaching. One key focus area is discipline practices, and caseworkers are encouraged to model redirection and appropriate correction of child behavior. In an effort to increase the positives, foster parents and children are encouraged to share updates and fun stories. A unique aspect of the Connections Project is the focus of physical sensations as parents are encouraged to hold their children, bring items from home that may remind their children of smells from home, keep volume and tone at a pleasant level, and maintain eye contact to increase connection. Outside of visitations, parents' progress is heavily praised. Caseworkers also offer constructive critiques and always keep a focus on planning and next steps. The Connections Project also emphasizes ongoing contact between caseworkers, parents, and foster families. To meet this goal, birth parents and foster families speak by phone prior to visitations. Foster parents are also invited to attend visitations to support relationship-building across all parties. Birth parents participating in this project expressed a genuine gratitude for the opportunity to build a relationship with the person caring for their child.

Conclusion

Family contacts provide a multitude of benefits for children and families and are an important factor in facilitating reunification. Agencies have an important role and responsibility for family engagement in the support of improved child and family well-being. Robust agency policies recognize known barriers to family contacts and provide resources and supports for caseworkers, foster parents, children, and families. This document has reviewed the current standards and best practices in the literature as a starting point for considering how programs can best engage with families to promote strong child and family outcomes. Research and theory indicate that agencies impact children and families through a number of mechanisms, including the extent to which agencies recognize and eliminate barriers to family contacts by utilizing strength-based and empathetic approaches, developing standardized plans and protocols that govern family contacts, and providing training for caseworkers, foster and kinship providers, and parents. Agencies that embed these strategies promote a culture of trust, support, and commitment to the parent-child relationship through visitation. They also invest in resources and training for adults responsible for the child's well-being. More work is needed to develop more examples of tested approaches. In addition, more research is needed to pilot approaches and build upon the current examples of successful programs. Ultimately, continued examination and development of effective visitation programs can help establish more robust models of family contact strategies and positively impact child and family well-being outcomes.

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