

Family Contact Consultation Framework Guide:

A Critical Thinking Tool to Support Best Practices in Family Contact

Prepared for R.O.C.K. Mat-Su, Raising Our Children with Kindness | November 2022



UNIVERSITY OF
DENVER

The Butler Institute for Families
Graduate School of Social Work

Acknowledgments

This guide supports the application of the Family Contact Consultation Framework (FCCF) as part of best practices in family contact. The guide aligns with the exploratory components of the FCCF and is intended to assist people who are facilitating case consultations using the FCCF. The FCCF is a tool to encourage critical thinking regarding a family contact facilitator's adherence to the Family Contact Improvement Partnership's (FCIP) best practices. The FCIP is a group of organizations, agencies, and community stakeholders in Alaska's Matanuska-Susitna (Mat-Su) Borough committed to improving family contact for children who are in out-of-home care and involved in the public child welfare system.

This FCIP is coordinated, funded, and supported by Raising Our Children with Kindness (R.O.C.K.) Mat-Su, a cross-sector collaborative in Alaska's Mat-Su Borough. Special thanks to the FCIP partners for their pilot participation using the FCCF and for their passion for and commitment to best practices.

For further information about the FCIP and the important improvements underway, please go to <https://www.rockmatsu.org/familycontact/>.

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Recommended Citation

Clark, K., Doty, C., & Wilcox, C. (2022). *Family Contact Consultation Framework Guide: A critical thinking tool to support best practices in family contact*. Butler Institute for Families, University of Denver Graduate School of Social Work.

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Introduction

This Family Contact Consultation Framework Guide helps people who are facilitating case consultations use the Family Contact Consultation Framework (FCCF). Family contact refers to contact between a child and their parent(s) when the child has been placed in out-of-home care. A child in out-of-home care should receive culturally centered, meaningful, and healthy contact with their family. Partners in the Mat-Su Borough must work together to help this happen consistently for the families, children and youth they are serving. The case consultation approach helps assure that family contact services are aligned with the Family Contact Improvement Partnership's (FCIP) best practices.

Frequent and quality family contact, which is planned in-person contact between families, children, and/or siblings, is one of the primary indicators of successful reunification. Research suggests the frequency of maternal visitation is directly associated with reunification and permanent placements (Davis et al., 1996). The primary goal of family contact is for children to build healthy and positive relationships with their families (Fein et al., 1990). The FCIP partners have worked together since 2018 to improve the availability, frequency, and quality of contact for families in the Mat-Su Borough. The FCCF and this guide further that work by supporting people who are facilitating and participating in case consultations to critically think about and consistently apply best practices.

The FCCF is used by agencies involved in the provision of family contact to support intra-agency and inter-agency case consultations. Groups or teams can use the FCCF, or it can be used one on one, including within supervisory sessions. The overarching goal of the FCCF is to anchor the work with families in best practices. The FCCF provides a visual aid to assist professionals and stakeholders involved with a family to critically think through complex situations. It can be used between professionals and/or with professionals and the specific family to explore key elements of family contact that guide decision-making in alignment with best practices. The FCCF is available in two formats: a blank version and a desk aide version. The desk aide version has guiding questions to help people attending a case consultation think critically and collaboratively about family contact.

Family contact facilitators can use the FCCF combined with case consultation to address and support their ongoing practice of providing culturally centered, meaningful, and healthy contact for children in out-of-home placement by:

- Contributing to the 60-day Office of Children's Services' (OCS) family contact review, guiding alignment with best practices, and encouraging partners to continuously collaborate, communicate, and measure progress on child safety and well-being.
- Proposing a change in family contact supervision level indicated by related safety needs.
- Examining solutions when one or more professionals involved in a case consultation are experiencing a lack of progress or need clarification on a family situation.
- Seeking information about the degree to which an agency is successfully implementing best practices for a specific family situation.



- Examining a specific challenge or change that is affecting family contact.
- Transferring a family contact service case between agencies.
- Examining concerns that are outside of a family contact facilitator's education or training level.
- Creating the family contact plan after the initial assessment is complete.
- Reviewing successful case situations to examine best practice and identify what worked well.

Partnerships in Practice

All partners working with a family must collaborate to support frequent and quality family contact. Together partners using the FCCF must share common ground about the best practices that promote culturally centered, meaningful, and healthy contact for children.

To achieve this, partnerships must be grounded in:

- Trusting and supportive working relationships,
- Foundational knowledge of best practices, and
- Related skills necessary to improve child and family outcomes for children in out-of-home care.

The FCCF is a tool that supports these partnership needs. The case consultation facilitator is typically an agency representative who is trained on and committed to best practices in family contact. The case consultation facilitator directs the implementation of these practices using a strengths-based approach that parallels a family-centered strengths-based approach used with families that promotes positive engagement.

The FCIP operates using the principles of partnership (Appalachian Family Innovations, 2003). These principles, when viewed holistically, define the way the FCIP partners work together to accomplish improvements and guide the case consultation facilitator's use of the FCCF. The partners take these principles to heart in their work together, including when they are working or guiding work at the family level. The case consultation facilitator's use of the FCCF should be grounded in the following principles and emphasized throughout discussions and critical thinking together:

Everyone Desires Respect. All people have worth and a right to self-determination and to make their own decisions about their lives. Being accepting of this principle leads people to treat others with respect and honor others' opinions and worldviews. True partnership is impossible without mutual respect.

Partners Share Power. Each person shares the responsibility to leverage their position and relational power to improve the partnership's work. When obstacles arise, partners share the responsibility for creating meaningful change.



Everyone Needs to Be Heard. Practice empathetic listening, which includes active listening accompanied by the listener's sincere motivation to understand what the other person is saying. The listener's desire is to understand the other person's point of view, leaving their own agenda "at the door." This keeps defensiveness and resistance from blocking solution building.

Everyone Has Strengths. Identify others' strengths and use them to accomplish the goals at hand. Use gifts, talents, abilities, resources, and connections to address worries as they arise. Work hard to intentionally identify the problems ahead to create a hopeful and accomplishable path together.

Judgments Can Wait. Explore new ideas and prevent judgment from creating barriers. Delay judgments to stay open to changing decisions if further feedback or information indicates that is necessary. Hold candor with curiosity.

Partnership Is a Process. Remain aware that your work together is done through a melding of all partnership principles. The focus is on the relationships within the partnership as much as it is on the work at hand.

Many different partners help support family contact and may participate in a case consultation, including OCS staff, community partners, tribal representatives, family members, foster or kinship parents, and family contact supporters. Partners attending and participating in a case consultation should discuss the situation as if the parent and other family members are present. The completed FCCF document should be shared with the parent and/or other family members to support changes and transparency. This helps honor and respect the family and their perspective.

Confidentiality in Case Consultation

Confidentiality is paramount and a legal obligation. Family contact case consultation facilitators and participants in the case consultation must keep all information about family contact confidential. However, if new reports arise about potential abuse or neglect of children or elderly or disabled persons during case consultation, then people in attendance must report that to OCS screening per the mandatory reporting standards. In accordance with Alaska Statutes (AS 47.10 and 47.24), providers will contact appropriate authorities if they suspect any form of abuse or neglect. If a participant threatens to harm him/herself or another individual(s) (AS 12.61.010), the threat will be taken seriously and reported to the appropriate authorities. When a report is filed to protect an individual(s), the report will be prepared with or without consent from the client.

All people attending a case consultation will sign the Family Contact Consultation Confidentiality Agreement (Agreement) to support effective information sharing and assure best practices implementation. The Case Confidentiality Agreement, completed FCCF, and related case notes are part of the legal record and can be subpoenaed as discoverable information within a court intervention.



All partners attending a case consultation must also comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In 2022, the OCS legal team advised OCS staff they can sign the confidentiality agreement and participate in case consultation. OCS staff must adhere to the OCS confidentiality policy and HIPAA training that mandates they only disclose information needed to promote best practices within use of the FCCF, which includes, but is not limited to, parent specific information, safety-related information, and information necessary to discuss and solve barriers to improved family contact. The Agreement is in [Appendix D](#).

The FCCF and Reflective Supervision

Agencies can use the FCCF as part of individual or group supervision to support reflective supervision and encourage a relationship-based organization. The staff member and supervisor, when setting aside time to examine family contact during supervision, should discuss how various factors impact family contact, such as safety concerns, future risk of harm, influence of poverty, implicit biases, family structure and dynamics, and the loss of a family's supportive network (Center for Advanced Studies in Child Welfare, 2009). The staff member and supervisor should also integrate Strengthening Families Protective Factors information into the discussion on the FCCF (Center for the Study of Social Policy, 2022). Supervisors and staff can use the FCCF as a tool within reflective supervision to create opportunities for solution building, critical thinking, and collective examination about the complex work of supporting families and their children. Reflective supervision involves the supervisor and staff member exchanging insights, incorporating how to implement policies and principles into practice, and creating shared perceptions about the various implications within decision-making. Reflective supervision creates a learning environment for supervisors and staff where they can discuss challenging situations and how to approach difficult family cases in general. The FCCF is an effective tool to support this type of supervision.

The FCCF also helps staff and supervisors explore how to consistently achieve fidelity in best practices to guide practice improvements and related professional growth. A supervisory conversation on this topic could include:

- Current concerns for child safety or future risk of harm that could impact family contact and future successful reunification.
- Exploring ways family strengths and protective factors can be used to improve family contact.
- A family's readiness for a change of supervision level (guided supervision, supervised contact, supported contact, unsupervised contact) as this can shift back and forth.
- Exploring whether concerns raised are related to safety and completing the family contact goals rather than compliance or implicit bias.
- Exploring ways to include alternative family contact facilitators, such as family contact supporters, and improving involvement of the foster/kinship placement parent in family contact.
- Exploring ways family contact could be held successfully in the family home.

- Identifying appropriate family resiliency activities.

Completing the FCCF

The FCCF supports a guided conversation among case consultation participants and is a way to document information and decisions during the consultation. The FCCF document can be partially completed before a case consultation discussion to save time and prepare. For example, the requesting party could complete the first two columns of the FCCF beforehand and provide a review at the start of the case consultation.

If there are future case consultations regarding the same family, the previous FCCF can be used and revised with key updates about the new situation. A consecutive series of FCCF's used within case consultations supports critical thinking over time, collaborative decision-making, and builds trusting partner relationships. Partners may choose to bring a hard-copy version of a partially completed FCCF tool to help guide their individual thinking about and contributions to a case consultation.

The FCCF allows partners to capture key points and information from the case consultation, providing a resource for tracking progress over time regarding child safety and well-being. The FCCF is designed to elicit critical thinking about the application of family contact best practices supported by objective observations of the family.

FCCF Layout and Components

This guide, and the FCCF, support critical thinking and solution building. The FCCF's core components align with the family contact process outlined in the [Family Contact Best Practices Guide for Professionals](#). These resources should be used in conjunction with people who are trained to use family contact best practices. For foundational information and skill development on best practices in family contact, the case consultation facilitator may review the best practices training curriculum that supports best practices implementation. The FCCF includes some initial grounding information and then is divided into three columns containing relevant information about the family case situation, the present family contact event flow, and next steps.

Grounding for Case Consultation

All parties attending the case consultation must sign the Agreement before the consultation begins because they will be discussing family and child case-specific situations (see [Appendix D](#)). The Agreement must be signed for each case consultation that occurs, even if the consultation is about a family the party has signed a previous Agreement for. The case consultation facilitator should:

- Remind attending parties about the purpose of the Agreement,
- Review the principles of partnership, and
- Note that the information documented in the FCCF is discoverable within a court intervention.



Additionally, the parties should discuss objective safety concerns and address them in behavioral terms in relationship to their direct impact on the family contact event. It is important to identify what behavior is believed to be unsafe, why it is believed to be unsafe, and build solutions in partnership with the family. OCS has established safety threshold criteria, included in the [Best Practices Guide](#), as a reference to assist people with this assessment. If the case consultation is being held to discuss moving the family to a different family contact supervision level, it is important to remind the parties that these levels are established based on safety concerns, rather than service plan compliance, and that family contact is not to be used as a punishment or reward. It is well documented that family contact is in the best interests of both the child and the parents.

The following information addresses each FCCF component and provides the consultation facilitator suggestions for a successful consultation using the FCCF.

What is the primary reason for case consultation today?

What brings you to the consult? What do you want consultation around (e.g., having a difficult time during family contact, challenges with the steps in the routine, review for recommendation on level change, difficult family dynamic that needs solution building)?

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To anchor the case consultation in the family contact facilitator's needs for the case consultation.

The case consultation facilitator should ask the requester what brings them to the case consultation and what they are seeking from the case consultation. For example, are there difficulties occurring in family contact regarding the family contact routine? Is there interest in exploring a supervision level change? Do they want to explore a difficult family dynamic that is negatively impacting the child, youth, or parent and their interactions? Is there a new immediate safety concern? It is crucial to be clear on the reason for the case consultation because it guides the rest of the discussion and is the anchor for the conversation.

Example Case Consultation Facilitator Questions:

- What makes this topic important for the child or youth's well-being? Will this strengthen family connections?

Potential follow-up questions: What will be different for the family? What will be different for the child or youth?

- What would you like to get out of this conversation today?

Information About the Family and Main Concerns That Impact Family Contact

Who are the people involved? What does the family contact facilitator need to pay attention to during family contact that is connected to the initial concerns? What are the special considerations, if any (e.g., domestic violence, sexual abuse, parent who is incarcerated)?

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To understand the family system and the larger picture of why the family is being provided support during family contact.

The case consultation facilitator should determine the main people involved in family contact and in the case. Given the people involved, are there concerns for child safety within family contact? What has been done to mitigate concerns for the child's immediate safety in family contact? What does the family contact facilitator need to pay attention to during family contact? Are there any special considerations, such as domestic violence, sexual abuse, or an incarcerated parent that would impact family contact? How does this information inform family contact?

The case consultation facilitator should ask what safety concern is being addressed during family contact (sometimes people state what brought the children into care, which may or may not be impacting the family contact events). Is this the first time the family has been involved with OCS? How long have child safety or well-being concerns been occurring? Is the family receiving any other services? How long has the child been in out-of-home care?

Once background information has been shared and/or reviewed, the FCCF aligns with the before, during, and after process flow of a family contact event.

Column 1 BEFORE



Column 2 DURING



Column 3 AFTER



Column One - Before

Family Contact Plan

Are there any immediate safety concerns the family contact facilitator needs to be aware of that impact family contact (e.g., domestic violence concerns between the parents that prevent them from being alone together)? What is the focus of family contact? What is supporting the child or youth's long-term well-being (e.g., co-parenting in a way that supports child or youth attachment to both parents)? Basic information about the plan (e.g., goals, barriers, family contact phase, frequency, location, current supervision level, agency referral information).

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To ground participants in the goals, purpose, and needs of family contact as defined by the referring OCS caseworker. This section includes immediate safety concerns the family contact facilitator needs to be aware of, as well as ways to support the family in building protective factors to mitigate future risk.

The case consultation facilitator should ask what the OCS caseworker has defined as the focus of family contact because this supports long-term child or youth well-being. How has the OCS caseworker identified how this focus will increase safe behavior that protects the child or that mitigates future risk of harm to the child or youth?

Example Case Consultation Facilitator Questions:

- How does this focus on parent/child attachment support the overall goal of reunification?
- How does this focus benefit the family connection? The child's well-being?
- What information is missing that would help you provide successful family contact? (Remember to also add the answer/s to the 3rd column)

Impact of Trauma

What does the family contact facilitator need to be aware of about the parent's trauma history that impacts their parenting? How does it impact successful family contact (e.g., historical trauma, intergenerational trauma, ambiguous loss, Adverse Childhood Experiences, child/youth maltreatment

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To help the family contact facilitator be acutely aware of the parent's and/or children's experiences with trauma and/or situations that may influence how they engage in family contact so the family contact facilitator can be responsive with a trauma informed approach.

The case consultation facilitator should ask about any historical trauma, intergenerational trauma, concerns for ambiguous loss, Adverse Childhood Experiences, or child maltreatment trauma related to the current family case.

Example Case Consultation Facilitator Questions:

- What if we looked at that behavior through a trauma lens?
- What if we saw the parent's reaction as a response to trauma?
- How can we switch our lens from "why are you doing this" to "what healing can I help provide"?

trauma)?

Cultural and Intersectionality Considerations

What cultural worldviews and family identities influence parenting (e.g., ICWA status, family traditions, family and community values, gender identity, racial/ethnic identity, sexual orientation, results of identity wheel)?

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To recognize and emphasize the family's possible cultural influences that should be incorporated into family contact.

The case consultation facilitator should ask about the child's Indian Child Welfare Act (ICWA) status, family and community values, gender identity, sexual orientation, and family traditions. (continued)

The case consultation facilitator may also talk about identity wheel results with attendees during the case consultation. Other specific cultural and intersectional information the case consultation facilitator should ask about includes family members' self-identified race and ethnicity, income level, Adverse Childhood Experiences categories and score, disability status, preferred foods, and religious or spiritual beliefs and related practices.

Example Case Consultation Facilitator Questions:

- What am I missing because of my own bias? What do I expect of parents because of my own beliefs, experiences, or knowledge? Are there safety concerns or biases?
- What would the child or youth say are important norms/rituals/ways things were done when they were in their parent's care?

Relationship Dynamics Impacting Family Contact

What significant relationships influence family contact? How do these relationships promote or hinder meaningful, healthy, culturally centered family contact (e.g., the degree to which the foster care provider partners with the parent/s; the relationships between family members; contention between parents, if any)?

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To help determine what external variables and relational dynamics may be influencing family contact and/or could support the family or future family contact.

The case consultation facilitator should ask about the degree to which the foster parent is acting as a meaningful partner with the parent, family members' relationships, and any current or historical contention between parents.

Example Case Consultation Facilitator Questions:

- What relationships does the family need to focus on during contact to support the child's or youth's well-being?

Strengths/Protective Factors

What protective factors influence parenting including parental resilience, social connections, concrete supports in times of need, knowledge of parenting and child development, children's social and emotional competence? What strengths are present (e.g., the presence of each of the protective factors, how strengths connect to and support these protective factors, the coping skills and strategies helpers have implemented or used over time)?

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To identify areas of strength that can support successful family contact and parenting behaviors.

The case consultation facilitator should ask about each of the protective factors and parent, child, or youth strengths that support the family's protective factors for each category listed: social connections, knowledge of parenting and child development, concrete supports in times of need, parental resilience, and social and emotional competence of children and include any additional strengths.

Protective factors are 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.](#)).

Example Case Consultation Facilitator Question:

- How do we see these protective factors showing up in family contact?

Column Two - During

Before Family Contact Event

How are the check-ins going with the parent on planning for family contact? What are parent's insights and strengths? What are the challenges? What are the system barriers?

CASE CONSULTATION FACILITATOR NOTE:

The case consultation facilitator should explore whether the agency meets with the family outside of the family contact event and if they meet with the family before family contact events to plan them. The case consultation facilitator should ask questions about whether the parents have shared their own insights on their parenting strengths and challenges. The case consultation facilitator should ask additional questions to clarify whether the challenges are related to the parent or if they are systemic.

The family contact facilitator and the parent should have reviewed the plan and discussed the child or youth's identified needs prior to the first family contact event. The family contact facilitator should also have gathered materials for an identified resiliency activity with the parent. An icebreaker with the foster/kinship placement should have occurred. The case consultation facilitator should ask if these steps have been followed, during the case consultation.

During Family Contact - Fidelity to Routine.

What is working well during family contact? What can be improved upon? Are each of the steps being followed, including greetings, circle time, resiliency activity, meal/snack, cleanup, goodbye?

CASE CONSULTATION FACILITATOR NOTE:

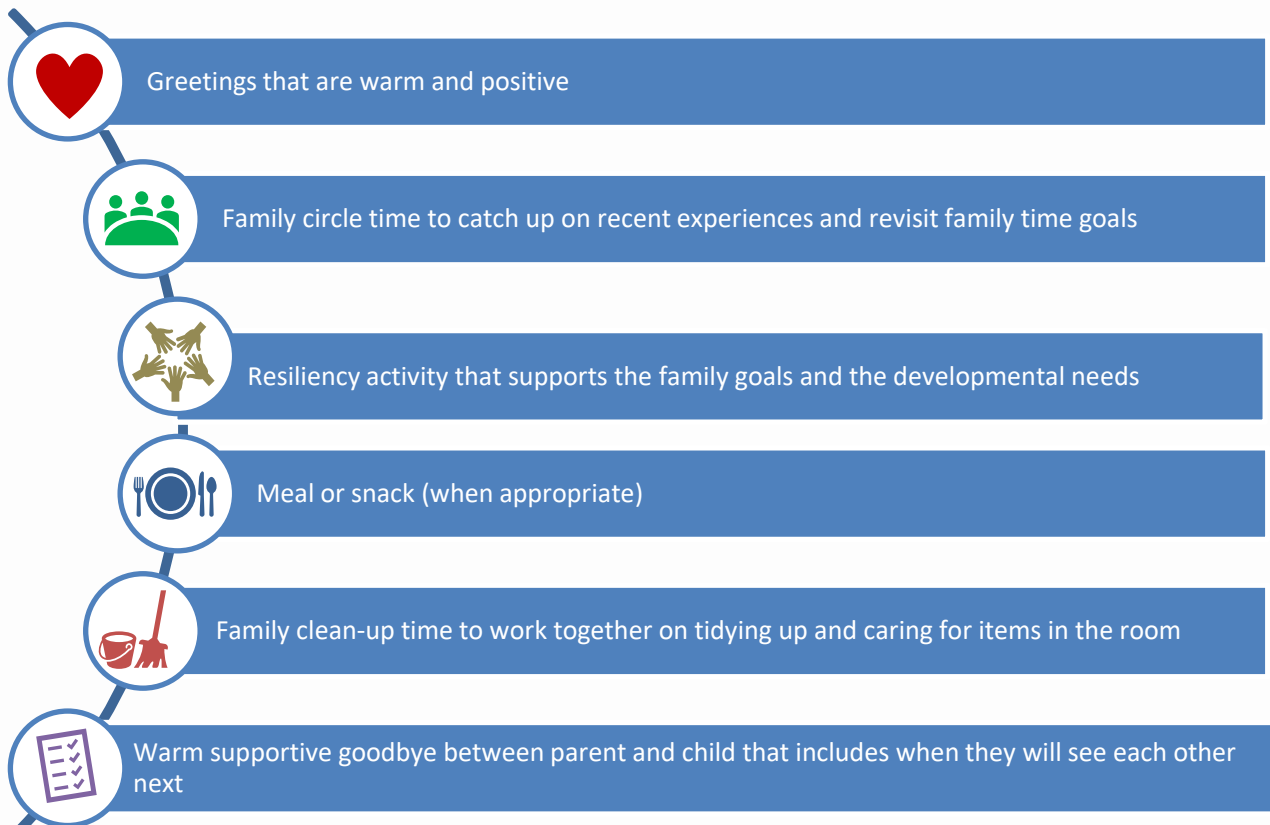
PURPOSE: To identify how the family contact facilitator and the family are implementing and using each step within a family contact event.

The case consultation facilitator should examine each step within the family contact routine. This includes asking what parts of the routine could be strengthened to align with established best practices.
(continued)

The family contact facilitator should be:

- Supporting the parent to develop their capacity for play at all developmental levels.
- Trying to make the family contact event as natural as possible and to include meals and community activities.
- Helping to stagger time with or separate siblings to help the parent build their capacity to recognize and respond to each child's unique needs.
- Modeling and prompting as necessary.
- Encouraging the parent to take charge of the family contact event and begin to create their own teaching moments, both to teach their child and to learn from their coach.

If system barriers, such as lack of transportation, were addressed, how could solutions to those system barriers help support the child's well-being? The family contact routine is listed below for quick reference.





Child or Youth View and Hopes

What is the child or youth point of view? What are they hoping for? What are the child or youth behaviors or characteristics (e.g., crying when parent picks them up, child/youth on the phone excessively, child/youth developmental needs, strong attachment to parent during contact, social/emotional considerations, child or youth resilience)?

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To identify and bring the child or youth's voice and perspective into the discussion. The case consultation facilitator should explore the case consultation attendees' views of the child's perspective. This includes asking about child behaviors or child characteristics that appear before, during, or after family contact, such as the child and parent warmly embracing upon greeting each other, the child crying when the parent picks them up or the child or youth using a cell phone as a distraction from engaging. The case consultation facilitator should also ask about the child's developmental needs, the child's current social or emotional circumstances, and indications of resilience. The case consultation facilitator should ask what the child hopes for in family contact.

Parent View and Hopes

What is the parent's point of view? What are they hoping for? What are the parent's behaviors or characteristics (e.g., parent on the phone excessively, parent's developmental needs, parent's point in their

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To identify and bring the parent's voice and perspective into the discussion. The case consultation facilitator should explore the case consultation attendees' views of the parent's perspective. This includes asking about parent behaviors or parent characteristics that appear before, during, or after family contact, such as the parent using their cell phone excessively to avoid engaging with the child; the parent's developmental level; where the parent is in their substance use recovery process, if they are in that process; their level of attachment to the child; the parent's current social or emotional circumstances; the behavior that shows this; current family dynamics; and indications of resilience. The case consultation facilitator should ask what the parent hopes for in family contact.



own substance use recovery, degree of attachment to the child or youth, social/emotional considerations, their point of view on family dynamics, parent resilience)?

After Family Contact Event

How are the check-ins with the parent going after the family contact event? How have the areas of celebration and growth been approached and what was the parent's response? What challenges, if any, are there to holding post-family contact check-ins? What are the system barriers?

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To identify the degree to which the family contact facilitator is following up with the parent/s after a family contact event.

The case consultation facilitator should ask whether the agency meets with the family outside of the family contact event and if they meet with the parent after the family contact events.

The case consultation facilitator should ask questions to examine the parent's insights into what strengths and challenges they experienced during family contact and the level of engagement for future family contact event planning. The case consultation facilitator should help explore whether challenges are related to the parent or whether they are systemic.

The case consultation facilitator should ask about the practices that occur at the end of a family contact event. These include:

- The coach filling out a family contact summary to record completion of the visit routine, monitor family engagement in activities, and identify the strategies that were used to address goals for each child, parent, and coach.
- Guiding the parent toward self-reflection.
- Supporting parent planning for the next family contact event.

Column Three - After

Suggestions for Healing-Focused and Culturally Centered Action Steps

What specific and concrete observations demonstrate the need for support and coaching (e.g., family dynamic issues that need to be explored more for successful contact, objective safety concerns, opportunities for skill building)? What barriers are there to implementing these action steps (e.g., agency-level barriers, need for approval from caseworker, clarifying information)?

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To help the family contact facilitator gain skills or insights that could aid them in supporting families (i.e., this is not a place to “second guess” the family contact facilitator but to support them in moving forward in service to families and children).

Example Case Consultation Facilitator Questions:

- What do you believe will help improve healing for the child, youth, or parent?
- Has the parent asked about or indicated any areas of healing or cultural connection? Has the parent been asked these questions?
- What specific objective observations or information do you have regarding healing needs or culturally centered actions – what does that look like, sound like, and feel like from the child, youth, or parent/s’ point of view?
- What needs should be explored further so that family contact can be more successful?
- What agency barriers or restrictions, if any, are in the way of the family moving to the least restrictive supervision level?

Supports and Services Needed Outside of Family Contact

What parent focus areas might be influencing family services and supports that are not in the purview of family contact? What complicating factors are present that must be addressed outside of family contact (e.g., mental health services, substance use treatment, child/youth mental health services)?

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To identify situations or behaviors that may arise in family contact that are not within the purview of family contact. This is a space to document and explore these elements.

Ask what might be influencing the success of family contact beyond just the family contact events.

Example Case Consultation Facilitator Question:

- In what ways might the parent be experiencing challenges in their recovery or in their therapy treatment plan (or other service component)? Are there services the parent is already connected to that could be involved to support their success?

Areas to Gain Further Clarity to Support Effective Family Contact

What needs require additional exploration or clarification to better support family contact? Who holds this information?

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To learn whether the family contact facilitator is missing some information and/or some information that may support a more successful contact.

The case consultation facilitator should clarify who will take the necessary next steps to implement any decisions made during the case consultation. The case consultation facilitator can also include things the family contact facilitator may need, such as more training, approval from OCS, or other agency-level supports.

Next Steps

Has the reason for the case consultation been addressed? What is the resolution? Who will do what by when to implement the decisions made in the consultation? What are the specific actions to be taken before, during, or after family contact events? How often and to what degree? Does someone need to review and/or approve this before these changes occur?

CASE CONSULTATION FACILITATOR NOTE:

PURPOSE: To clarify what should happen next to advance decisions or actions identified in the case consultation.

The case consultation facilitator should ask about the specific actions to be taken before, during, and/or after the next family contact event. Identify who will take the steps, including outside supports; when these steps will occur; the frequency of these actions; and how often these actions will happen.

General Tips for Successful FCCF Facilitation

Many skills help the case consultation facilitator conduct an effective case consultation process. Throughout a case consultation, effective facilitators understand the process and the content of the discussion, and they are continually addressed. The case consultation process supports collaboration and sharing among attendees, which is critical to making effective decisions about the case that lead to positive outcomes. Successful case consultation facilitation makes the attendees' work easier by structuring and guiding participation so that everyone is involved and contributes their perspectives and information. The case consultation facilitator assures that all the voices are heard, and the principles of partnership are being practiced throughout the consultation.

At the beginning of the consultation, it is helpful to identify who will be the notetaker for the consultation. If possible, someone other than the case consultation facilitator should take notes. In addition to this administrative strategy, other strategies to engage attendees' during the consultation include:

- Make affirmation responses such as "yes, exactly, say more, good example."
- Utilize the desk aide to help the attendees understand what question is being asked or to clarify/refocus an answer.
- Call on specific people you believe may have necessary viewpoints or information.
- Ask guiding questions.



- Wait for silence after asking a question and say, “I’m patient; you’re a thoughtful group today.”
- Use humor.
- Draw out attendees’ knowledge.
- Invite alternative or diverse viewpoints.
- Identify and acknowledge cultural aspects and their importance.
- Refocus the group on the primary reason for the consultation.
- Attend to distractions.
- Address conflict transparently with kindness and candor.
- Paraphrase for clarity and understanding.

Virtual Platforms:

When using a virtual meeting platform, whether fully virtual or as part of a hybrid approach, knowledge of how to effectively use virtual technology to facilitate the case consultation is important. The case consultation facilitator may find it helpful to use discussion boards, quick poll questions, or the chat feature to encourage decision-making or information-sharing among attendees. Screen sharing the FCCF can help keep discussion on track. If the group is unable to arrive at a decision, various methods of voting can be used such as a simple “thumbs up or down” or the use of the “five-fingers” approach to explore the level of agreement with the matter being voted on. Five, four, or three fingers up means the person can live with the vote. Two or one finger up means the facilitator should ask the person/s what is needed to move them closer to agreement.

Sometimes the discussion in a case consultation can go astray and drift from the intended reason for the consultation. At those times, the case consultation facilitator can bring the group back with a general statement, such as, “We seem to be drifting here,” or “We seem to be stuck on this point – let’s take a vote to get a sense of where everyone is at.” There may also be someone in the consultation who is monopolizing the discussion with information that is most important to them. In those situations, the case consultation facilitator could say, “I hear what you’re saying, and you’ve made some great points. I wonder if we could hear from someone else?”

These general facilitation tips, and other information in this guide, support the application of the FCCF and assist partners through the process of critical thinking and using FCIP best practices. The FCCF, and this guide, are tools that will be revised as part of continuous quality improvement cycles. Annual feedback regarding the FCCF will be gathered and used to inform future versions of the FCCF and this guide.

For additional resources, go to [R.O.C.K. Mat-Su Family Contact Improvements](#).

Appendix A: Key Terms

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

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

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

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

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

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

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

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

Family contact coordinator | A paid staff position responsible for overseeing that the family contact plan is delivered appropriately and that all recipients' education plans are developed and executed.

Family contact facilitator | The person responsible for facilitating the family contact event, which is a time for contact between a parent and their child or youth who is in out-of-home care. The family contact facilitator is a professional—an employee of a provider agency, stakeholder agency, or the Office of

Family Contact Consultation framework guide



Children's Services.

Family contact participant | The child and anyone having contact with the child per the authority of OCS.

Family contact plan | A document that outlines responsibilities, frequency and duration, goals, suggested activities, supervision level and justification, and any special instructions for family contact. OCS staff and family contact participants should develop the plan collaboratively and share it with the family and the family contact provider agency with appropriate release of information.

Family contact supporter | A relative, foster parent (kinship or non-kinship), tribal member, community member, or family friend who provides family contact facilitation between a parent and their child or youth who is in out-of-home care, when the family is at the supported family contact level.

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

Family Team Meeting (FTM) | A monthly meeting for Families with Infants and Toddlers (FIT) Court clients and team members (such as OCS caseworker, GAL, FP, attorneys, treatment providers, service providers, visitation facilitators) to discuss client's case, progress made, and future goals.

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).

Icebreaker | An icebreaker is an activity shared by two or more people that helps reduce inhibitions or encourage conversation to begin. It increases communication among the parent, child, or youth and supports their well-being. For example, a caseworker can use an icebreaker when they introduce the family to Social Services Assistant, and the Social Services Assistant can use an icebreaker to increase communication between bio parent and placing parents during hand offs. Whoever is holding the meeting is responsible for facilitating the icebreaker.

Indian Child Welfare Act (ICWA) | The purpose of the Indian Child Welfare Act (ICWA) is "...to protect the best interest of Indian Children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children and placement of such children in homes which will reflect the unique values of Indian culture"(25 U.S. C. 1902). It is important to bring culture into ICWA family contact. ICWA workers can be included in family contact and family contact-related decisions. Some tribes are part of a tribal compact and they have additional access to family contact at additional tribal agencies.

Intergenerational trauma | The transmission of trauma between generations.



Meaningful, healthy culturally centered contact | Child-centered interactions that take place in the least restrictive and most homelike environment in a manner that promotes typical parent-child interactions and family connections for all that is frequent, safe, culturally centered and intentional.

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

Parent coaching plan | A plan co-created by parents and staff representing agencies that provide supervised family contact that outlines services, strengths, areas needing improvement, goals, objectives, and progress updates.

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

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

Resiliency meeting | A meeting between OCS Case Manager and parents, to be done during initial case evaluation and ongoing case reviews. The purpose is to evaluate the family's strengths and struggles using a protective factor and safety model. The OCS Case Manager and parents develop a plan together to increase family resilience that is written into the family contact plan. Family contact facilitators or SSAs choose resiliency-building activities based on the specific needs of the family determined by this plan.

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

Team decision making (TDM) | A TDM can be held for many reasons. It is to get the family, caseworkers, legal parties, placing family, supporting agencies, and people parents believe are a support to them together. During the meeting those present may make a plan together on 1) safety, 2) legal intervention, 3) the best placement option, and 4) friends and family who can support family contact.



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

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



Appendix B: Family Contact Consultation Framework – Desk Aide Version

Family Contact Consultation framework – desk aide version



Date: Click or tap to enter a date. **Attendees:** Click or tap here to enter text.

What is the primary reason for consultation today?

What brings you to the consult? What do you want consultation around? (e.g., having a difficult time during family contact, challenges with the steps in the routine, review for recommendation on level change, difficult family dynamic that needs solution building)

Information about the family and the main concerns that impact family contact.

Who are the people involved? What does the facilitator need to pay attention to during family contact that is connected to the initial concerns? What are the special considerations, if any (e.g., domestic violence, sexual abuse, parent who is incarcerated)?

Family Contact Plan:

Are there any immediate safety concerns the facilitator needs to be aware of that impact family contact? (e.g., domestic violence concerns between the parents that prevent them from being alone together)

What is the focus of family contact? What is supporting the child or youth's long-term well-being? (e.g., co-parenting in a way that supports child or youth attachment to both parents)

Basic information about the plan (e.g., goals, barriers, family contact phase, frequency, location, current supervision level, agency referral information)

Impact of Trauma:

What does the family contact facilitator need to be aware of about the parent's trauma history that impacts their parenting? How does it impact successful family contact? (e.g., historical trauma, intergenerational trauma, ambiguous loss,

Before Family Contact Event:

How are the check-ins with the parent on planning for family contact going? What are parent's insights and strengths? What are the challenges? What are the system barriers?

During Family Contact -

Fidelity to Routine:

What is working well during family contact? What can be improved upon? Are each of the steps being followed, including greetings, circle time, resiliency activity, meal/snack, cleanup, goodbye? (See diagram on page 2)

Child or Youth View and Hopes:

What is the child or youth point of view? What are they hoping for? What are the child or youth behaviors or characteristics? (e.g., crying when parent picks them up, child/youth on the phone excessively, strong attachment to parent during contact, child/youth developmental needs, social/emotional considerations, child or youth resilience)

Suggestions for Healing-Focused and Culturally Centered Action Steps:

What specific and concrete observations demonstrate the need for support and coaching? (e.g., family dynamic issues that need to be explored more for successful contact, objective safety concerns, opportunities for skill building). What barriers are there to implementing these action steps? (e.g., agency-level barriers, need for approval from caseworker, clarifying information).

Supports and Services Needed Outside Family Contact:

What parent focus areas might be influencing family services and supports that are not in the purview of family contact? What complicating factors are present that must be addressed outside of family contact? (e.g., mental health

Family Contact Consultation framework – desk aide version



Adverse Childhood Experiences, child/youth maltreatment trauma)

Cultural and Intersectionality Considerations:

What cultural worldviews and family identities influence parenting? (e.g., ICWA status, family traditions, family and community values, gender identity, racial/ethnic identity, sexual orientation, results of identity wheel)

Relationship Dynamics Impacting Family Contact:

What significant relationships influence family contact? How do these relationships promote or hinder meaningful, healthy, culturally centered family contact? (e.g., the degree to which the foster care provider partners with the parent/s; the relationships between family members; contention between parents, if any)

Strengths/Protective Factors:

What protective factors influence parenting including parental resilience, social connections, concrete supports in times of need, knowledge of parenting & child development, children's social & emotional competence?

What strengths are present? (e.g., the presence of each of the protective factors, how strengths connect to and support these protective factors, the coping skills and strategies helpers have implemented or used over time)

Parent View and Hopes:

What is the parent's point of view? What are they hoping for? What are the parent's behaviors or characteristics? (e.g., parent on the phone excessively, parent's developmental needs, parent's point in their own substance use recovery, degree of attachment to the child or youth, social/emotional

considerations, their point of view on family dynamics, parent resilience)

After Family Contact Event:

How are the check-ins with the parent going after the family contact event? How have the areas of celebration and growth been approached and what was the parent's response?

What challenges, if any, are there to holding post-family contact check-ins?

What are the system barriers?

services, substance use treatment, child/youth mental health services)

Other Considerations to Support Family Contact:

What needs require additional exploration or clarification to better support family contact? Who holds this information?

Next Steps:

Has the reason for the case consultation been addressed? What is the resolution? Who will do what by when to implement the decisions made in the consultation? What are the specific actions to be taken before, during, or after family contact events? How often and to what degree?



Greetings that are warm and positive



Family circle time to catch up on recent experiences and revisit family time goals



Resiliency activity that supports the family goals and the developmental needs



Meal or snack (when appropriate)



Family clean-up time to work together on tidying up and caring for items in the room



Warm supportive goodbye between parent and child that includes when they will see each other next



Appendix C: Family Contact Consultation Framework – Blank Version

Family Contact Consultation framework – Blank version



Instructions: Use up and down arrow keys to jump to previous or next field

Date: Click or tap to enter a date. **Attendees:** Click or tap here to enter text.

What is the primary reason for consultation today?

Click or tap here to enter text.

Information about the family and the main concerns that impact family contact.

Click or tap here to enter text.

Family Contact Plan:

Click or tap here to enter text

Impact of Trauma:

Click or tap here to enter text

Cultural and Intersectionality Considerations:

Click or tap here to enter text.

Relationship Dynamics Impacting Family Contact:

Click or tap here to enter text.

Strengths/Protective Factors:

Click or tap here to enter text.

Before Family Contact Event:

Click or tap here to enter text.

During Family Contact -

Fidelity to Routine:

Click or tap here to enter text.

Child or Youth View and Hopes:

Click or tap here to enter text.

Parent View and Hopes:

Click or tap here to enter text.

After Family Contact Event:

Click or tap here to enter text.

Suggestions for Healing-Focused and Culturally Centered Action Steps:

Click or tap here to enter text.

Supports and Services Needed Outside Family Contact:

Click or tap here to enter text.

Other Considerations to Support Family Contact:

Click or tap here to enter text.

Next Steps:

Click or tap here to enter text.

Appendix D: Family Contact Consultation Confidentiality Agreement

The following is a Family Contact Consultation Confidentiality Agreement (referred to in this document as “Agreement”) between parties including, but not limited to, Alaska Center for Resource Families, Alaska Family Services, Alaska Youth and Family Network, Beacon Hill, CCS Early Learning, Chickaloon Tribal Nation, Co-Occurring Disorders Institute, Guardian ad Litem Office, Knik Tribal Nation, Mat-Su Health Foundation, Palmer Families with Infants and Toddlers Court Project, Raising Our Children with Kindness (R.O.C.K.) Mat-Su, South Central Office of Children’s Services (OCS), family contact supporters, and other professionals currently involved with the family.

Parties attending the case consultation must sign this Agreement before the consultation begins and if they will be discussing family and child case-specific situations. Those attending the case consultation (referred to in this document as “parties”) are committed to improving family contact for children and youth in out-of-home placement.

Agreement Expectations

WHEREAS, the parties’ goal is to unite so that families and children engage in meaningful healthy contact that is culturally centered and best for the child. The parties believe we must work together to help make this happen consistently for the child(ren) and youth involved in this case consultation. We have identified how to improve the availability, frequency, and quality of family contact for families the Office of Children’s Services (OCS) serves in the Matanuska-Susitna borough. This Agreement and the related case consultation process help support family contact improvements.

WHEREAS the parties agree to conduct this consultation using family-driven care principles. Family-driven care, as defined by the National Federation of Families for Children’s Mental Health,¹ means families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory, and nation.

¹ Adapted from National Federation of Families for Children’s Mental Health. (2008). *Family driven, family centered, family voice and choice: What’s the difference?* https://www.ffcmh.org/_files/ugd/318d31_dd33b8b1ae804982b1ce662a1c474032.pdf



WHEREAS the parties agree to engage in confidential consultation with each other and commit to using the six principles of partnership² as follows:

Everyone Desires Respect. All people have worth and a right to self-determination and to make their own decisions about their lives. Being accepting of this principle leads people to treat others with respect and honor others' opinions and worldviews. True partnership is impossible without mutual respect.

Partners Share Power. Each person shares the responsibility to leverage their position and relational power to improve the partnership's work. When obstacles arise, partners share the responsibility for creating meaningful change.

Everyone Needs to Be Heard. Practice empathetic listening, which includes active listening accompanied by the listener's sincere motivation to understand what the other person is saying. The listener's desire is to understand the other person's point of view, leaving their own agenda "at the door." This keeps defensiveness and resistance from blocking solution building.

Everyone Has Strengths. Identify others' strengths and use them to accomplish the goals at hand. Use gifts, talents, abilities, resources, and connections to address worries as they arise. Work hard to intentionally identify the problems ahead to create a hopeful and accomplishable path together.

Judgments Can Wait. Explore new ideas and prevent judgment from creating barriers. Delay judgments to stay open to changing decisions if further feedback or information indicates that is necessary. Hold candor with curiosity.

Partnership Is a Process. Remain aware that your work together is done through a melding of all partnership principles. The focus is on the relationships within the partnership as much as it is on the work at hand.

WHEREAS, the parties agree to keep all information confidential. The parties also agree to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA). The OCS legal team advised OCS staff that they can sign this Agreement and participate in case consultation. In doing so, OCS staff must adhere to the OCS confidentiality policy and HIPAA training by disclosing only information needed to

² Adapted from Smith, C., White, P., & Comer, D. (2006). Cornerstone III: Self-study guide for family assessment. Appalachian Family Innovations.



promote best practices within use of the family contact framework, which includes, but is not limited to, parent specific information, safety-related information, and information necessary to discuss and solve barriers to improved family contact.

WHEREAS if, during case consultation, new reports of child maltreatment or vulnerable adult maltreatment arise, then the attending parties are held to mandatory reporting standards to report new concerns to OCS screening. In accordance with Alaska Statutes (AS 47.10 and 47.24), mandated reporters will contact appropriate authorities if they suspect any form of abuse or neglect. If a participant threatens to harm themselves or another individual(s) (AS 12.61.010), the threat will be taken seriously and reported to the appropriate authorities. When a report is filed to protect an individual(s), the report will be prepared with or without consent from the parent/s.

WHEREAS the confidentiality Agreement, the completed family contact framework tool, and related case notes are part of the legal record and may be subpoenaed as discoverable information as part of a court intervention.

NOW, THEREFORE, in consideration of the good and valuable potential results parties can achieve by consulting and communicating with each other regarding identified families and their children to improve family contact for children in out-of-home care involved in the public child welfare system, we agree to:

1. Operate within the principle of shared decision-making and responsibility for outcomes.
2. Assure family members are spoken about as if they are present during the consultation, and if invited to be present, are welcomed, respected, and valued.
3. Share our unique perspectives, knowledge, and expertise with each other freely.

CONFIDENTIALITY AND LEGAL EFFECT OF AGREEMENT

This Agreement is effective when signed by all parties attending and at the beginning of each case consultation, prior to any sharing of case-specific information or identified information. This Agreement commits parties to confidentiality regarding client information and records and reflects parties' compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996³ (HIPAA), 42 CFR, part 2, regarding confidentiality of substance use disorder patient records and federal and

³For more information on the Health Insurance Portability Act of 1996: <https://www.cdc.gov/php/publications/topic/hipaa.html>



state data privacy requirements regarding confidentiality of child welfare records. This Agreement is not intended to, nor should it be understood to, affect or extend the legal responsibilities of any of the parties, create or change pre-existing legal obligations, or rate or extend any legal rights to any person or entity not party to this Agreement. This Agreement sets forth the parties' intent to maintain confidentiality. However, this Agreement is not a legally binding document and is not intended to confer remedies on any party in the event it is breached.

EXECUTION OF AGREEMENT

The parties certify this Agreement is executed as of the date of each party's signature below.

By (name/entity): _____

Date: _____

By (name/entity): _____

Date: _____

By (name/entity): _____

Date: _____

By (name/entity): _____

Date: _____

By (name/entity): _____

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By (name/entity): _____

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Date: _____

By (name/entity): _____

Date: _____



Reference List

Appalachian Family Innovations. (2003). *Principles of partnership*.

Center for Advanced Studies in Child Welfare. (2009). Supervision: The key to strengthening practice in child welfare. *Practice Notes*, (22), 1. College of Education and Human Development; University of Minnesota.

Center for the Study of Social Policy. (n.d.). Protective factors.

<https://cssp.org/ourwork/projects/protective-factors-framework/>

Center for the Study of Social Policy. (n.d.). Strengthening Families.

<https://cssp.org/our-work/project/strengthening-families/>

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 long-term foster family care*. Child Welfare League of America.