

Chronological List of Handouts and Overhead Transparencies

Handouts

1. Meeting 9 Agenda
2. Partnership Building and Teamwork in Foster Care
3. From Foster Parent to Adoptive Parent: Attachment vs. Commitment
4. A Strengths/Needs Worksheet for Foster Families Considering Adoption
5. Effective Communication Techniques for Teamwork and Alliance Building
6. Partner in Permanency Planning Worksheet
7. Permanency Planning – A Family Conference
8. Strengths/Needs Worksheet
9. History of Foster Parent Adoptions in the United States

Meeting 9: Teamwork and Partnership in Foster Care and Adoption

Agenda

<u>Time</u>	<u>Topic</u>
(35 Minutes)	A. Introduction to Meeting 9 <ul style="list-style-type: none">◆ Review of Meeting 8 Roadwork, “First Day”◆ Introduction to Meeting 9
(40 Minutes)	B. Teamwork and Partnership Building in Foster Care and Adoption <ul style="list-style-type: none">◆ Partnership and teamwork roles in supporting best practice
(10 Minutes)	BREAK
(30 Minutes)	C. The Family and Agency Team – Challenges to Teamwork <ul style="list-style-type: none">◆ Challenges to agency teamwork◆ Foster parent adoptions
(25 Minutes)	D. Effective Communication for Teamwork and Partnership <ul style="list-style-type: none">◆ Skills to build partnerships and teamwork
(30 Minutes)	E. Practicing Partnership and Teamwork <ul style="list-style-type: none">◆ Family conference

Time

Topic

(10 Minutes)

F. Meeting 9 Summary and Preview of Meeting 10

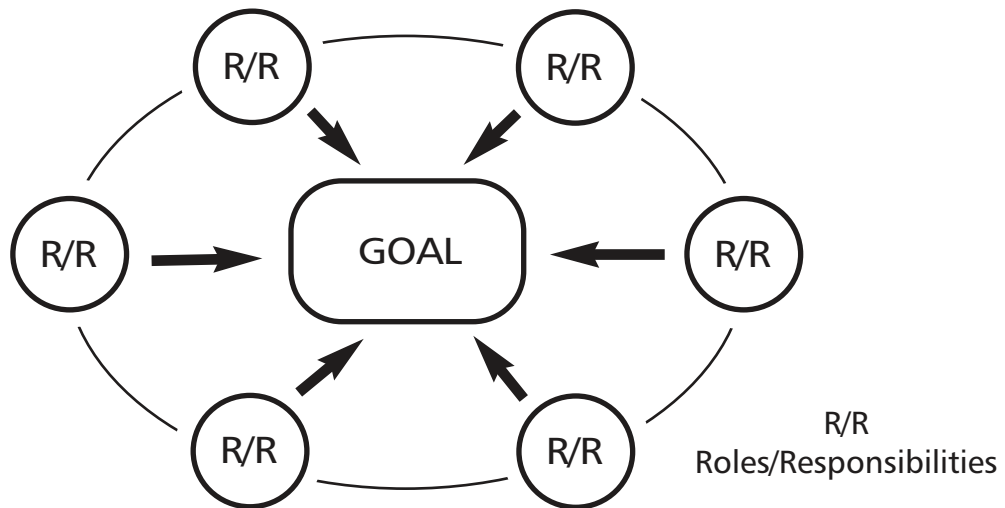
- ◆ Summary of Meeting 9
- ◆ Preview of Meeting 10
- ◆ Next step in the mutual selection process
- ◆ A Partnership in Parenting Experience

ROADWORK

- ◆ Complete the final “Strengths/Needs Worksheet” and bring it to Meeting 10.
- ◆ Read Handouts 7 and 10.

Partnership Building and Teamwork in Foster Care

Teamwork – *Teamwork* involves two or more people working together according to a coordinated plan, in a relationship where team members assume different roles and responsibilities, all designed to reach the same goal. Team members can be relied upon to assume their specific jobs or responsibilities.



Partnership – A *partnership* is a relationship where two or more parties each contribute something of value in order to receive benefits. The nature of the contribution and the distribution of benefits are defined by the social contract between the parties.

Partnership implies that there is a “give and take.” Partners exchange “wants” and “offers” of real value to each other.

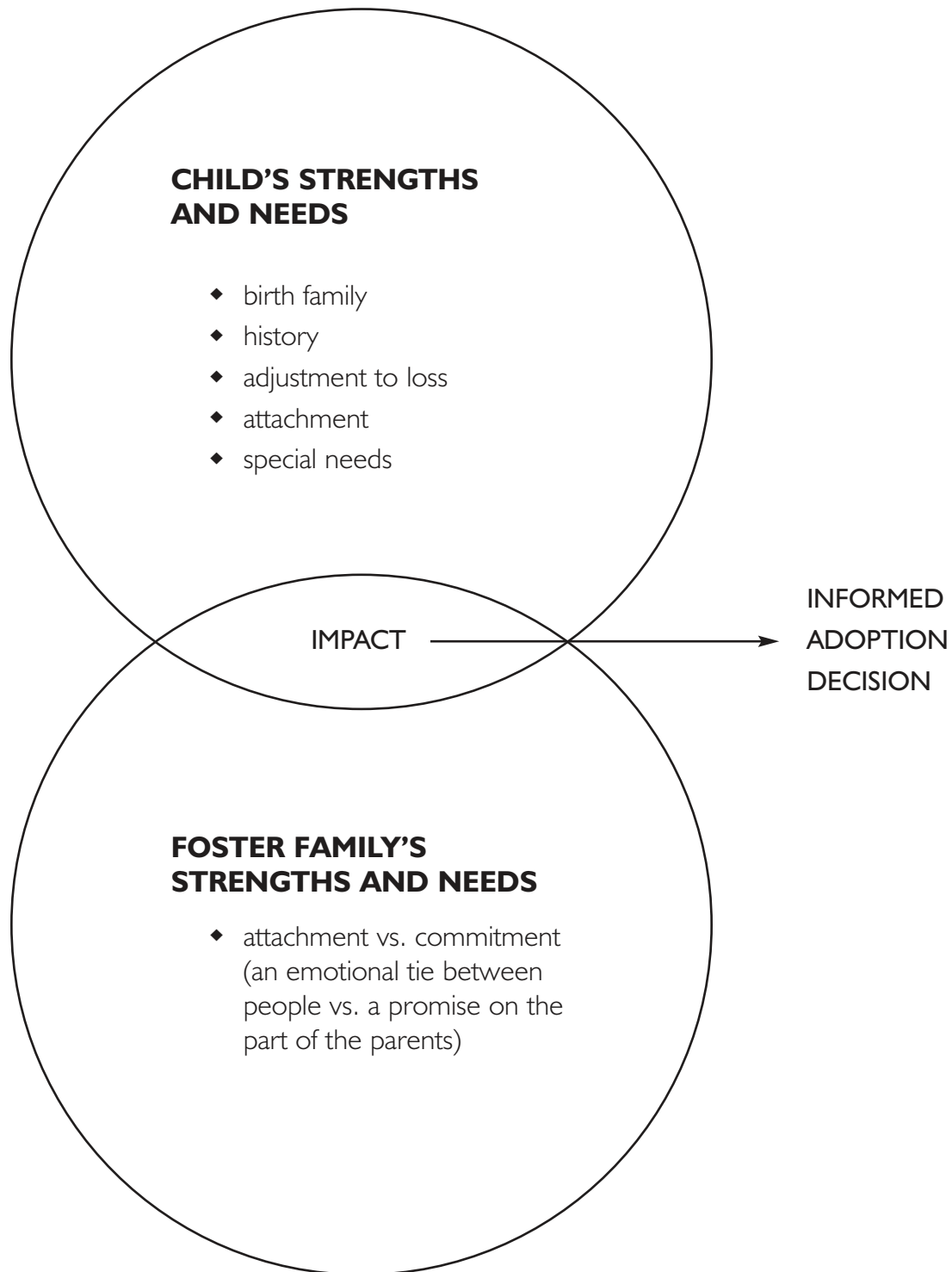


Within the Alliance Model, child welfare staff and foster and adoptive parents work as a team.

As in any effective team, players have different roles, responsibilities and tasks, but each team member has the same goal, in this case, to preserve, or rebuild, the family around the long-term welfare of the child.

This requires that the team members form a partnership or positive alliance with the birth parents, always seeking to keep parents focused on the well-being of the child.

From Foster Parent to Adoptive Parent: Attachment vs. Commitment



A Strengths/Needs Worksheet for Foster Families Considering Adoption

This worksheet is designed to be completed by foster parents who are considering adopting a child who has been living with them. If there are two parents, it is helpful for both to complete the worksheet separately, then compare their strengths and needs. Designed as a self-assessment tool, the worksheet should provide some ideas for next steps in the decision making process towards a foster parent adoption. Strengths will indicate some resources available to the family. Needs will indicate tasks to be accomplished.

Foster Parent Adoption Task	Strengths What I have done to accomplish this task:	Needs What remains to be accomplished:
1. I have discussed the entire placement history of my child with at least one caseworker and believe I have all information that is available.		
2. I have identified several strengths and several potential problems with this adoption.		
3. I have discussed ways to problem-solve the potential difficulties with those I consider to be family.		

A Strengths/Needs Worksheet for Foster Families Considering Adoption

Foster Parent Adoption Task	Strengths What I have done to accomplish this task:	Needs What remains to be accomplished:
4. I have all information that is available about this child's birth family and have determined ways to help this child maintain positive connections with his or her roots.		
5. I have considered levels of "openness" in adoption and have planned for a level of openness that will meet the needs of this child and work for our family.		
6. I have discussed the difference between attachment and commitment with those I consider to be family. Those close to me understand that I am making a lifetime commitment to a child who may later in life have challenges and difficulties as a result of early experiences.		

A Strengths/Needs Worksheet for Foster Families Considering Adoption

Foster Parent Adoption Task	Strengths What I have done to accomplish this task:	Needs What remains to be accomplished:
7. I have considered the ways this child expressed loss earlier in life and have anticipated and planned for ways this child may grieve at the time of adoption and at other important milestones during life (developmental grieving.)		
8. I have planned ways to help this child maintain a tie to his or her cultural, racial and ethnic roots.		
9. I have planned ways to talk with other children in the family about this adoption, including ways to help the family understand the differences between foster care and adoption.		

A Strengths/Needs Worksheet for Foster Families Considering Adoption

Foster Parent Adoption Task	Strengths What I have done to accomplish this task:	Needs What remains to be accomplished:
10. I have talked with an attorney about the legal aspects of adopting a child through foster care.		
11. I have identified people who will support me if I become discouraged.		

A Strengths/Needs Worksheet for Foster Families Considering Adoption

Foster Parent Adoption Task	Strengths What I have done to accomplish this task:	Needs What remains to be accomplished:
12. I have talked with at least one family who has adopted through the foster care system.		
13. I have considered this decision for several months and believe that adoption of this child is important for the well-being of this child, my family and myself.		

Effective Communication Techniques for Teamwork and Alliance Building

There are three main parts of communication:

1. **Verbal** – what we say (I miss you.)
2. **Paraverbal** – how we say it (**I** miss you. I **MISS** you. I miss **YOU**.)
3. **Nonverbal** – what our bodies say (body language)

When working with families and children, it is important to be aware of all three components of your communication. Following are important verbal, paraverbal and nonverbal communication techniques you can use in building positive alliances:

Use of Body (Nonverbal)

- ◆ Eye contact (Give direct eye contact when being spoken to; however, avoid prolonged stares. There are cultural differences regarding eye contact; be aware of and sensitive to those differences.)
- ◆ Leaning forward
- ◆ Nodding
- ◆ Smiling appropriately

Paraphrasing (Uses verbal and paraverbal cues)

Paraphrasing, or restating what was said, involves both verbal and paraverbal cues. The use of paraphrasing allows the first speaker to clarify meaning as well as to experience “being heard.” For example: child says, “I wish my mom could help me with my homework.” Foster parent paraphrases and responds, “You wish your mom were around to help you with that assignment.” Child might respond, “No, I don't want help. I want my mom.” (Clarifies message.) Or the child might say, “Yes, this is too much for me.” (Child was heard.)

Reflecting (Includes verbal, nonverbal and paraverbal cues)

“Reflecting” is a method of restating the content (beliefs, opinions, events and facts), emotion or feeling behind the words. For example, child looks sad and says in a soft voice, “I wish my mom could help me with my homework.” Foster parent reflects the verbal (child's statement), paraverbal (soft voice) and nonverbal (sad expression) cues and responds, “It sounds like you miss your mom, especially when you have a big job to do.”

Use of minimal reinforcers (Verbal and Paraverbal)

- ◆ Uh-huh, yes, okay, right, etc.

Other Communication Skills

- ◆ Open questions
- ◆ Closed questions

Partner in Permanency Planning Worksheet

Foster parents have an important role on the permanency planning team. Because of their 24-hour-a-day contact with the child in foster care, and their parenting skills, they have the opportunity and responsibility to contribute information that will be important to case planning and case outcomes . . . including if and when children and their birth families will be reunited. Therefore, it is critically important that foster parents observe and report the following information to the worker.

Child's Physical Health

1. What do you observe about the child's physical condition? Is the child in good health, fair health, poor health? Please explain.

2. Do you observe any of the following kinds of medical problems or situations with the child? Please explain.

- ◆ Sight/hearing/speech problems
- ◆ Breathing/respiratory problems
- ◆ Bruises, burns
- ◆ Bowel difficulties
- ◆ Menstrual or vaginal problems
- ◆ Urinary difficulties
- ◆ Contagious diseases

3. Are the child's physical growth, height, and weight appropriate for the child's age?

4. Other observations?

Child's Intellectual Ability

1. What do you observe about the child's intellectual or mental ability? Does the child seem to be of average intelligence, above average, or below average?

2. Do you observe any of the following problems or situations with the child?

- ◆ Inability to understand consequences for behavior
- ◆ Inability to concentrate in play or in school
- ◆ Short attention span for child's age
- ◆ Not functioning at appropriate age or grade level

3. Do you think the child's intellectual or mental ability is appropriate for the child's age?

4. Other observations?

Child’s Emotional Health

1. What are you observing about the child’s emotional health? You expect that children will be upset when they are placed in foster care. In what ways does the child show that he or she is emotionally upset?

2. In what ways does the child express angry, sad, or anxious feelings about the birth family:

3. In what ways are the child’s ways of expressing angry and sad feelings inappropriate or appropriate for the child’s age?

4. Do you observe any of the following emotional problems with the child? Please explain.

- ◆ Bed-wetting/soiling
- ◆ Lying
- ◆ Stealing
- ◆ Self-inflicted injury
- ◆ Overeating/not eating
- ◆ Denial of feelings/withdrawn
- ◆ Inability to follow orders
- ◆ Fears/nightmares
- ◆ Use of drugs or alcohol

Child's Social Functioning

1. What are you observing about the child's relationships with other children and adults?

2. In what ways does the child interact appropriately with other children? In what ways does the child interact appropriately with adults?

3. Have you observed any of the following situations or problems regarding the child and his or her relationships with other people?

- ◆ Injury to other children
- ◆ Constant fighting
- ◆ Sexual play with other children
- ◆ "Provocative" behavior with adults
- ◆ Poor hygiene

Child’s Relationship To Birth Family

Whether children have a lot of contact, a little contact or no contact, with their birth families, they still have feelings about them. These feelings will affect their emotional and physical well-being and, ultimately will affect the casework decision about family reunification. The role of the foster parent is especially important in talking with the worker about ways to help the child with these feelings.

1. What are your observations regarding the child’s feelings about the birth family?

2. In what ways does the child talk positively about the birth family? In what ways does the child show that he or she is attached to the birth family, for example:

- ◆ Talk about things they have done together?
- ◆ Wonder how they are or where they are?
- ◆ Compare the foster family to the birth family?
- ◆ Disinterest in visits
- ◆ Refusal to visit
- ◆ Gets upset when parents make promises and don’t keep them
- ◆ Talks about bad experiences that happened at home
- ◆ Other

Visits With Birth Family

Foster parents also have the opportunity to observe the relationship between children and parents when they visit.

1. In what ways do the visits go well, for example:

- ◆ Parents and children seem happy or relieved to see each other
- ◆ Parent interacts with child appropriate to child's age
- ◆ Parents and child seem sad when visit is over
- ◆ Other

2. In what ways do the visits not go well, for example:

- ◆ Disinterest on part of parent or child
- ◆ Parents can't cope with the child's behavior
- ◆ Child seems fearful of parents
- ◆ Other

3. How does the child behave after visits with birth family?

Permanency Planning – A Family Conference

Background

You will remember **Karen** who is 14 and has been in foster care several times during her life due to neglect and medical neglect. Karen has Fetal Alcohol Syndrome, as well as a heart murmur. She is behind grade level in school. Her mother has recurrent problems with drugs and alcohol. Karen has been in this foster home for three months; this is the second time she has lived here.

Karen's mother, **Joan**, is still actively using drugs and alcohol. The foster parents, **Pat** and **Ken Conrad**, have invited Joan to Sunday meals in the foster home, just as they did the first time Karen lived with this foster family.

The agency recognizes that the prognosis for Karen's mother is not good. It is likely that the caseworker, **Helen Shine**, will file for termination of parental rights if Joan does not begin to show progress soon. This is due to Karen's multiple placements and Joan's long history of substance abuse and inability to parent Karen adequately and meet her physical and medical needs.

Preparation for the Family Conference

This is a family conference for **Joan Smith** and her daughter, **Karen**. **Helen Shine**, caseworker, has arranged a family meeting at a time convenient for Joan and the Conrads. She has also asked Joan to invite anyone else important to her family. **Joan** has invited her new Narcotics Anonymous sponsor, **Robin**. Karen's Guardian ad Litem, **John**, is also attending. Joan is isolated and has no other family members or friends. Joan does not know who Karen's father is. Helen's supervisor, **Marie Clark**, will attend the conference too.

Roles for the Family Conference

Helen – Your job is to convene and facilitate the first family conference. You believe that the family, in this case Joan, should take as much control as possible during the first family conference. You also want to convey very clearly to Joan that she has very little time to enter into recovery and begin parenting Karen again, or to make another plan for Karen, such as adoption.

Joan – You are clean and sober for this conference, but you carry a lot of guilt and shame for being in this situation. You like and trust Pat and Ken, the foster parents. They were supportive of you last time when Karen was in foster care.

Karen – You have been part of family conferences before. You love your mother and want her to stop drinking and doing drugs. You also trust and love Pat and Ken because you lived with them for almost a year before you returned home for a year. You feel safe and comfortable with them. You appreciate their attention to your mother.

Robin – You met Joan recently. You are a recovering alcoholic and addict, clean and sober for six years. You know that Joan has attended NA (Narcotics Anonymous) meetings, but you suspect that she is still actively using drugs. You know that Joan must put her energy into recovery right now. You are concerned that the pressures Joan is experiencing right now (no job, a child in foster care, obligations with the court for visits, etc.) may conflict with her recovery.

John – You have just met Karen, and this will be your first meeting with Joan. As the Guardian ad Litem, you have read Karen's long case record and you are not optimistic that Joan can successfully parent Karen in a timely way.

Marie – As a supervisor, you have read the entire case record and are attending the family conference to support your worker, Helen.

Pat – You have participated in many family conferences. You very much want Karen to be home with her mother, but you are not optimistic about Joan's ability to get clean and sober.

Ken – You have much experience with family conferences, and you are committed to working for reunification. However, you hate seeing Karen's disappointment with her mother. You and Pat have talked about adopting Karen if Joan cannot continue parenting.

Strengths/Needs Worksheet

Now that you are completing the GPSII/MAPP Program, some of your original feelings about foster care and adoption may have changed. Please discuss your ideas on the following issues:

- 1. We have spent much time discussing the dynamics of both foster care and adoption. Based upon what you know about your family right now, are you willing and able to commit to being a **foster family**, an **adoptive family**, a **foster/adoptive family**, or some other **child and family advocate**? Explain below to what role you are ready to commit and why you feel that role is the right one for you and your family:

The role to which we are ready to commit: _____

How we know the role is the right one: _____

- 2. Considering the “Twelve Skills for Successful Fostering and Adopting” and all the abilities developed during the GPSII/MAPP program, what do you see as your family's major strengths in assuming the role you have chosen? _____

How has your thinking about your strengths changed since Meeting 1? (The criteria and skills are listed at the end of this handout for your reference.) _____

3. Thinking about Twelve Skills for Successful Fostering and Adopting and all the abilities developed during the GPSII/MAPP program, in what aspects of the new role do you think you will need the most help? _____

4. As you know, children who are placed in foster or adoptive homes have many special needs and present some real child management challenges. Which special needs or behavior challenges do you feel best prepared to handle? _____

Which special needs or behavior challenges do you feel least prepared to handle?

5. Many of the children needing foster care and adoption have had some inappropriate sexual experiences. For example, they may have observed older children or adults involved in sex or they may have been sexually abused. If you have decided that you would like to be a foster or adoptive parent, could you parent the following children?

	Could parent without help	Could parent with help	Could not parent
A. Child who masturbates			
B. Teenager who was or is sexually active			
C. Child whose mother was or is involved in prostitution			
D. Child of any age who has been sexually abused			
E. Child who talks to you about sex			
F. Child who talks to your children about sex			
G. Other behavior you want to mention here (please specify):			

6. Many of the children needing homes today have special needs. If you have decided you can be a foster or adoptive parent and given your own family's strengths and needs, could you parent the following?

	Could parent without help	Could parent with help	Could not parent
A. Child who wets the bed			
B. Child who is HIV-positive			
C. Child who has a history of running away			
D. Child who has been involved with Juvenile Court as an offender			
E. Child who has used drugs or alcohol			
F. Child who is developmentally disabled			
G. Child who must use a wheelchair			
H. Child who is blind			
I. Child who expresses interest in homosexual relationships			
J. Child who is transgender			
K. Child who has a terminal illness			
L. Other special needs - please specify:			

7. If you have decided you can be a foster or adoptive parent, imagine that the caseworker is at your door with the child you are planning to foster or adopt. Please describe the child, for example: physical appearance, family background, personality and school ability. _____

8. You and your family have contributed much time and energy to this program. What has kept you going, involved and committed? _____

9. If you have decided you can be a foster or adoptive family and/or a child/family advocate, what will you need to keep you going, involved and committed?

10. As a result of the GPSII/MAPP Program, are there other ways you think you might be able to help children who have been abused, neglected, or emotionally maltreated?

- Be a mentor for a youth planning to leave care
- Provide respite care
- Provide clerical support
- Be a recruiter
- Serve as a Court Appointed Special Advocate (CASA)
- Be a Big Brother/Big Sister
- Provide transportation support
- Be a political advocate
- Raise funds
- Volunteer for group care facilities
- Provide foster care or adopt in the future
- Other (please specify):

If you have decided that now is not the time to be a foster or adoptive parent, would you like us to keep information about your family on file? If so, for how long?

Twelve Skills for Successful Fostering and Adopting

1. Know your own family.

Assess your individual and family strengths and needs; build on strengths and meet needs.

2. Communicate effectively.

Use and develop communication skills needed to foster or adopt.

3. Know the children.

Identify the strengths and needs of children and youth who have been abused, neglected, abandoned, and/or emotionally maltreated.

4. Build strengths; meet needs.

Build on strengths and meet needs of children and youth who are placed with you.

5. Work in partnership.

Develop partnerships with children and youth, birth families, the agency, and the community to develop and carry out plans for permanency.

6. Be loss and attachment experts.

Help children and youth develop skills to manage loss and attachment.

7. Manage behaviors.

Help children and youth manage behaviors.

8. Build connections.

Help children and youth maintain and develop relationships that keep them connected to their past.

9. Build self-esteem.

Help children and youth build on positive self-concept and positive family, cultural, and racial identity.

10. Assure health and safety.

Provide a healthy and safe environment for children and youth and keep them free from harm.

11. Assess impact.

Assess the ways fostering and/or adopting will affect your family.

12. Make an informed decision.

Make an informed decision to foster or adopt.

Abilities Developed in the GPSII/MAPP Program

The abilities developed in each of the meetings are designed to help you make an informed commitment to:

- ◆ meet the developmental and well-being needs of children and youth in foster care or adopted through foster care
- ◆ assure a child's safety in foster care
- ◆ share parenting with the birth family of a child in foster care
- ◆ support planning for permanency
- ◆ meet your own family's needs in ways that assure a child's safety and well-being

Each meeting developed several critical and enabling abilities. Following are the critical abilities developed in the first nine meetings of GPSII/MAPP.

GPSII/MAPP Meeting 1 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- ◆ Describe their role in the mutual selection process.
- ◆ Define the purpose of foster care and adoption.
- ◆ Explain the goal of the GPSII/MAPP Program.
- ◆ Explain the purpose of the “Twelve Skills for Successful Fostering and Adopting.”
- ◆ Define key child welfare terms.
- ◆ Explain the concept of well-being.
- ◆ Explain foster care and adoption to their family or friends, and why partnership is so important.

GPSII/MAPP Meeting 2 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- ◆ Communicate a willingness to support children's connections to their birth families.
- ◆ Choose steps and strategies for assessing well-being of children and youth.

GPSII/MAPP Meeting 3 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- ◆ Use strategies to help a child heal from loss.
- ◆ Create parenting interventions for children and youth at different stages of development to deal with reactions to loss.
- ◆ Assess and apply the impact of personal situational and maturational losses on their role as foster and adoptive parents.

GPSII/MAPP Meeting 4 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- ◆ Select strategies for helping a child heal from loss and strengthen or build healthy attachments.
- ◆ Keep children and youth physically, mentally, emotionally, socially, and spiritually/morally healthy in the foster home.
- ◆ Promote, rebuild, and support positive attachments of children and youth in foster care.
- ◆ Assess their own strengths and needs in helping a child to recover from loss and attach.

GPSII/MAPP Meeting 5 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- ◆ Explain the difference between the parental interventions of punishment and discipline.
- ◆ Explain how behaviors are indicators of underlying needs.
- ◆ Select parental interventions that will help children and youth manage their own behaviors.
- ◆ Help children and youth manage their behaviors.
- ◆ Choose discipline strategies that assure a child's safety.
- ◆ Describe policies and procedures for investigating allegations of abuse in foster families.
- ◆ Distinguish between naive and manipulative false allegations of abuse.
- ◆ Plan ways to use support and manage the family's emotions during an investigation of abuse.

GPSII/MAPP Meeting 6 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- ◆ Describe how culture, race and ethnicity are tied to identity.
- ◆ State the responsibilities of foster families relative to ICWA (Indian Child Welfare Act)
- ◆ Determine the risks for a child whose cultural identity is not maintained in foster care or adoption.
- ◆ Nurture a child's cultural connections.
- ◆ Support shared parenting.
- ◆ Demonstrate support of the alliance model through visits.

GPSII/MAPP Meeting 7 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- ◆ Help children and youth transition from foster care.
- ◆ Demonstrate ways to prevent disruptions or dissolutions of foster care placements or adoptions.
- ◆ Apply strategies for intervening with a child's behavior during a family crisis or preventing a crisis.

GPSII/MAPP Meeting 8 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- ◆ Anticipate specific changes that might occur with the family's decision to foster or adopt.
- ◆ Manage the conflicting needs of children in foster care and members of the foster family.
- ◆ Assess how current ways for managing boundaries, family rules, family roles, decision-making, and family communication, may work or not work with the decision to foster or adopt.
- ◆ Explain how concurrent planning might affect their roles and responsibilities as foster or adoptive parents.
- ◆ Use an EcoMap to determine the energy sources and drains on the family.
- ◆ Manage the family's energy sources and drains.
- ◆ Manage changes in the family's relationships.

GPSII/MAPP Meeting 9 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- ◆ Work together with child welfare staff, other service providers, court personnel, and the parents of children and youth in foster care.
- ◆ Explain the purpose and possible structure of family conferences.
- ◆ Explain the role of the foster parent in family conferencing.
- ◆ Successfully demonstrate the use of effective communication techniques.
- ◆ Explain the key terms and concepts that guide best practices for children in care and their families.
- ◆ Describe and assess the impact of foster parents adopting children in their home.

History of Foster Parent Adoptions in the United States

The Changing Emphasis in Foster Care

Foster care is, by law, a program intended to provide a child with a safe, nurturing, therapeutic family environment for a temporary period of time.

During the early 1980s, greater emphasis was placed on preventing children from becoming involved with the foster care program. With the passage of Public Law 96-272, the Adoption Assistance and Child Welfare Act, as many options as possible were considered in order to keep children out of foster care. When there was no other option by which a child could remain safely with his or her family, then, and only then, would the child become involved with the foster care program.

What has resulted is a foster care program in which most children do not enter foster care unless they have been physically or emotionally wounded. Their families are in a great deal of pain. This has meant that more foster families have had to become, through necessity, part of an intense service and treatment team for most children in foster care.

Public Law 105-89, the Adoption and Safe Families Act, clarifies and augments Public Law 96-272. With an emphasis on safety and well-being, time frames for achieving permanence for children have been shortened. Foster parents may well be asked to consider adoption at the same time they are asked to help with reunification plans, because concurrent planning is one way to achieve permanence in less time.

Another important piece of legislation which has affected foster parent adoptions is the Multiethnic Placement Act of 1994 (MEPA) and the amendment of 1996 (IEP). The act was intended to decrease the time children wait to be adopted; prevent discrimination in the placement of children on the basis of race, color, or national origin; prevent discrimination on the basis of race, color, or national origin when selecting foster and adoptive placement; and facilitate the development of a diverse pool of foster and adoptive families. The 1996 amendment to the act clarifies the act's nondiscriminatory provisions and specifies stiff penalties for violation of the act.

When children have been living in foster homes of race, national origin, or ethnicity different than the child's, it is illegal to routinely consider race, national origin, or ethnicity in the adoption decision. The Children's Bureau, in its May 11, 1998 Information Memorandum, does offer some clarification of this law. "Any consideration of race, national origin, and ethnicity must be done on an individualized basis where special circumstances indicate that their consideration is warranted." If a child has lived successfully with the foster family for some time, the consideration of race, national origin, or ethnicity would be difficult to justify.

Because of the changing role of foster parents, a number of changes have occurred affecting foster parent adoptions. Foster parents are seen more as therapeutic team members, rather than solely as nurturing care givers. They have become supplements to the families of children in their care, forming alliances or partnerships with birth parents. This is a change from the role of substitute parent so commonly seen only a few years ago.

During the past few years foster families have become more intimately involved with the families of children placed in their homes through the foster care program. Public Law 105-89 will make such involvement even more critical, given the shortened time frames for decision-making. More involvement between foster families and birth families is perhaps one of the reasons why foster parent adoptions have increased. Bill Meezan and Joan Shireman have helped shed light on the phenomena of foster parent adoptions. In their research they have discovered that foster parents who have contact with parents of the children in their foster care are more likely to say “yes” to the adoption decision (Meezan and Shireman, 1988).

Foster/adoptive families offer many answers when asked why they were more likely to say “yes” to the adoption decision after contact with birth families. Following are comments heard from foster parents who helped with the development of this guidebook concerning their relationships with parents of children in foster care:

- ◆ *Knowing the parents who gave birth to my child minimized some of my fears. Reality is much less frightening than the unknown.*
- ◆ *James has always known that I cared deeply for him, because he saw that I tried to get to know his mother. It was important to James that I tried to help his mom.*
- ◆ *Karen's mother is mentally ill and there is no family who can parent Karen. I think it was very important for Karen to visit with her mother, and for us to be with her for many of those visits. We have compassion for Karen's mother. We also know that Karen's mother will never be able to do the job of parenting. Visits helped Karen to see that reality too. That was important for Karen. She needed to see that although she loves her mother and her mother loves her, living together as a family is not possible. I guess that was important for us to see too. Now my wife and I both know that Karen definitely needs to be adopted. We have no question about that.*
- ◆ *I think that developing a relationship with Tamika's mother was a very behavioral way for me to tell Tamika that I fully accepted her as a child and person. It was important to Tamika that I accept all from which her cultural, racial, and ethnic identity came.*
- ◆ *Because I was able to say honestly to Robert, Timmy and Melissa, “We have tried in every way we can to help you and your family be a family that can live together,” they grew to trust me.*
- ◆ *Because we made a real effort to help Marie get her children back, it was easier for her to give us and her children permission to love each other and to be a family. Marie came to a point when she realized she couldn't do the job of parenting. When she came to that painful insight, she also knew that she couldn't give up her legal parental rights unless she was **certain** that the children would stay with us. She said to my husband and me, “I will give up my legal rights to my children, but **only** if you **promise** to adopt them. I cannot stand the thought of them getting messed around by the system.” My husband and I knew instinctively that her permission message dramatically increased the chances that our adoption would be successful. It was the greatest gift she could give her children.*

With increased involvement between foster parents and the parents of children in their foster care, a number of positive outcomes occur. First, practice and research tell us that children who have contact with their parents have a better self-concept than those who do not have contact (Weinstein). Secondly, children who have frequent contacts with their parents are more likely to be reunited with them (Fanshel). Third, for those children who cannot return to their families of birth, their foster parents are more likely to say yes to the adoption decision if they have had contact with the children's parents. The quality of contact is not nearly as important as the fact that there was simply contact (Meezan and Shireman).

The Changing Emphasis in Adoption

In the past, infant adoptions were handled most often by private adoption agencies that maintained small foster care programs. Adoptions for children who had experienced abuse and neglect were managed by public agencies. Subsidy laws passed in 1967 and 1968 in California and New York affected the future of foster parent adoptions by providing a precedent for agency support of adoption of children with special needs.

In 1975 more than two-thirds of the states in this country required foster parents to sign a statement that they would not attempt to adopt children placed in their foster homes (Festinger, 1975). Although these policies were directed primarily toward infant adoption, foster parent adoptions in general were affected. Good practice dictated that every caution be taken to help foster parents understand that foster care was temporary and was not a “back door” to adoption. Agencies dealt with the issues of “back door” adoptions in many ways. One private agency in an Eastern state, as recently as 1989, explained that agency policy required that children in foster care move every six months in order to avoid an attachment to foster parents. This policy certainly discouraged foster parent adoptions at one level. This policy also harmed already vulnerable children.

Despite examples like the above-mentioned agency, changes began to occur. During the late 1970s and early 1980s, agency policies and practices began to encourage foster parent adoptions for children who had exceptional and special needs. In the late 1980s, somewhere between 40 and 75 percent of all United States public agency adoptions were by foster parents (Meezan and Shireman, 1988; Craig-Oldsen, 1987). Today, agencies report that the majority of all public agency adoptions are by foster parents. According to Child Welfare League of America (CWLA) 1996 national survey results, 65 to 75 percent of adoptions of “CPS/Special Needs Children” were by foster parents in 1995 (Barbell, 1996).

Perhaps most importantly, during the past decade there has been a strong movement in the adoption field to preach the message that every child is adoptable. Not long ago the older, more seriously wounded child was seen as “unadoptable.” The advocacy of foster parents and staff willing and eager to provide a home intended to last a lifetime allowed these children to be adopted where they lived and where they were accepted. Foster parent adoptions assured that wounded children who had often experienced multiple moves were prevented from making yet another possibly devastating move.

With the passage of Public Law 105-89 (ASFA) and the implementation of the President's Adoption 2002 initiative, it is likely that foster parents will be asked at ever increasing numbers to consider adopting the children in their care.

As foster parents are asked to consider adoption, it is important to remember that foster parents who say “yes” to adoption are different from those who say “no.” Foster parents who say “yes:”

- ◆ Are more likely to have met the birth parents of the child they adopt;
- ◆ Are more likely to say they know their worker well and feel comfortable in talking with their worker about difficult issues;
- ◆ Are more likely to report that the worker fully disclosed all known information about the child at the initial placement;
- ◆ Have had less turnover of workers than their foster parent counterparts who say “no” to adoption;
- ◆ Are more likely to have adopted in the past and have been committed to short term (vs. long term) foster care; and
- ◆ Are more likely to have made an immediate decision to adopt after the initial discussion with the worker (Meezan and Shireman, 1985).

Foster Care and Adoption Today: Where are We?

After the implementation of PL 96-272, the foster care population dropped dramatically from over half a million to 270,000 from 1984 to 1997 (Tartara, 1983). The American Public Welfare Association estimates the number of children in foster care subsequently grew from 285,000 in 1987 to 407,000 in 1990, a 43 percent increase in three years. The Child Welfare League of America conducted a foster care survey in 1996. According to survey results 715,743 children were in foster care during 1995. Today slightly less than 400,000 children are in care at any given time (AFCARS, 2012). About three-fourths of these children lived with foster families (Barbell, 1997).

During the years of increasing numbers of children in foster care, the estimated number of children legally freed for adoption remained constant at 35,000. This was despite the knowledge that many state adoption specialists estimate that 20 percent of children in foster care should have adoption as their plan (Kroll, 1992). ASFA, MEPA and Adoption 2002 were all proposed to address the long-standing lag in the rate of adoption of children who linger in foster care.

What Should Foster Families Think about When They are Considering Adoption?

There are four major areas foster families should examine during the time they are considering adopting a child who has been in their foster care. First, there will be many changing roles within the family. Second, there will be changes for the child, who often has a difficult time seeing that anything is different. Third, there will be changes in the team roles played between the family and the agency staff. Fourth, there will be changes in the partnership roles between the two families of the child, the foster/adoptive family, and the birth family.

Changing Roles Within the Family. Changing roles within the family focus on the commitments that every family faces in a foster parent adoption: commitment to deal with a child's birth family, commitment to deal with a child's own personal history, commitment to continue to deal with a child's developmental grieving, commitment to deal with a child's ongoing attachment needs, and commitment to those needs that are special and unique to a specific child.

Commitment to align with the child's birth family. Children need help in talking about feelings about birth parents and their extended birth family connections. If foster parents don't help the silent child verbalize, then that child may get the message that it is not OK to talk about feelings. They may think it is wrong to talk about people who were close to them in the past. A foster parent's success in this task is a clear behavioral sign of commitment to the child. Brothers, sisters, and other relatives in the foster/adoptive family must likewise be willing to listen to a child talk about birth family. Some children need more than talk. Some children will need contact with their birth families.

Commitment to incorporate the child's own history and identity. Children feel more comfortable in their part of the decision-making if they believe that their foster parents understand everything about them and fully accept their roots. Children must hear from the foster parents that being placed in foster care was not the child's fault. The foster parents can start by asking children what they remember about the reason for foster care. Foster parents can also fill in gaps and correct misconceptions. Out of these discussions can emerge the "cover story," or "an explanation," the family and child will choose. The cover story or explanation is how this family chooses to talk to people outside the family, especially about how they became a family.

Children who have spent much time in foster care are often confused about "who is who." Sometimes they confuse previous foster families with birth family. Sometimes there are gaps in their history. A **Life Book** can help eliminate some of that confusion, as well as to serve as a therapeutic tool during the adoption process. The Life Book belongs to the child and tells his or her life story through pictures, stories and mementos. If a Life Book has not been developed with the child, staff should help the foster parents develop one with the child. Foster/adoptive parents should then take most responsibility for reviewing and adding to the Life Book with the child.

Children feel accepted by a family when their entire history is accepted. Research indicates that foster parents are more likely to adopt if the child's full history is disclosed (Meezan and Shireman, 1988). That is why it is critically important for agency staff to read everything available about the child and to review all the information with the foster family. If agencies trust families with the lives of vulnerable children, then agencies must also trust families with all the information pertinent to the child.

The child's birth history is important to both the child and to the prospective adoptive family. Staff can help the family help the child understand beginnings. For many children, the issue of legal legitimacy must be addressed.

For a child who will be adopted through the foster care program, there is usually a history of moves, whether it is with the birth family or during the foster care experience. Staff can help foster parents talk openly with children about prior moves. Many children in foster care experience gaps in their memories and find it difficult to discern earlier homes and family. Staff can often clarify history through the child's records. Children who have experienced institutional living may need additional help understanding that experience and talking about associated loss and identity issues.

Commitment to deal with the child's losses and developmental grieving. The legal act of adoption is a developmental milestone for the child, as well as for the family. With all developmental milestones there are memories and losses. Because of the losses inherent in a child's becoming involved with foster care, there will undoubtedly be a remembrance of many of those losses around the time of adoption. It is helpful during the decision making process

for the parents, the rest of the family, and for the child (if old enough) to recall the ways the child grieved and expressed loss when he or she first came to the foster family. It is likely that the child will again experience shock, denial, guilt, anger and depression.

Children are likely to grieve again after the termination of parental rights and again as adoption is contemplated. Reviewing earlier grieving behaviors helps foster parents discover clues as to what they may expect during the adoption process. Anticipating grieving behaviors is an essential part of an informed decision about a foster parent adoption. It is helpful to recall and identify the behaviors and the duration of the stages of grieving when the child first came into the foster home. It is important to discuss the specific emotional and behavioral responses to the stages of grieving (Bowlby, 1969): shock; guilt/self-blame; anger; despair; and adjustment.

When the foster family adopts, the child will undoubtedly experience or re-experience loss. The adoption decision will remind the child of earlier losses. Although adoption represents a significant gain for the child, it is a gain born of a significant loss. The family must plan for its own support during a time that may be very difficult, as well as plan for the help the child will need.

According to the Sandra Sutherland Fox, there are four psychological tasks of grieving. They are 1) understanding, 2) grieving, 3) commemorating, and 4) going on (Fox, 1985). With these tasks in mind foster parents who choose to adopt must assume two important roles.

Foster/adoptive parents assume the role of “grief specialist.” This role is essential in helping the child reach a level of understanding and in honoring the natural emotional responses to loss. As a foster/adoptive parent, the role of grief specialist is often challenged with the realities of on-going foster care. Most foster parents who adopt through foster care continue to foster other children (Meezan and Shireman, 1988). Consequently children who are adopted through foster care frequently face the normal losses associated with being part of a foster family. The foster/adoptive parent must specialize in these unique issues of grief.

Foster/adoptive parents also assume the role of “commemorator.” Especially through the Life Book, foster parents commemorate the child's entire life, recognizing the significance of the losses the child has experienced. One foster/adoptive mother of a child who was born HIV positive and then seroreverted relates the story of going every year to the grave of her son's mother, to honor that memory. Many foster/adoptive parents include photos of the child's extended family with the adoptive family's albums or photo walls. The Video or Living Life Book, mentioned earlier in this article, is another effective tool for commemorating the child's losses.

Commitment to deal with the child's ongoing attachment needs. Since foster parents usually have a great deal of information about birth parents, their perceptions about the parents' capabilities to help with the disengagement or integration process will be helpful for the work the team must complete. Children must have help if they are going to disengage from their family of origin and integrate into their new adopted family. They need help in

allowing the foster parents to become their legal and nurturing parents intended to last a lifetime. The birth parents are often the best resource for helping a child begin this process. They often can, in some way, give permission to the child to engage with and attach to the new family. Even if the parents are unable to help in this way, they often are able to identify other important people who could help their child with this important process. Children need help learning that it is OK to love several adults.

Specific steps assure that integration occurs. These steps include:

- ◆ accurate reconstruction of the child's foster care history;
- ◆ identification of the various attachment figures in the child's life;
- ◆ decisions about the most powerful of the attachment figures;
- ◆ gaining the cooperation of the most significant attachment figure;
- ◆ communication of the permission signal to the child (Donley, 1988).

Commitment to deal with those needs that are special and unique to a specific child. Often, important pieces of medical information are hidden in old case records, or known only by earlier foster families or the birth family. During the decision making process it is important for staff to research and question relentlessly the people and records where such information may be stored. Foster families need and deserve full medical information in order to make an informed decision about adoption. Early medical problems may affect children as they mature. Moreover, the child may want and need medical information during young adulthood for many reasons.

Medical problems are not the only problems faced by foster/adoptive parents. Earlier sexual abuse has become an important concern. One study in Texas (Duehn, 1984) indicates approximately 80 percent of the children in foster care in that state have experienced sexual abuse at some time in their lives. Many foster parents now assume that children in foster care have experienced some sort of sexual maltreatment. Depending upon the severity of the maltreatment, sexual issues may emerge during critical developmental stages. Workers must discuss in detail the possible therapy needs of the child, which may occur at any age and sometimes years after the abuse occurred.

If the child who is being adopted comes from a racial, ethnic, or cultural background different from the foster family's, plans should include ways to help the child with identity needs which will arise as a result of those differences.

For the foster parents and other children in the family, there are other role changes. There are the obvious ones. The temporary change in family positions of oldest child or youngest child now becomes permanent. The cover story the family uses to explain foster care may need revision. Extended family members may begin to see the foster/adoptive family differently now that there is a lifetime commitment to the child. And there are less obvious

role changes, all of which are related to new commitments which should be made in order to ensure the success of an adoption.

Changing Roles for the Child

Involving the child in the adoption decision is important, and it is complicated by foster care. Staff and foster parents do not want to build false hopes for the child. Discussions with the child are critical to the success of the adoption. They must begin early, and they take time.

For the child, there is a definite role change when he or she is adopted by the foster family. The child no longer wears the label of “foster child.” The child becomes a permanent member of the family. An important part of the foster parent adoption process is helping the child understand how adoption is different from foster care. Kathleen Proch studied adopted children in Illinois and discovered that many of them did not understand the differences between foster care and adoption (Proch, 1980).

Although children may not immediately perceive differences, foster parents who are adopting do. Foster/adoptive parents know there are legal differences because they no longer share legal liability with the agency and the court. They know the financial differences; they are personally responsible for the financial obligations and even with subsidy payments, they are fiscally liable for their adopted child. Foster/adoptive parents know the decision-making differences; they no longer share parental decision-making responsibilities with the agency and birth parents. They know there are now differences in the family dynamics; they are no longer working with the agency to reunify the child with the birth family.

For the child who has been adopted, however, the distinctions are not so clear. In their minds, there may be little, if any, difference, even when the foster parents and social workers have talked with them. For example, a child may say, “My mom and dad are still getting paid to keep me.” (They perceive the foster care reimbursement and subsidy as the same.) Another child may say, “I don't remember anything special the last time I went to court.” (Children who have experienced foster care have experienced many court events. An adoption legalization hearing may feel no different than the myriad court hearings that occurred in earlier days.) Yet another example is, “We still have a social worker.” Most foster parents who adopt through foster care continue to foster other children (Meezan and Shireman, 1988). Consequently, there continue to be social workers in their lives and in the life of the child who has been newly adopted.

Because of the inherent confusion for children who are adopted by their foster parents, it is helpful for foster parents who are considering adoption to develop methods for helping children understand the differences between foster care and adoption. Besides suggesting specific techniques, this practice guide suggests ideas for planning the discussions, helping the child verbalize perceived differences, and helping the child draw analogies.

Talking with Children about the Differences between Foster Care and Adoption: Changing Team Roles between the Family and the Agency

A team is a group of people, working together with different roles and responsibilities, to achieve a common goal. Foster parents and agency staff ideally work together in a team relationship.

Birth parents sometimes are members of the team, but more often they are not. Often they cannot be depended upon to carry their part of the team load. Sometimes their goal is not compatible with the goal of the therapeutic team. In those cases, the team must work closely, honestly, and diligently with the birth family to reach a mutually negotiated outcome. Through that negotiation of wants and offers, partnerships are built with birth parents. The changing roles around those partnerships are important and will be discussed later.

Foster parents must be members of the team. Their role on the team changes when they become adoptive parents. The changing roles are complicated because research indicates that many foster parents who also adopt continue to foster (Meezan and Shireman, 1988).

The agency staff's job during a foster parent adoption is to support and assist the foster/adoptive family in "claiming" the child as their own. The family must be empowered to be the full parents of the child if the adoption is to be successful. This is a change from interdependency (and sometimes dependency) to independence. This change occurs possibly in the environment where the interdependent relationship must continue because of other children who continue to live with the family through foster care. It is a delicate balance for staff and parents alike.

The first step of a successful adoption is called "entitlement." Entitlement means that the adopted parents have a sense that they have the right to be parents to their child (Bourguignon and Watson, 1990). Foster parents, if they are to become successful adoptive parents, must feel entitled to parent the child. This process is complicated because, in the case of foster parenting, they have shared parenting in the past with the agency and with the birth parents of the child in foster care. Parents and staff alike try to avoid building up a child's hopes for adoption in the foster home until everyone is comfortable with the family's level of commitment. These cautions can cause complications.

The parent's job is to help the child who has been adopted to deal with significant loss and attachment issues when other children may be coming and going, confusing emotions and exacerbating resulting behaviors. It points out again the importance of helping a child understand the differences between foster care and adoption, and to continue those discussions for a long time after the adoption is legal. It may be tempting for the agency staff to step in with the child who has been adopted. It is critically important that staff be responsive to the requests of the parents, but to take a low profile with the child who has been adopted. The shared parenting with other children in foster care will be more challenging because of these important changing roles.

Changing Partnership Roles with the Birth Family

A partnership is different from a team relationship. In a partnership two or more people negotiate wants and offers in order to work together to arrive at one or more outcomes mutually agreed upon and which provide benefits for both. This is the sort of relationship that is ideally created between agency staff and parents of children in foster care. It also is the ideal relationship between foster parents and birth parents.

When a foster family decides to adopt it is likely that they have had contact with the parents of the child they are adopting (Meezan and Shireman, 1988). The relationship may have been close, painful, distant, difficult, or one of many other descriptions. Whatever the relationship, it will change through the adoption process. The foster/adoptive family can and should take a lead role in negotiating those changes.

One of the first and most important areas for negotiation is the area of "openness." Foster family adoptions vary a great deal in degree of openness, from providing information to the children to periodic letters to arranged family gatherings. If there is little chance for contact between the child and the parents at the time of the adoption, the foster family may need help to think through the implications of a later search by the child and/or by the child's birth parents for one another.

Levels of openness vary greatly. One family who adopted two young girls had developed a close relationship with the mother of the girls during the time they were in foster care. The young mom could not do the job of parenting and through a long and painful process, termination of parental rights occurred. The foster family adopted the girls, who had at least weekly contact with their mother for several years. The family decided that it was important for their girls to continue to know the mother who had given them birth. Every Sunday she joins them for the noon meal. The girls know the woman who gave them birth and loves them. They also know the parents who love them and will nurture them for a lifetime. They know their adoptive parents are capable of parenting; their birth mother is not.

Other families decide that a much more limited amount of openness will make more sense for them and for the child. Openness may also mean letters through the agency, videotapes through the agency, direct correspondence between the birth family and the child, planned phone contact, informal phone contact or gatherings on holidays. Openness may in some cases mean an open climate in which the child is encouraged to talk about his or her birth parents and the feelings that surround that relationship.

For every child there are those parents who brought the child into this world. Birth parents are important. It is important for foster/adoptive parents to carefully plan for their ongoing support of that relationship for their child.

Problems can arise in any relationship. Planning for and clearly negotiating levels of openness can help minimize problems. However, there are no guarantees. When problems arise after the adoption, the foster/adoptive parents must deal with those problems directly.

Because of the importance of empowerment, claiming and entitlement, the adoptive parents must be in charge of problem solving. If outside help is needed, the parents must ask for that help and set the boundaries for the help.