Caring For Our Own

A Program For Kinship Caregivers

Participant Workbook

New York State Edition

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Outcomes of the Caring for Our Own Program

Outcomes

Through implementation of the Caring for Our Own Program, the New York State Office of Children and Family Services (OCFS) can expect the following outcomes:

1) Children living with relatives will have their safety, emotional support, and developmental needs met.
2) Relative caregivers will help children who are placed in their care achieve permanency in the shortest timeframe possible.
3) The children's educational growth will be supported and enhanced through the relative caregivers' partnership with the school system.
4) Older adolescents will receive the educational and vocational services they need to achieve successful emancipation (independent living).
5) Relative caregivers will have an ongoing, informal social support network made up of other relative caregivers.

Core Abilities

To achieve the outcomes stated above, relative caregivers that participate in this educational/ group support program will be able to accomplish the following core abilities:

Core Ability 1: Relative caregivers will be able to support the emotional, educational and physical development and safety needs of children placed in their care as a result of abuse and maltreatment.

Core Ability 2: Relative caregivers will be able to access formal and informal services on behalf of the children in their care.

Core Ability 3: Relative caregivers will be able to identify the strengths and needs of their families to meet the ongoing needs of the children placed in their care.

Core Ability 4: Relative caregivers will be able assess the current impact of a child's placement on their own family's functioning.

Core Ability 5: Relative caregivers will be able to relate to birth parents in ways that support the agency's case planning goals.

Core Ability 6: Relative caregivers will be able to influence behavioral change in birth parents to achieve permanency for the children in their care.

Core Ability 7: Relative caregivers will be able to help older adolescents access educational and vocational services to achieve successful emancipation.

Core Ability 8: Relative caregivers will be able to develop mutual trust, group cohesion, and a safe, supportive environment through the group process.

Enabling Abilities

The following enabling abilities provide the skills and knowledge bases essential for the performance of the eight core abilities listed above:

Core Ability 1: Relative caregivers will be able to support the emotional, educational and physical development, and safety needs of children placed in their care as a result of abuse and maltreatment.

This core ability requires the following enabling abilities.

Participants will be able to:

- list the reasons children come into out-of-home care.
- describe how children are affected emotionally when they experience abuse and neglect.
- draw linkages between children's feelings and their behaviors.
- identify their roles and responsibilities in ensuring safety.
- identify the developmental milestones reached by children from birth to school age.
- identify the developmental milestones reached by children from pre-adolescence to young adulthood.
- describe one behavior of a child in their care that concerns them the most.
- identify the feelings underlying the child's behavior.
- identify the strengths of the child in their care.
- identify strategies for responding to the child's behavior.
- identify ways they can help children better understand their current living situations.
- identify ways they can build on children's strengths so as to manage their behaviors and/or transitional issues.
- support each other, and give and receive feedback on the strategies they identify.
- describe their roles and responsibilities in supporting the education of the children placed in their care.
- describe the roles and responsibilities of the caseworker in supporting the education of the children placed in their care.
- list ways they can work with the school system.

Core Ability 2: Relative caregivers will be able to access formal and informal services on behalf of the children placed in their care.

This core ability requires the following enabling abilities.

Participants will be able to:

- identify the housing resources and services available through state and federal systems.
- identify their own family members' housing needs.
- identify legal services and how to access them.
- identify medical and dental resources and services available through the agency and other health care systems.
- identify their own family members' medical and dental needs.
- identify the mental health resources and services available through the agency and other community services.
- identify their own family members' mental health needs.
- identify the recreational resources and services available through the agency and other community programs.
- identify their own family members' recreational needs.
- describe the process for the development of the Family Plan.
- develop a Family Plan for their own family.
- identify effective strategies for discussing their family's need with the caseworker.

Core Ability 3: Relative caregivers will be able to identify the strengths and abilities of their families to meet the ongoing needs of the children placed in their care.

This core ability requires the following enabling abilities.

Participants will be able to:

- define strengths and needs.
- define the Strengths Approach.
- describe the family assessment process.
- describe a Family Plan.
- identify the strengths and needs in a particular child presented in a scenario.
- identify the benefits of the Strengths Approach.
- identify the strengths of their family.

- identify the needs of their family.
- have a clearer, more realistic understanding of their own ability, readiness, and willingness to continue caring for the children placed in their homes.

Core Ability 4: Relative caregivers will be able to assess the current impact of a child's placement on their own family's functioning.

This core ability requires the following enabling abilities.

Participants will be able to:

- describe their life situations prior to having children placed in their care.
- identify their own life changes upon the children's placement in their care.
- identify their hopes and fears for the long-term care of the children.
- describe the changes in their relationship with family members and friends.
- define an EcoMap.
- identify the elements of an EcoMap.
- draw an EcoMap of their own families.
- describe available support within their immediate family systems.
- describe available support outside their immediate family systems.
- identify sources of stress within their immediate family systems.
- identify sources of stress outside their immediate family systems.
- define transitional issues.
- identify the transitional issues experienced by relative caregivers.
- identify their own transitional issues.
- describe the transitional issues experienced by the children living in the homes of relative caregivers.
- describe strategies for managing the children's transitional issues.
- define a family.
- describe the characteristics of a family system.

Core Ability 5: Relative caregivers will be able to relate to birth parents in ways that support the agency's case planning goals.

This core ability requires the following enabling abilities.

Participants will be able to:

- describe the agency's policy and criteria for the placement of children with their relatives.
- define reunification.
- define adoption.
- define permanency.
- identify ways in which they can support permanency planning.
- explain foster care financial benefits.
- describe adoption subsidy.
- describe the family court process.
- identify the roles and responsibilities of the caseworker in case planning and accessing financial assistance.
- identify the transitional issues experienced by birth parents.
- describe strategies for managing the transitional issues and resultant behavior of birth parents.
- identify the chemical dependence issues of the birth parents of the children in their care.
- identify the management strategies to deal with the birth parents' transitional issues.
- identify the management strategies to deal with the birth parents' chemical dependence issues.

Core Ability 6: Relative caregivers will be able to influence behavioral change in birth parents to achieve permanency for the children in their care.

This core ability requires the following enabling abilities.

Participants will be able to:

- identify the systems of support available to birth parents.
- identify the stresses experienced by birth parents.
- describe the life situations of birth parents.
- define chemical dependence.

- define the disease concept of chemical dependence.
- define recovery.
- identify the components of recovery.
- define relapse.
- list the warning signs of relapse.
- describe typical roles assumed by the family members of individuals who are chemically dependent.
- describe the feelings associated with dealing with someone who is chemically dependent.
- identify the parental roles parents assume with their children.
- describe the potential conflicts that can arise when birth parents and relative caregivers assume the same parental roles.
- define conflict.
- define conflict resolution.
- describe the steps of conflict resolution.
- describe ways to resolve conflicts related to sharing parental roles.
- recognize the importance of having birth parents visit and maintain contact with their children.
- describe their own feelings toward having birth parents visit and maintain contact with their children.
- describe common problems with having birth parents visit and maintain contact with their children.
- identify strategies for working with birth parents to make visiting and contacting their children more successful.

Core Ability 7: Relative caregivers will be able to help older adolescents access educational and vocational services to achieve successful emancipation.

This core ability requires the following enabling abilities.

Participants will be able to:

- define emancipation.
- describe emancipation planning.
- describe the Independent Living Program.
- list the components of the Independent Living Program.

- identify their roles and responsibilities in supporting the involvement of youth in planning for independent living.
- identify the roles and responsibilities of the caseworker in supporting the participation of the youth in planning for independent living.

Core Ability 8: Relative caregivers will be able to develop mutual trust, group cohesion, and a safe, supportive environment through the group process.

This core ability requires the following enabling abilities.

Participants will be able to:

- define kin.
- define relative caregiver.
- define kinship care.
- identify the outcomes of the Caring for Our Own Program.
- establish expectations and ground rules.
- identify ways to communicate in a group.
- define self-disclosure.
- define a support group.
- describe family sharing.
- identify the benefits of a support group.
- identify the similarities and differences among caregivers.
- share personal information, emotions, and hopes and fears.
- support each other in the sharing of personal information, emotions, and, hopes and fears.
- describe their experience in the group.
- identify the next steps they will take to continue their support of each other.

Meeting 1:

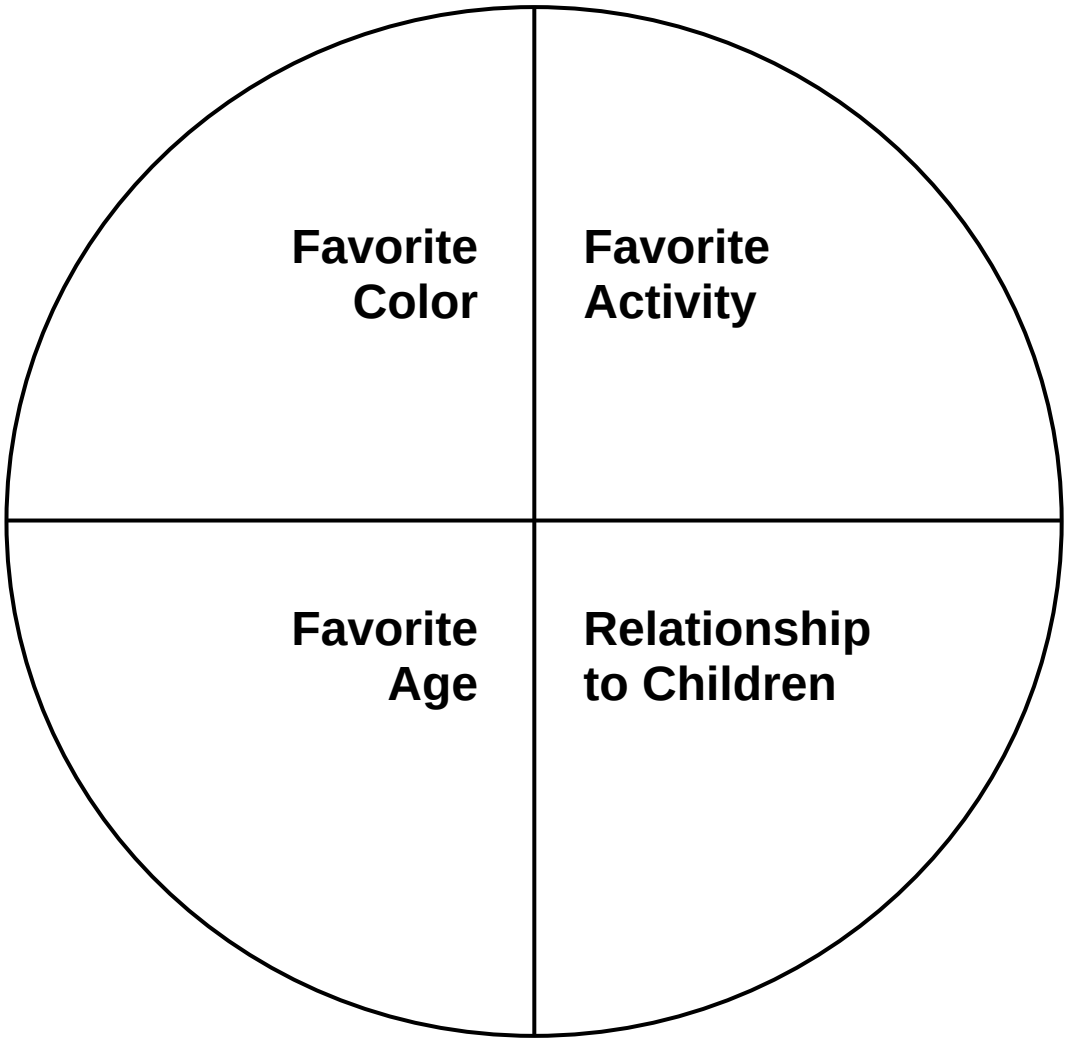
Introduction to
Caring for Our Own

Handouts

The Friendship Pie

Name: _____

- Write your responses below each statement, as appropriate.
- Then find several participants in the group who share the responses you have written.
- Allow the participants who share your responses to write their first names in the appropriate quadrants below each statement.



Outcomes for Caring for Our Own

- Children living with relatives will have their safety, emotional, and developmental needs met.
- Relative caregivers will help children who are placed in their care achieve permanency in the shortest time frame possible.
- The children's educational growth will be supported and enhanced through the relative caregivers' partnership with the school system.
- Older adolescents will receive the educational and vocational services they need in order to achieve successful emancipation (independent living).
- Relative caregivers will have an ongoing, informal social support network made up of other relative caregivers.

The Program Agenda

Meeting 1: Introduction to Caring for Our Own

This meeting will provide an opportunity for relative caregivers and leaders to get acquainted with each other; establish comfort and safety; and provide the purpose, structure, and desired outcomes of the program.

Meeting 2: Assessing the Impact of the Children Living in my Home

This meeting provides the participants with an opportunity to assess the immediate impact of having children live in their homes. This meeting will also assist caregivers in assessing their ability to meet the present needs of the children in their care.

Meeting 3: Looking at my Role in Achieving Permanency

This meeting provides participants with an overview of reunification and adoption and identifies ways in which caregivers can support permanency planning. It will also continue to provide participants with the opportunity to assess the strengths and needs of the members of their immediate household and of their extended family members.

Meeting 4: Assessing the Strengths and Needs of the Children in my Care

This meeting helps caregivers begin to focus on the needs of children living in their homes and to identify the types of services they need to access to ensure stability in the children's overall growth and development.

Meeting 5: Building on the Strengths and Meeting the Needs of the Children in my Care

This meeting continues to help caregivers examine the behaviors of the children living in their homes and to identify methods of managing those behaviors, as well as identifying and accessing needed services.

Meeting 6: Preparing Children and Youth for the Future

This meeting assists caregivers in understanding their role and responsibilities in the education of the children in their care and in preparing youth for independent living.

Meeting 7: Understanding the Issues of Birth Parents

This meeting provides an opportunity for caregivers to examine the challenges birth parents face and give caregivers a better understanding of the transitional issues for birth parents and how those issues interplay with caregivers' own transitional issues. The meeting will also give caregivers an understanding of the nature of chemical dependence in birth parents and how this affects birth parents' ability to assume the primary parenting role with their children. This meeting prepares caregivers to explore in Meeting 8 how they can work together with birth parents to meet children's needs and provide them with permanency.

Meeting 8: Working with Birth Parents to Achieve Permanency for Their Children

This meeting examines how caregivers can redefine their relationship with birth parents in order to ensure children's physical safety and emotional well-being and support birth parents' efforts to achieve permanency for their children.

Meeting 9: Networking and Moving Ahead

This meeting provides participants with the opportunity to complete their assessment of their ability to meet the long-term needs of the children in their care. Participants will develop a family plan which will be shared with their caseworkers for the purpose of planning for the child. Participants have the opportunity to plan with each other for how they can remain in contact once the meetings end.

Suggested Questions for Family Sharing

1. How long have you had the children living in your home?

2. How are you feeling about your role in parenting the second time around?

3. What is one hope or dream you have for the children in your care and for their birth parents?

4. What is one concern you have about the children in your care and about their birth parents?

5. What resources or services do you need to support your role as a relative caregiver?

6. What has helped you thus far in caring for the children placed in your care?

(You will have 5 minutes to share your story.)

Meeting 2:

Assessing the Impact of the Children Living in my Home

Handouts

Review to Renew

Relative

R _____

E _____

L _____

A _____

T _____

I _____

V _____

E _____

The Agency's Procedures for Approving Relative Foster Homes on an Emergency Basis*

Approved Home

- A foster boarding home in which a foster parent is a relative within the second or third degree to the parent(s) or stepparent(s) of the child and who is approved to care for specific related children.

- Relatives within the second or third degree of a parent or stepparent include the following, in relation to the child:

  - Grandparents and great-grandparents
  - Aunts and uncles and their spouses
  - Siblings
  - Great aunts and great-uncles and their spouses
  - First cousins and their spouses
  - Great great-grandparents
  - An unrelated person, if that person is related to the child's half-siblings and approval will allow the half-siblings to remain together, and the parents or step-parents of one of the half-siblings is related to that person in the second or third degree.

- The expedited homestudy is completed by the caseworker to facilitate the emergency placement of a child(ren) prior to the full approval.

- Relative foster homes can be approved on an expedited emergency basis for 60 days. The home of a relative of a foster child may be approved as a foster home on an emergency basis under the following circumstances:

  - if a child is removed from his or her own home and placed in foster care.
  - If the child is placed in foster care by family court as a result of an abuse/neglect petition.
  - If an eligible relative is willing and determined to be able to provide care for the child.

- Before placing a child with an eligible relative on an emergency basis, the authorized agency must:

  - secure a signed and dated statement from the relatives indicating the exact relationship to the child and the child's parent(s)

.

- conduct a homestudy to assess the relative's home to ensure that there is no apparent risk to the health and safety of the child.
- assess the relative's family, focusing on the following factors:
  - the family's relationship with the child and the child's parent(s) or stepparents care provided to other children in the home of the relative.
  - the family's knowledge of the circumstances and conditions that led to the child's placement.
  - the family's role in the past in helping and/or protecting the child from and/or prevent abuse or maltreatment.
  - the family's present ability to protect the child placed in their home from abuse or maltreatment.
  - the family's ability to understand the need to protect the child from abuse and maltreatment.

♦ Sign the Foster Parent Agreement.

♦ Provide character references.

♦ Complete the State Central Register Clearance Form for background check of prior history of abuse or maltreatment.

♦ Sign a statement indicating any criminal background of all persons in household age 18 and over.

* Adapted from New York State Department of Social Services. 1992. *Regulations for Certified and Approved Foster Family Boarding Homes and Requirements for Licensed, Certified and Approved Foster Family Boarding Homes, Title 18 Social Services Law, Section 444.8., Pub. #1009A-R (10/92).* Albany: New York State Department of Social Services.

Requirements for Approval of Relative Foster Homes*

Relative foster homes approved on an expedited emergency basis for 60 days may continue to provide foster care beyond the 60th day of placement if they are fully approved on or before the end of the 60th day. For a relative foster home to receive continued approval, all requirements as an approved foster home must be completed.

The full homestudy is conducted by a designated foster care agency and is the process used to determine the capabilities and interests of the relative to provide care for the child placed in their home.

An approved relative foster home is approved to provide foster care only for a specific child(ren) after a full homestudy demonstrates compliance with New York State regulations. Children who have been placed in "kinship' homes must be evaluated in the same manner as children who have been placed in certified foster homes.

Members of the household of the relative family shall meet the following requirements:

1. Age – Each approved relative must be over the age of 21.

2. Health – Each member of the household of the relative's family shall be in good physical and mental health and free from communicable diseases. However, physical handicaps or illnesses of foster parents or members of their household shall be considered only as they affect the ability to provide adequate care to foster children or may affect an individual child's adjustment to the foster family.

3. Employment – Employment of a relative foster parent outside the home shall be permitted when there are suitable plans for the care and supervision of the child at all times, including after school and during the summer.

4. Marital status – The marital status of a relative shall be a factor in determining whether or not an approval shall be granted only as it affects the ability to provide adequate care to foster children.

5. Physical facility – The home of the relative foster home shall meet all health and safety standards, (In Meeting 4, the safety standards will be reviewed.)

6. Sign the Foster Parent Agreement.

7. Two letters of reference attesting to the foster parents' character, relationship to the foster child, and ability to develop a meaningful relationship with the child.

Provide fingerprints of all persons in the household aged 18 or over within days of the child's placement in the home for clearance by the New York State Office of Criminal Justice Services.

* Adapted from New York State Department of Social Services. 1992. *Regulations for Certified and Approved Foster Family Boarding Homes and Requirements for Licensed, Certified and Approved Foster Family Boarding Homes, Title 18 Social Services Law, Section 444.8., Pub. #1009A-R (10/92).* Albany: New York State Department of Social Services.

Our Life Changes

Life Situations	Before the Child Came	Our Life Now	Our Life in Five Years	
			HOPES	FEARS
SOCIAL LIFE				
WORK				
MARRIAGE/ RELATIONSHIP				
FINANCES				
PLANS FOR THE FUTURE				
RELATIONSHIP WITH ADULT CHILDREN				
INVOLVEMENT WITH OUTSIDE AGENCIES				

Meeting 3:

Looking at My Role
In Achieving Permanency

Handouts

Review to Renew

Permanency

P _____

E _____

R _____

M _____

A _____

N _____

E _____

N _____

C _____

Y _____

Permanency Planning Options

Adoption:

* A legal procedure that transfers responsibilities for a child from the birth parents to the adoptive parents.
* The adoptive parent has full parental legal rights and responsibilities for the child.

Custody:

* This relationship entails full physical and legal responsibility for a child and authority to act in place of a parent.
* Examples of physical responsibility include the provision of food, shelter, and necessary transportation.

Foster Care:

* Foster care of children includes all activities and functions provided relative to the care of a child away from his or her home 24 hours per day in a foster family free home or a duly certified or approved foster family boarding home or a duly certified group home, agency boarding home, child care institution, health care facility, or any combination thereof.[See 18 NYCRR 427.2(a)]

Guardianship:

* Physical and legal responsibility for a child, including authorized agency to act as parents, that is granted to a person or authorized agency.
* Guardianship may be granted by the court when parental have been suspended or terminated.
* Generally, a person can be designated a guardian of the person, of the property, or both.
* A guardian of a person has the right to make decisions concerning that individual.
* The care, custody, and control of the individual is also usually (although not necessarily) granted to the person under guardianship as well.
* A guardian of the property is a person who can make decisions concerning the property of the individual.
* Guardians either petition the court to be appointed or are designated by the parent either in a will or by a written document with approval by the court to act for the child.

Kinship Guardianship Assistance Program (KinGAP):

* Is designed for a foster child to achieve a permanent placement with a committed adult who has been the child's foster parent for at least 6 months.

* Provides financial support and, in most cases, medical coverage for the child, beginning with the child's discharge from foster care to the guardian.

Independent Living:

* Older youth in foster care generally are to be provided with information and training to help prepare them to live independently.

* Agency staff and foster parents prepare these youth to assume the rights and responsibilities of adults in society.

Roles and Responsibilities of the Caseworker

A caseworker's role and responsibilities are multifaceted and include (but are not limited to) the following duties. The caseworker:

- maintains a working relationship with relative caregivers that is based on a mutual understanding of the caregiver's and caseworker's roles.
- develops service plans with the family that identifies the child's permanency planning goal and also develops a plan to achieve that goal.
- assists with the identification of and access to needed public and private services (health, mental health, education, disability, vocational training, child care, and recreation) when appropriate.
- provides notification of hearings and appearances and is responsible for appearing in family court.
- has face-to-face contact with a child as per service plan.
- arranges for visitation between a parent and child, and siblings in foster care.
- actively involves the birth parent and relative caregiver in the planning process, which enhances the development of a working relationship.
- assists the caregiver in exploring financial resources, such as Social Security benefits, Supplemental Security Income (SSI), child support, employment, Temporary Assistance to Needy Families (TANF) and other related resources.
- informs relatives who may be prospective adoptive parents of the adoptive subsidy and the agency's requirement to seek an adoptive home for the child, if it is determined that adoption is in the child's best interests.

Approved Foster Parent Stipend Board and Care Rates*

The annual board rate, which is set according to the child's age, is intended to reimburse foster parents for the cost of caring for the child. Individual county departments of social services set their own rates up to the maximum allowed.

There are three foster care payment categories for foster boarding homes:

- Normal (Basic)
- Special
- Exceptional

Basic foster care payments are made to foster parents who provide care for a child who has no identified special or exceptional needs.

> ★ *To receive special or exceptional payments, you will need to show your ability to care for children with special or exceptional conditions through past training and experience or by completing special training. You will need to participate in agency training every year and actively participate in case conferences. You must be able to work with the professionals involved in the child's treatment plan and to accept assistance and guidance in caring for the child.*

Within 30 days of placement, you will receive notification of the foster care room and board payment, based on the level of care needed for the foster child (normal, special, or exceptional). You may request a conference to review the decision. If you believe the decision is incorrect, you will have 60 days from the date of the notification to request a fair hearing.

Note: Not every agency has each of the subcategories of "special" or "exceptional."

The designations are defined in the chart on the next page.

Special and exceptional rates need to be approved by the local DSS. Either a caseworker or a foster parent can submit a request for the special or exceptional rate.

Note: If the level difficulty changes (decreases or increases) due to the child's needs for care and supervision, the board rate will also change. The services expected of the foster parents will also change accordingly.

* New York State Office of Children and Family Services. 2010. *NYS Foster Parent Manual*. Albany: New York State Office of Children and Family Services.

Board and Care Rates*

NORMAL / BASIC	SPECIAL	EXCEPTIONAL
The child has no diagnosed physical or mental handicap requiring special care, although he or she may have problems related to neglect, maltreatment, or lack of care and training. For children in the Normal/ Basic category, you should: • Give basic physical and emotional care, attention, and affection. • Provide opportunities for educational, social, and cultural growth. • Provide opportunities to be with peer groups and to have experiences in the school, church, and community. • Encourage talents and interests. • Cooperate in attending case conferences and training. • Help arrange contacts with the child's family when appropriate.	The child has a pronounced physical condition certified by a physician as requiring a high degree of physical care; is awaiting a Family Court hearing on a Person in Need of Supervision (PINS) or Juvenile Delinquency (JD) petition; has been adjudicated as a PINS or JD; has been diagnosed by a qualified psychiatrist or psychologist as moderately developmentally disabled, emotionally disturbed, or with a behavior disorder requiring a high degree of supervision; is a refugee or Cuban/Haitian entrant and is unable to function successfully because of factors related to that status; or entered foster care directly from inpatient hospital care within the past year. Foster parents caring for children in this category must take four hours of training each year. For children in the Special category, you should: • Provide all the services given to children in the Normal/ Basic category. • Be more personally involved and give more time. • Be patient and able to give attention and affection without a positive response from the child. • Give more intensive supervision such as preparing special diets, giving medications, or assisting in a program of physical therapy.	The child requires 24-hour-a-day care by a qualified nurse or someone supervised by a qualified nurse or physician, as certified by a physician; has severe behavior problems involving violence and has been certified by a qualified psychiatrist or psychologist as requiring a high level of individual supervision in the foster home; has been diagnosed by a qualified physician as having severe mental illness, severe developmental disabilities, brain damage, or autism; or has been diagnosed by a physician as having AIDS or HIV-related illness (up to one year if the child tests positive for HIV and then subsequently tests negative for HIV). Foster parents caring for children in this category must take five hours of training each year. For children in the Exceptional category, you should: • Provide all the services given to a child in the normal/basic category. • Provide one-to-one, 24-hour-a-day supervision. • Work as an active member of the health care team in the treatment plan.

* New York State Office of Children and Family Services. 2010. *NYS Foster Parent Manual*. Albany: New York State Office of Children and Family Services.

The Adoption Subsidy Program

What is an adoption subsidy?*

An adoption subsidy is a monthly payment mandated by federal law to be made for the care, maintenance, and/or medical needs of a child who fits the definition of "handicapped" or "hard to place" as defined by the local social services officials. It is documented in a written agreement and may not be changed by any amelioration (improvement), remission, or cure of the handicapping conditions.

Subsidy payments are available to all eligible children until the age of 21, regardless of the adoptive parent's income. These payments are discontinued only when it is determined by a social services official that the adoptive parent(s) is no longer legally responsible for the support of the child or that the child is no longer receiving any support from the parents.

How much can you receive?

An adopting family usually receives about the same amount as a foster care payment for a child. The subsidy can vary with the age of the child, as well as his or her special needs.

At what point is the subsidy available?

The subsidy may be requested at any time after a child has been placed in your home and before the courts issue the adoption order which finalizes the adoption.

Handicapped Subsidy

A handicapped child is one who possesses a specific physical, mental, or emotional condition or disability of such severity or kind that it constitutes a significant obstacle to the child's adoption.

A request for a Handicapped Subsidy must include a medical statement describing the child's disability that has been signed by a licensed medical doctor.

* New York State Department of Social Services. 1990. *Adoption Services Program Manual: Chapter XI, Section A-l.* Albany: New York State Department of Social Services.

Hard-to-Place Subsidy

The hard-to-place child is defined as a child who meets one of the following criteria:

- The child has not been placed for adoption within six (6) months of the transfer of care, custody and guardianship to the Commissioner of Social Services (CSS) or a return to care from a disrupted adoptive placement.

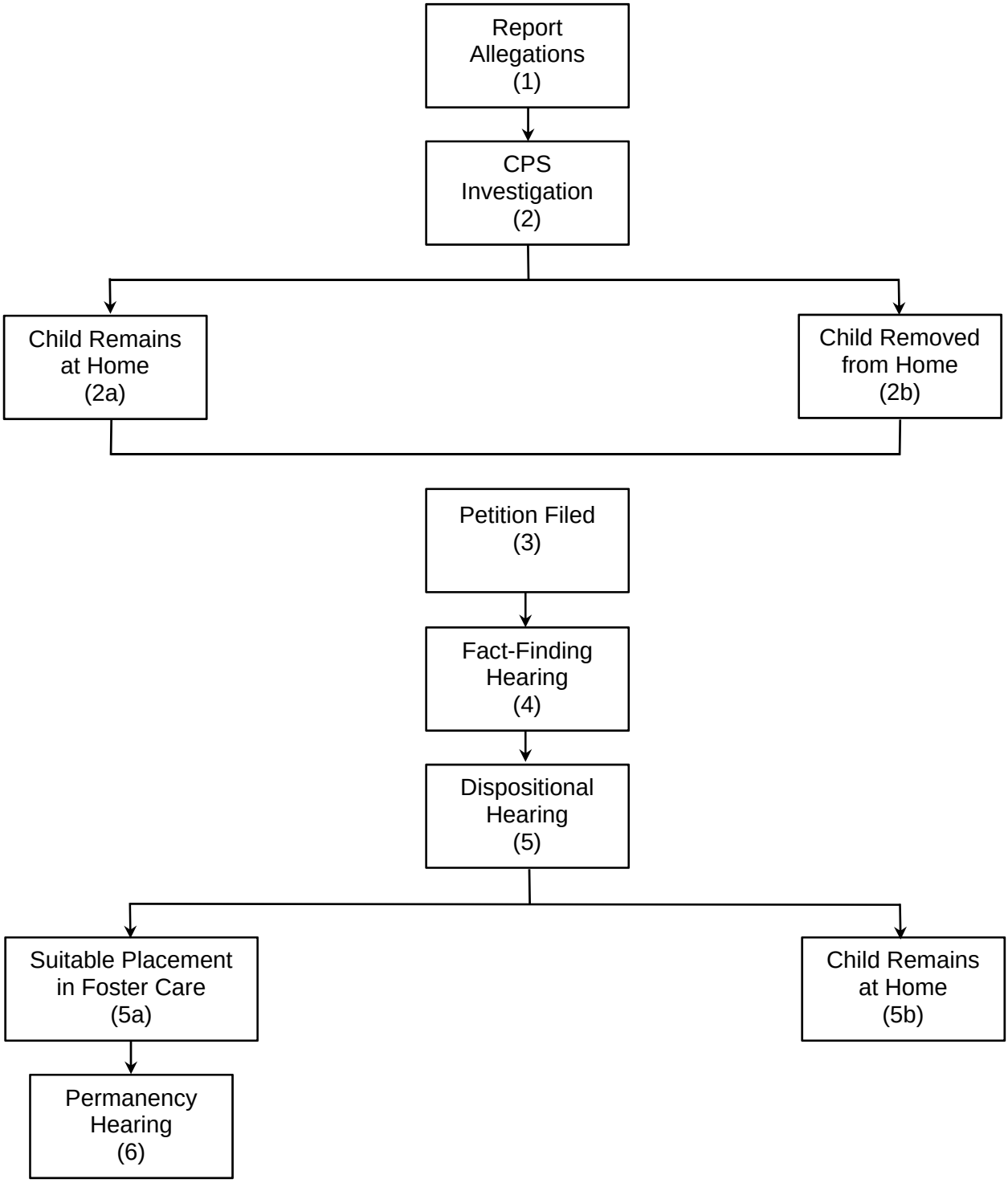
- The child is one of a group of siblings or half-siblings and it is considered necessary to place the group together. (**Note**: When the sibling group is composed of two (2) Caucasian children under five (5) years of age, they are not eligible for subsidy if they do not meet any other criteria.)

- The child is at least ten (10) years of age and is not a member of a minority group that is over-represented in the New York State foster care population.

- The child is at least eight (8) years of age and is a member of a minority group that is substantially over-represented in the New York State foster care population in relation to the percentage of the group to the total population of the State.

- The child is hard to place with other adoptive parents because the child has resided in the present adoptive home twelve (12) continuous months or longer prior to the signing of the "Adoptive Placement Agreement" between the foster parents and the agency, and separation of the child from present foster parents would adversely affect the child's development.

The Family Court Process in Child Abuse and Neglect (FCA Article 10)



The Family Court Process in Child Abuse and Neglect

(FCA Article 10)

1. Report Allegations

A report of alleged neglect or abuse is filed with the State Central Register (SCR) and is forwarded to the department of social services (DSS).

A reasonable cause to suspect neglect or abuse is all that is needed to file a report.

2. Child Protective Services (CPS) Investigation

A child protective services (CPS) caseworker begins the investigation within 24 hours of the receipt of the case and makes a home visit within 48 hours of the receipt of the case.

2a. Child Remains at Home

If CPS determines that the child can remain safely at home, i.e., the child is not in imminent danger (with or without provision of safety interventions) during the course of the investigation, the child will remain at home.

2b. Child Removed from Home

Temporary Removal with Consent of the Parent (FCA 1021)

If the caseworker determines that the child cannot remain safely at home and the parent agrees in writing to permit the caseworker to remove the child, the child must be placed in foster care, preferably with a relative who is willing and able to provide care. If the child is not returned home within 3 days, a neglect/abuse petition must be filed.

Temporary Order of Removal (FCA 1022)

If the caseworker determines that the child is in imminent danger, but there is time to secure a court order of removal prior to filing a neglect/abuse petition, the court may order the child's removal based on a finding of imminent danger to the child. If the court issues a removal order, the caseworker will obtain a court order for the child's removal based on the court's finding of imminent danger.

Emergency Removal (FCA 1024)

If at any time during the investigation, the caseworker determines that the child is in imminent danger, and there is insufficient time to secure a court order, the child may be removed from the home and placed in foster care, preferable with a relative who is willing and able to provide care. If a child is removed under these conditions, a neglect petition must be filed on the next business day of the court.

Court-Ordered Removal (FCA 1027)

If the caseworker determines that the child is in imminent danger or at risk, and removal is necessary to protect the child, the caseworker must file a neglect or abuse petition on behalf of the child. If the court issues a removal order, remanding the child to the Commissioner of Social Services, the child must be placed in foster care, preferably with a relative who is willing and deemed able to provide care.

3. Petition Filed

Whenever the child is removed prior to filing a petition, a petition must be filed on the next business day of court, usually no more than 3 days from the removal. The court will remand the child to the Commissioner of Social Services (foster care) upon a finding that the child would otherwise be in imminent danger based on the caseworker's testimony.

Prior to the DSS filling a petition alleging abuse or neglect, the parent may also file a petition (FCA 1028) making an application to regain custody of a child who has been temporarily removed. Once the abuse/neglect petition has been filed, the parents may make this application in court without filing an additional petition. The court will hold a hearing to determine whether to return the child to the parent. The court will grant this application unless it finds that return of the child will present an imminent risk to the child's life or health.

4. Fact-Finding Hearing(s)

The case is presented to a judge in family court. The DSS has the burden to prove that the allegations presented in the petition are true. The level of evidence needed in an abuse/ neglect hearing is "fair preponderance of the evidence." Witnesses may testify for the parent and for the DSS, and evidence may be presented in accordance with the rules of the court. The primary witness for the DSS will most likely be the CPS caseworker and, if the child has already been removed from the home, the foster care caseworker.

Parents may secure their own attorney or it they cannot afford an attorney one will be assigned by the court; children are assigned an attorney known as a "law guardian." The DSS will also have an attorney representing the agency's position regarding the best interests of the child.

At the end of the fact-finding hearing(s), the judge will either make a finding of neglect or abuse, or s/he may dismiss the petition for lack of evidence. If neglect or abuse is found, the judge will usually continue the remand of the child to the custody of the Commissioner (foster care) until a final disposition is made on the case. In many cases, the judge will order an "Investigation and Report" (I&R) by another DSS caseworker prior to making a dispositional order. The purpose of the I&R is to recommend an order that will ensure that the family's needs are properly met. The I&R usually contains background information on the child and parents and includes results of interviews with the child and significant persons in the child's life.

5. Dispositional Hearing

The court holds this hearing to determine the present fitness of the parent, what the service plan should be and decide where the child should be placed. The court looks at the best interests of the child in making these decisions.

5a. Suitable Placement in Foster Care
The disposition may be to "place" the child in a suitable foster care facility (including the home of an "approved" relative), or to discharge the child to the custody of a relative.

5b. Child Remains at Home
The disposition may be to return the child to his/her parents, with or without DSS supervision.

6. Permanency Hearing

If the child is placed in foster care, the court must review the agency's progress in securing a permanent home for the child within the first 8 months. Permanency can be achieved either through safe discharge home, adoption, legal guardianship, legal custody, preparation for independent living or, if appropriate, placement in an adult facility.

If the child remains in foster care, a Permanency Hearing must be held every 6 months. Foster parents are invited to appear at all Permanency Hearings.

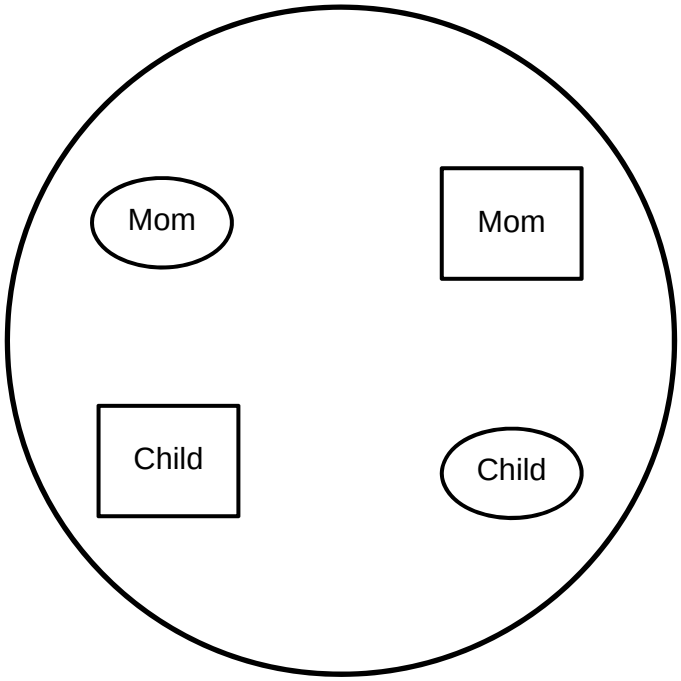
The EcoMap*

The purpose of the EcoMap is to:

- Help your family consider the "quality" of your environment.
- Look at the balance you have between stress and support.
- Look at ways these stresses and supports might be affecting your decisions to continue as a relative caregiver.
- Assess the demands and needs of the child upon your family's balance.
- Develop preventive strategies to reduce the stresses and increase your support.

Steps for drawing the EcoMap:

1. In a large circle put the names of all the people who live in your household (pets are allowed, too)



* Bayless, Linda, et. Al. 1991. *Model Approach to Partnerships in Parenting: Group Preparation and Selection of Foster and/or Adoptive Families Leader's Guide*. Atlanta: Child Welfare Institute. (Adapted with permission.)

2. For each of these circles, draw one of three kinds of lines from a person in the circle to the circle with which that person has a relationship. The three types of lines are:

   - Solid for a strong relationship ———————
   - Dotted for a weak relationship ----------
   - Hash marks for a difficult relationship ////////////////

   If the outside circle affects the family as a whole, draw the line to the family

3. If you both give and receive from the area, draw arrows in both directions.

   If the giving or receiving is one-way, draw the arrow in the appropriate direction.

4. Discuss your EcoMap, considering the following issues:

   - How would you describe most of your relationships? Are they strong, weak or difficult?
   - How have the strong relationship supported your decision in being a relative caregiver?
   - How have the weak or difficult relationships, or those having significant stress, weakened or made your decision to become a relative caregiver more difficult?
   - How has the child placed in your care affected each family member—especially in terms of sharing time, space, and resources?
   - How have the extended family and friends reacted to the child living in your home?
   - What current problems do your see?
   - What resources do you have to deal with these problems?
   - What new resources or supports could you develop to help you deal with these problems?

My EcoMap

(Draw your EcoMap on this page.)

Transitional Issues for Relative Caregivers*

Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Hopes and dreams	These are the caregiver's wishes and desires.	The caregiver hopes that the birth parent will resume responsibility for raising the child. The caregiver hopes that soon his or her life will go back to being "normal." The caregiver hopes that the child will grow up to have a good life and be able to care for him- or herself. The caregiver hopes that the child will not become involved with drugs.
Grief and adjustment	The caregiver grieves over changes in lifestyle and relationships. The caregiver has to make adjustments as a result of assuming responsibility for the child.	Lifestyle changes from that of a single person or a couple to that of parents with young children. The caregiver has to postpone short- and long-term plans for retirement, second career, or relocation. The caregiver has to share physical space in home, often having to change rooms or furnishings to accommodate the child. The caregiver must now place the child's priorities before his or her own plans or proprieties.

* Original material developed by Joseph Crumbley, M.S.W., D.S.W. ©1996. (Adapted with permission.)

Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Shifting parental roles and responsibilities	The caregiver, the birth parent, and the child all must adjust to changes in their relationships to each other. The caregiver now has primary parenting responsibilities for the child.	The caregiver now changes from a friend to a disciplinarian and exerts parental authority with the child. The caregiver must help the child understand and accept this new relationship. The caregiver mow changes from a peer to the birth parent to someone with more authority over the child than the birth parent. For example, the caregiver may have to tell the birth parent when he or she can or cannot see the child.
Guilt	The caregiver feels some responsibility for the birth parent's problems that have resulted in the current situation.	The caregiver feels guilty over "replacing" the birth parent by assuming primary parenting responsibility for the child. The caregiver feels guilty about placing the child's needs over the parent's needs. The caregiver feels guilty about giving the child "special treatment" that others in the family, such as other grandchildren, their own older children, or adult brothers and sisters of the birth parent do not receive. The caregiver feels guilty when he or she must report the birth parent for abuse or neglect or when he or she must ask the birth parent to leave his or her home.

* Original material developed by Joseph Crumbley, M.S.W., D.S.W. ©1996. (Adapted with permission.)

Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Embarrassment	The caregiver feels embarrassed about the reasons for and various aspects of his or her current living situation.	The caregiver feels embarrassed that the birth parent cannot raise his or her own child. The caregiver feels embarrassed when he or she has to explain to friends and family why the child is in his or her care. The caregiver feels embarrassed about being dependent on agencies and having to apply for services.
Carrying over past issues	The caregiver's past problems and emotional issues with the birth parent interfere with the caregiver's relationship with the child.	The caregiver might respond negatively to the child when the child does something that reminds the caregiver of the birth parent's negative traits. The caregiver may perceive the child to be "just like" the birth parent. The caregiver may still harbor anger over the birth parent's past actions, such as becoming a teen parent, dropping out of school, or using drugs at an early age.
Loyalty	The caregiver feels as if he or she has betrayed the birth parent.	The caregiver feels disloyal because he or she has "replaced" the birth parent by assuming primary parenting responsibility for the child. The caregiver may feel like he or she is betraying the birth parent in reporting the birth parent for abuse or neglect. The caregiver may feel disloyal when he or she has to follow through on court orders by limiting contact or visits between birth parent and child.

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Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Adjusting to child-rearing demands	The caregiver must understand and adapt to new and different approaches to raising children.	The caregiver must understand that what was not considered abusive years ago may now be considered abusive. If the child has special needs, such as being overly active or needing medical treatment, the caregiver must be able to use creative discipline alternatives. The caregiver must work with professionals from multiple agencies in caring for the child. The caregiver must adhere to agency policy on discipline methods. The caregiver needs to find supports and respite in order to avoid "overtaxing" himself or herself.
Anger	The caregiver has intense, negative feelings of displeasure about the reasons for and various aspects of his or her current living situation.	The caregiver may not agree with agency plans to reunify the child with the birth parent. The caregiver may feel angry that the birth parent has maltreated the child and has done such a "poor" job of raising the child. The caregiver may feel angry that the child expresses the desire to go back to the birth parent. The caregiver may feel angry that there is conflict and rivalry between him- or herself and the birth parent.

* Original material developed by Joseph Crumbley, M.S.W., D.S.W. ©1996. (Adapted with permission.)

Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Planning for illness or death	The caregiver must make plans for who will care for the child if the caregiver becomes ill or dies.	The caregiver should identify who else in the family could care for the child if he or she became ill or died, and then make specific plans with that person or persons. The caregiver should talk honestly with the child about what would happen if the caregiver became ill or died and help the child understand who would take care of him or her in those situations. The caregiver should involve the alternative caregiver in the child's life through activities such as sleepovers, etc., so that they can develop a relationship.
Sabotage	The caregiver must deal with his or her own feelings and actions (or those of the birth parent or the child) that can undermine the child's current living situation, case plan, or the family relationships.	The caregiver and the birth parent may compete in the parenting role. The birth parent may not want to accept the caregiver's role as the decision maker in the child's care. The caregiver may feel frustrated or left out when the agency makes plans for the child without the caregiver's involvement or agreement. The child resists the caregiver's efforts to discipline him or her or refuses to submit to the caregiver's authority.

* Original material developed by Joseph Crumbley, M.S.W., D.S.W. ©1996. (Adapted with permission.)

KinGAP Information

The **Kinship Guardianship Assistance Program (KinGAP)** is designed for a foster child to achieve a permanent placement with a committed adult who had been the child's foster parent for at least six months. This program provides financial support and, in most cases, medical coverage for the child, beginning with the child's discharge from foster care to the guardian. The level of financial support is similar to the maintenance payments received while the child was in foster care.

Process

In addition to being the child's foster parent for at least six months, the prospective guardian must be:

a. related to the child by blood, marriage or adoption, and the relationship can be to any degree of affinity, or

b. related to a half sibling of the child by blood, marriage, or adoption (to any degree of affinity) and is also seeking to become, or is, the guardian of such half sibling through KinGAP, or

c. an adult with a positive relationship to the child that was established prior to the child's current foster care placement.

The family can have a single parent or two parents. The family may have birth children, adoptive children, or no other children. Families can vary by age, income, lifestyle, and marital status. A KinGAP family must have a strong commitment to caring for the child on a permanent basis.

The foster child must have a strong attachment to the prospective guardian. The child must be consulted if age 14 or over. If age appropriate, younger children should be consulted as well. The child must consent if age 18 or over.

The foster child does not have to be free for adoption in order for Kinship Guardianship Assistance to be provided. However, both "return home" and "adoption" must be ruled out as permanency options for the child. The foster child's caseworker will be working with the child's birth family and prospective guardian to explore other permanency options or determine that there are compelling reasons for the child not to return home or be adopted.

Because, as stated above, the child's parental rights need not be terminated to achieve Kinship Guardianship Assistance, the legal process from application to finalization can be considerably shorter than freeing a child and legalizing an adoption.

The KinGAP requires that agencies must check with the New York State Child Abuse and Maltreatment Register (and other states' comparable registries if adults in the home lived in any other states in the last five years) to determine whether the proposed guardian, or any person age 18 or over who resides in the home, has previously abused or maltreated a child. Also, a state and national (with the FBI) criminal history check for a proposed guardian, or any other person age 18 or over who is currently residing in the home, is required. Since these requirements were met when the foster home was initially certified or approved, they are considered having been met for the KinGAP. An indicated report of abuse or maltreatment or a criminal record does not necessarily prevent Kinship Guardianship Assistance.

The foster parent must apply for the KinGAP to the local department of social services (LDSS) that has custody of the child and enter into an agreement with the LDSS. This KinGAP agreement will include the details of the financial assistance and medical coverage to be provided, including the monthly amount of assistance, how payment will be made, how payments may be adjusted, and additional services and benefits for which the guardian and child may be eligible. Some of these services and benefits include: payment to the guardian of up to $2,000 for expenses the guardian might need to pay for legal services like attorney's fees connected to obtaining guardianship, and for the child, education and training vouchers, up to $5,000 per year for college or vocational training costs, depending on availability.

In order for KinGAP eligibility to be established, the case must have completed certain court hearings (a fact finding hearing for certain children who have been removed and a first permanency hearing for all children in foster care) before the agreement can be approved by the LDSS. After the agreement is approved, a guardianship petition must be filed with the court and the court must issue letters of guardianship.

Payments start once the letters of guardianship are issued. Assistance may continue until the child reaches the age of 18 or 21, as long as the guardian remains legally responsible for the child and continues to provide support for the child.

If the family moves out of New York State after the foster parent assumes guardianship, the assistance will continue, and the agreement will contain information on continuing medical coverage in the new state of residence.

KinGAP in New York State is governed by various provisions of Social Services Law, Surrogate's Court Procedure Act and New York State Family Assistance regulations. A fair hearing is available for families who seek to challenge the decision of an agency; for example, if the application is denied or not acted upon.

When Kinship Guardianship Assistance is in place, the guardian can make all necessary decisions for the child, including medical and educational decisions. For a child not free for adoption, parental rights are still retained by the birth parents. The child may maintain contact with the parents, including visits, if appropriate to the circumstances. The agency's supervision is no longer required.

There may be times when the family needs assistance after kinship guardianship is in place. Supportive services are available around the state through a network of Kinship Programs.

Meeting 3

KinGAP Timeline

This timeline follows the steps Local Department of Social Services (LDSS) or the voluntary agency (VA) will take over the course of a relative/kinship foster care placement that leads to KinGAP.

LDSS notifies relative and kinship family members that a child has been removed from their home within 30 days of the removal. LDSS also notifies parents of siblings or half-siblings of the removed child, where the parent has legal custody of such sibling or half-sibling. Relatives are given two handbooks: *Having a Voice & a Choice* and *Know Your Permanency Options: the Kinship Guardianship Assistance Program*.

LDSS and the relatives/kinship caregiver(s) discuss whether relatives/kinship caregivers are willing to have the child placed in their home and are willing to become a certified or approved foster home. If they agree, the child is placed in their home.

The family is engaged in discussions about the child's need for permanency. LDSS starts by seeking reunification with the parents, if appropriate.

LDSS discusses all permanency options with the foster caregivers, while trying to reunify the child and parents.

If reunification is NOT appropriate, LDSS asks the relative/kinship foster parents about their desire and capacity to provide a permanent home for the child.

LDSS will also have discussions with the child's parents, if appropriate, to help them understand the permanency options.

If the child is old enough to understand and participate, LDSS will also have discussions with the child. For KinGAP, there MUST be a consultation if the child is 14 years of age or older, and any child 18 years of age or older must consent. For adoption, any child 14 years of age or older must consent.

If return home and adoption are ruled out by LDSS as permanency options for the child, and if the relative/kinship caregiver(s) demonstrates willingness to provide a permanent home, the following are necessary:

- The child has been in foster care with the relative/kinship caregivers for at least six consecutive months and the relative/kinship caregiver(s) was approved or certified as a foster parent during the entire period.
- The fact-finding hearing has been completed for a child who was placed into foster care under Article 10 of the Family Court Act.
- The child's initial permanency hearing has been completed for all categories of foster care.
- Other eligibility requirements such as the child's attachment to the relative/kinship caregiver(s) and their commitment to permanently care for the child are considered.
- The relative/kinship caregiver(s) have filed a completed application and the LDSS has approved it.

If the application is approved, LDSS completes the Kinship Guardianship Assistance and Non-Recurring Guardianship Expenses Agreement with the prospective relative/kinship guardians.

The prospective relative/kinship guardians or their attorney petitions the court for KinGAP guardianship.

The court makes a decision.

If the petition is granted by the court, the court orders that the relative/kinship caregivers now have guardianship, letters of guardianship are issued by the court and provided to the guardian, the child is discharged from foster care, and LDSS is relieved of all responsibility for supervision of the child. The guardian must provide the LDSS with copies of the letters of guardianship before payment can begin.

The relative must complete an annual notification and certification form until the youth reaches age 18. The KinGAP arrangement and the annual notification and certification requirement can last until age 21 if the child agrees and participates in an approved educational program or is employed for at least 80 hours per month or is unable as of yet of such educational or employment activities.

Note: The Office of Children and Family Services (OCFS) funds Regional Permanency Resource Centers that provide support to local guardians and their families post guardianship.

Meeting 4:

Assessing the Strengths and Needs Of the Children in my Care

Handouts

Review to Renew

Child

C _____

H _____

I _____

L _____

D _____

Safety Requirements for Foster Care Placement of Children with Relatives*

To help ensure the physical safety of the children placed in foster care, the DSS requires that relative caregivers provide homes that "present no hazard to health and safety of children." Foster care agency staff will check the relative caregiver's home for health, fire, and safety hazards based on the following criteria:

1. Physical facilities of the relative foster home shall be in good condition and present no hazard to the health and safety of children.

2. Foster homes shall be in substantial compliance with all provisions of state and local laws, ordinances, rules, and regulations concerning health and safety.

3. The physical space, construction, and maintenance of each foster home and premises shall be in good repair and kept in a sufficiently clean and sanitary condition so that the physical well-being, as well as a reasonable degree of physical comfort, is assured the members of the foster family.

   In considering the home in terms of its health and safety, the following must be taken into account:

   (a) there must be sufficient sleeping arrangements and space;

   (b) there must be adequate water supply;

   (c) the home is free of fire hazards and is equipped with at least one smoke detector;

   (d) there are adequate bathing, toilet and lavatory facilities;

   (e) there must be window guards in every window (except for windows leading to fire escapes, in NYC only)

4. Relative foster parents may not rent rooms to lodgers or boarders or conduct any business on the premises which might adversely affect the welfare of children or except, with the agency's permission, provide care for convalescent cases.

5. Relative foster parents must inform the agency of any incident or event that effects or may effect the child's adjustment, health, safety, or well-being and/or may have bearing upon the current service plan.

* New York State Department of Social Services. *Regulations for Certified and Approved Foster Family Boarding Homes and Requirements for Licensed, Certified, and Approved Foster Family Boarding Homes*. Albany: New York State Department of Social Services 18 NYC RR 444.8 (b).

Stages of Child Development: Birth to School Age*

The following list will help you know how the child in your care is developing physically and mentally. To use this list, look for the section dealing with your child's age. Next, ask yourself if the child is able to do the tasks in that age range. These tasks fall into five categories having to do with movement, language, social skills, etc. If a child cannot do both tasks in all five categories, you may want to discuss his or her development with your caseworker or a physician. This checklist is not meant to be exact. Each child is different; some children may do tasks earlier or later. Just be aware of any sign that seems to show the child is not developing as quickly or as well as he or she should.

BIRTH TO 3 MONTHS

Posture and movement

Can support himself or herself on forearms when in a lying position

When lying on his or her stomach, can lift his or her head and keep it steady

Use of fingers and hands

When at rest, usually keeps hands open

Pulls at his or her clothing

Sounds/language

Laughs or makes happy noises

Turns his or her head in response to sounds

Social skills

Smiles at familiar people

Reaches for familiar people or objects

Awareness

Stares at or reaches out to touch items such as faces, patterns, etc.

Looks at his or her hands or feet for at least five seconds

* Bayless, Linda et al. 1995. *Deciding Together: A Program to Prepare Families for Fostering and Adoption, Book 2: Understanding Separation and Loss.* Atlanta: Child Welfare Institute. (Adapted with permission.)

3 TO 6 MONTHS

Posture and movement

Lifts his or her head while lying on his or her back

Rolls from back to front

Use of fingers and hands

Can transfer a toy from one hand to the other

Can pick up small objects

Sounds/language

"Babbles" and repeats sounds such as "mum-mum-mum"

Is frightened by angry noises

Social skills

Stretches arms out to be picked up

Shows likes and dislikes

Awareness

Recognizes a bottle by reaching, smiling, babbling, or ceasing to cry

Shakes a toy or object to make a sound

6 TO 9 MONTHS

Posture and movement

Can sit for long periods of time without support

Can pull up on furniture

Use of fingers and hands

Can pick up objects with his or her thumb and one finger

Feeds himself or herself with his or her fingers

Sounds/language

Understands “no-no” and “bye-bye”

Imitates sounds or words of others

Social skills

Hold his or her own bottle

Plays simple games such as “peek-a-boo” or “bye-bye”

Awareness

Dumps objects out of a box

Looks for and uncovers a toy he or she has hidden

9 TO 12 MONTHS

Posture and movement

Can take steps when his or her hands are held

Can turn around while sitting

Use of fingers and hands

Can throw toys or objects

Gives (and lets go of) objects easily

Speech/language

Knows at least one real word other than “Mama” or Dada”

Shakes his or her head for “no”

Social skills

Helps others when dressing him or her by holding up feet for socks or by lifting arms for shirt

Comes when called

Awareness

Is interested in looking at pictures

Recognizes familiar faces

12 TO 18 MONTHS

Posture and movement

Can climb stairs with help

Walks alone

Use of fingers and hands

Can turn two or three book pages at a time

Can fill a spoon and feed himself or herself

Speech/language

Has a vocabulary of a least six real words (beside baby talk)

Points at what he or she wants

Social skills

Copies others in routine tasks (such as sweeping, dusting, etc.)

Shows likes and dislikes

Awareness

Uses tip-toe posture to touch objects out of reach

Points to body parts on a doll when asked to identify eyes, nose, mouth, etc.

18 TO 24 MONTHS

Posture and movement

Can run without falling

Can walk up and down a step alone

Use of fingers and hands

Can turn book pages one at a time

Can pull down and pull up own pants or take off own shoes

Speech/language

Can talk in short (two- or three-word) sentences

Uses words such as “me,” “you,” or “mine” when referring to himself or herself or others

Social skills

Makes simple requests (such as asking for juice or to play certain games)

Plays in the company of other children

Awareness

Counts to three

Follows simple two-part instructions ("Bring me your _____ and your _____.")

2 TO 2½ YEARS

Posture and movement

Can jump with both feet off the floor

Can throw a ball

Use of fingers and hands

Can manipulate small objects and can unbutton

Can mark with a pencil or a crayon

Speech/language

Use plurals and past tense

Uses "I" or "me" when talking about himself or herself

Social skills

Gives his or her name or nickname if asked

Can drink from a cup without help

Awareness

Can stack items on top of each other

Can name five familiar objects

2½ TO 3 YEARS

Posture and movement

Can hop on one foot for two or more hops

Can stand on one foot for about two seconds

Use of fingers and hands

Can put on and take off shoes (if the shoes do not have laces)

Can take off clothes (when wearing a simple outfit without buttons or zippers)

Speech/language

Tells little stories about something he or she has done or somewhere he or she has been

Can tell whether he or she is a boy or a girl

Social skills

Likes to give orders

Plays well with one other child

Awareness

Can point to the girl in a picture of a boy and a girl

Asks questions frequently

3 TO 4 YEARS

Posture and movement

Attempts to hop or skip

Can kick a ball

Use of fingers and hands

Can pick up small objects easily

Can throw a large ball without losing his or her balance

Speech/language

Can say a poem or sing a song from memory

Can name three colors

Social skills

Tells tales or shows off

Is beginning to learn to take turns during games

Awareness

Recognizes differences in size, shape, and color

Is beginning to understand the difference between yesterday, today, and tomorrow

4 TO 5 YEARS

Posture and movement

Can hop on one foot for four to six hops

Uses his or her hands more than his or her arms when catching a small ball

Use of fingers and hands

Can draw a picture of a person with a head, body, arms, and legs

Can use blunt-nosed scissors

Speech/language

Enjoys jokes, silly or funny books, and silly language

Asks Why? When? and How? questions

Social skills

Has an imaginary playmate or friend

Loves to whisper and have secrets

Awareness

Can match and name four of these colors: red, orange, yellow, green, blue, or purple

Can pick out the biggest and the longest of three objects

5 TO 6 YEARS

Posture and movement

Can alternate feet when skipping

Can bend and touch toes without bending knees

Use of fingers and hands

Can copy a circle or a square

Uses one hand more than the other (right-handed or left-handed)

Speech/language

Recites or sings rhymes, jingles, or television commercials

Is interested in learning new words and constantly asking what words mean

Social skills

Shows an interest in making friends with other children

Participates in activities (other than watching TV) alone for up to 30 minutes

Awareness

Is developing a sense of time (days, months, minutes, bedtime, etc.)

Understands the use of "space" words (such as back, front, over, under, in, on, up, etc.)

6 TO 7 YEARS

Posture and movement

Can alternate feet when coming down stairs

Can move rhythmically to music

Use of fingers and hands

Can draw a recognizable picture of a house with windows, doors, and a roof

Can hold his or her pencil or crayon in an adult fashion (between thumb and first finger)

Speech/language

Can explain the rules of a simple games (such as tag or Kickball)

Can give his or her full name and age

Social skills

Follows through on promises and does things for others

Shows a sense of humor

Awareness

Is beginning to understand words that indicate quantity and size, such as half or whole, big or little, more or less, and shortest or tallest

Recognizes 10 colors

Stages of Child Development: Pre-adolescence to Young Adulthood*

Although the following characteristics are generalizations, they may provide guidelines for understanding some of the age-level expectations. Not all children will show all the characteristics, especially not at the exact chronological age. However, knowing some of the sequences children go through can help adults provide a more "accepting" environment. Children in the care of foster parents or relative caregivers often can be expected to be on a slower timetable, especially in social and emotional growth.

8 to 9 years

Physical Characteristics

- Is busy, active, speedy, has frequent accidents
- Makes faces
- May handle genitals if worried
- Has good appetite; wolfs down food
- Has improved health, with just a few short illnesses

Mental Characteristics

- Wants to know the reasons for things
- Often cries if fails ("I never get anything right!")

Social Characteristics

- Demands close understanding with mother
- Makes new friends easily; works at establishing good two-way relationships
- Enjoys school, does not like to miss school and tends to talk more about school
- Develops close friend of own sex (separation of the sexes)
- Will want to finish meal so he or she can go about his or her own business

Emotional Characteristics

- Has more "secrets"
- May be excessive in self-criticism; tends to dramatize everything; is very sensitive

* U.S. Department of Health and Human Services. *In-Service Training Curriculum for Adoption Workers in the Placement of Children With Special Needs, Resource Book* Washington, D.C.: U.S. Department of Health and Human Services.

- May argue and resist requests and instructions, but will obey eventually
- Is usually affectionate, helpful, cheerful, outgoing and curious; but can also be rude, selfish, bossy and demanding (variable)

Moral Characteristics

- May experience guilt and shame

9 to 10 years

Physical Characteristics

- Active, rough-and-tumble play is normal (especially for boys); great interest in team games
- Has good body control; is interested in developing strength, skill, and speed
- Girls: are beginning to develop faster than boys

Mental Characteristics

- Has definite interests and lively curiosity; seeks facts
- Can do more abstract thinking and reasoning on his own; likes to memorize
- Likes reading, writing, and using books and references
- Likes to collect things

Social Characteristics

- Is very group- and club-oriented, but is always with the same sex
- Boys, especially, begin to test and exercise a great deal of independence
- Friends and activities absorb him or her: likes group adventures and cooperative play

Emotional Characteristics

- Worries
- May have some behavior problems, especially if he or she is not accepted by others
- Is becoming very independent, dependable, and trustworthy

Moral Characteristics

- Is very conscious of being fair; is highly competitive; argues over fairness
- Has difficulty admitting that he or she has behaved badly or made a mistake, but is becoming more capable of accepting his or her own failures and mistakes and taking responsibility for his or her actions
- Is well aware of right and wrong; wants to do right, but sometimes overreacts or rebels against an overly strict conscience

10 to 11 years

Physical Characteristics

- Girls: concerned with style
- Girls: may begin rapid increase in weight
- Boys: are more active and rough
- Has 14 to 16 permanent teeth
- Begin puberty

Mental Characteristics

- Is alert, poised
- Likes to read
- Has a rather short interest span
- Begins to show individual talents
- Is concerned with facts

Social Characteristics

- May develop hero worship
- Is affectionate with parents
- Finds mother all-important
- Is highly selective in friendship; may have one best friend
- Important to be “in” with the gang

Emotional Characteristics

- Is casual and relaxed
- Likes privacy
- Seldom cries, but may cry in anger
- When angered, reaction is violent and immediate
- Worries mainly about school and peer relationships

Moral Characteristics

- Has a strong sense of justice and a strict moral code
- Is more concerned with what is wrong than what is right

12 to 15 years

Physical Characteristics

- Experiences the onset of adolescence (usually accompanied by sudden and rapid increases in height, weight, and size)
- Girls: have gradually reached physical and sexual maturity
- Boys: are beginning physical and sexual maturity
- Has acne
- Has greatly increased physical strength
- Is concerned with appearance

Mental Characteristics

- Thrives on arguments and discussions
- Is able to think logically about verbal propositions
- Is able to plan realistically for the future
- Is idealistic

Social Characteristics

- Withdraws from parents, who are “old fashioned”
- Boys: usually resist any show of affection
- Usually feels parents are too restraining
- Needs less family companionship and interaction
- Rebels
- Usually has whole gang of friends
- Girls: show more interest in the opposite sex than do boys
- Is annoyed by younger siblings

Emotional Characteristics

- May sulk
- Is more worried that fearful about grades, appearance, and popularity
- Withdraws, becomes introspective

Moral Characteristics

- Knows right from wrong
- Tries to weigh alternatives and arrives at decisions by himself or herself
- Is usually or reasonably thoughtful

16 to 19 years

Physical Characteristics

- Has essentially completed physical maturity
- Has shaped and refined physical features

Mental Characteristics

- May need some special testing to help determine future educational plans
- Prefers the books and magazines of adults

Social Characteristics

- Can maintain friendly relations with parents
- Sometimes feels that parents are too “interested”
- Dates actively; varies greatly with level of maturity
- Becomes more independent of parents
- Enjoys activities with friends of the opposite sex
- May have a job

Emotional Characteristics

- Worries about future, about what to do
- Experiences frequent anger
- Still worries about appearance

Moral Characteristics

- Knows right from wrong, but does not always do right
- Thinks more like parents
- Develops life goals and values

Worksheet: Identifying Strategies for Dealing with a Child's Behaviors and Feelings

Behavior of concern:
Feelings being expressed through behavior:
Child's strengths:
Strategies for dealing with behavior (using child's strengths):
Type of help needed, if any:

Fifteen Ways to Help Children Manage their Behaviors*

Please use this handout as a guide to identify strategies for managing children's behaviors.

1. Be a role model.

One of the most effective methods of learning is imitation. Role modeling is an effective method of teaching social behavior. Think of some things you learned to do by watching others. Can you think of some social situations (such as your first formal dining experience) where you have taken cues on how to behave based on what others were doing?

2. Provide the child with "time out."

"Time out" is an effective behavioral way to let children know that they cannot continue to do what they are doing. Some people will ask, "How can they help young children learn to do things when their language is limited and it is difficult to reason with them?" "Time out' can be effectively used to stop a young child's behaviors. It lets the child know what is right and what not to do. "Time out" also provides the child with an opportunity to get back in control. Think of ways that you as an adult have learned to take "time out" when you are angry or are having an emotional reaction.

3. Provide positive reinforcers and privileges.

One of the best ways to get a certain type of behavior to continue is to reward it. Immediate positive feedback usually causes the person to continue or repeat the behavior that is being reinforced. Both the cycle of attachment and the positive interaction cycle depend on positive interactions and positive responses. The process is simple. Would you continue to smile or make eye contact with someone who did not smile back or look at you? We all tend to continue behavior when it is reinforced.

4. Take away privileges.

Children need to be able to make connections between actions, responsibilities and rights. Often privileges are earned based on responsible behaviors. We let children use the telephone and expect that they will be considerate of the privilege and others' needs. If the rule is that no call should be longer than 20 minutes, and the child continues to extend calls beyond that time limit, taking away the privilege of using the phone for 24 hours may be an effective way to change the behavior. Children learn the connections between behavior and consequences when their lost privileges are tied to the behavior they need to change. When the loss of a privilege does not relate to the behavior, the child is more likely to feel punished and resentful.

* Child Welfare Institute. 1999. *GPS/MAPP Leader's Guide. Meeting 5: Helping Children Manage Their Behavior.* Atlanta: Child Welfare Institute. (Adapted with permission.)

5. Provide both "natural" and logical consequences.

Consequences that are "natural" (the ones likely to occur if no intervention is taken) become life's lessons. Unfortunately, some natural consequences are really a way of learning by the "school of hard knocks" (such as when toys left outside are stolen). When we want to prevent life's blows from reaching children or need to protect their health and safety, we often provide logical consequences rather than natural consequences.

6. Ignore the behavior.

Some types of behavior need attention or reinforcement to continue. Sometimes children will act up or out just to get a parent's attention. If a child is using a certain type of behavior to gain control or get your attention, an effective response can be to withhold attention.

7. Ensure that restitution occurs.

Sometimes the best way to learn what to do right is by practicing the right thing. If children are held accountable for their behavior, they are more likely to be responsible.

8. Hold family meetings.

Often the best way to resolve an issue is to get all the parties together and discuss what is happening and what are logical solutions. By holding family meetings, parents show their children that they are an important part of the family and that their feelings count. Also, family meetings help children learn to talk about their concerns.

9. Develop behavioral charts.

Behavioral charts can help parents determine when certain types of behavior occur and what causes the behavior. By tracking a child's behavior, parents can determine when to use positive reinforcement to increase the learning or performance of the desired behavior.

10. Use Grandma's Rule (or "this for that").

The use of Grandma's Rule (or "this for that") teaches both the expected order of behavior and a logical way to earn privileges. For example, children must finish their homework before they can watch television.

11. Help the child understand feelings.

Many children will not relate the way they are feeling to the way they are acting. When parents can help the child connect his or her emotions with his or her behaviors, an important first step toward changing the behaviors has been made.

12. Replace negative time with positive time.

It is very difficult to stop some types of behavior. Substituting something positive and healthy for something negative and destructive is a key to being able to change a behavior.

13. Provide alternatives for destructive, acting-out behaviors.

Emotions carry a great deal of energy. Children will need some place to put that energy. Parents can help them find positive ways to express their feelings.

14. Make a plan for change with the child.

Learning how to make a plan for change only comes with practice. Plans usually start with a goal. If you can help a child understand the need for change and then develop a goal, you will be moving in the right direction. Think of a time you had a goal and what helped you achieve it. Did you have small, reasonable steps? Were there lots of options to get you where you were going? What kind of reinforcers or rewards did you get along the way?

15. Make a plan for change with the child and a professional.

Relative caregivers and foster parents have many resources available to them. You can call on the caseworker, a clinical social worker, psychologist, counselor, and many other professionals. Be ready to reach out for the help that you and the child need.

Mia

Mia, age 11, and her younger brother, Tony, age 6, were placed with their maternal grandmother two months ago. The plan is for Mia and Tony to permanently reside with their grandmother.

The children were removed from their parents' home after a report of neglect and abandonment was filed. Mia and her brother were found alone; it was discovered that they had been alone for several days.

The neighbors and the children's grandmother confirmed that there was a two- to three-year pattern of the children being left alone in this manner. It was also suspected that the birth parents were using drugs.

Mia always wants to cook, clean, do laundry, and babysit and resents not being allowed to do so in her grandmother's home. Mia feels that she was taking good care of herself and her brother. She is angry that her parents were reported and it has resulted in her and her brother having to live with her grandmother. Mia feels that her parents did a good job of raising her by teaching her to take care of herself and her brother. Mia resents anyone telling her when to go to bed, when to eat, and when to come home.

Mia believes that she and her brother will return to her parents because her parents told her they would. Her parents told her not to plan to stay with or be raised "by anyone else but them."

Mia knows her parents used drugs, but feels they were still good parents. Mia says, "they just needed to get away from us children and chill sometimes, but they would leave food and stuff."

Mia wishes her grandmother would let her help more around the house since her grandmother is elderly.

Mia's Weaknesses/Problems	Mia's Needs	Mia's Strengths

Meeting 5:

Building on the Strengths and Meeting the Needs of the Children in my Care

Handouts

Review to Renew

Needs

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Transitional Issues for Children Living With Relatives*

Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Hopes and dreams	Those are the child's wishes and desires.	• Constantly talks about going back home • Wants to be with brothers and sisters, live in their old neighborhood, attend the old school, etc. • Say things like, "I just wish things were the way they used to be." • For older children, making plans for the future, such as going to college or vocational school, getting a job, etc.
Loss/separation	The child grieves over being separated from birth parents.	• Misses birth parents and other brothers and sisters • Is lethargic and/or quiet • Seems unhappy being in the home of the caregiver • Seem sad • Acts out • Destroys property
Feeling unloved and thrown away	The child feels unwanted and given away by his or her birth parents. The child feels like an outsider in the relative caregiver's home.	• Say things like, "Mommy doesn't love me anymore." • Isolates himself or herself from the family • Rejects affection from the caregiver and others • Clings to the caregiver and others

* Original material developed by Joseph Crumbley, M.S.W., D.S.W. 1996. (Adapted with permission.)

Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Guilt	The child feels that his or her removal from birth parents was his or her fault.	• Say things like, "It's my fault that I'm living with you. If I had just done what I was told, none of this would have happened." • Isolates himself or herself from the family • Rejects affection from the caregiver and others.
Anger	The child has intense, negative feelings of displeasure about being separated from his or her birth parents.	• Is defiant • Gets into fights • Hits his or her dolls or toys • Constantly argues with the caregiver and is disrespectful • Destroys clothing given to him or her by others • Is withdrawn • Says things like, "If you hadn't agreed to keep me, I would be at home now."

Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Embarrassment	The child feels shame and disgrace that he or she has a different living situation than other children. The child is embarrassed about the reason for his or her living situation. If the caregiver is elderly, the child is embarrassed by the age difference between himself or herself and the caregiver.	• Avoids introducing the relative caregiver to friends or teachers • Avoids contact with the relative caregiver when they are in public • Is dishonest about where he or she lives and why
Carrying over past issues	The child does not trust adults because of past experiences in which his or her needs were not being met by the adults closest to the child.	• Feels that all adults are the same: "My parents didn't care for me, so why would you?" • May constantly question and test the commitment of the relative caregiver • Does not allow himself or herself to become emotionally close to the caregiver • Says that he or she does not want to be like his or her parents
Trying to get put out, or "acting out"	The child tries to undermine the placement because of his or her loyalty and attachment to the birth parents and his or her desire to return to them.	• Says, "Go ahead and put me out. I don't have to stay here!" • Is defiant • Gets into fights • Constantly argues with the caregivers and is disrespectful • Engages in unacceptable behavior such as constant breaking of curfews, involvement in gang activity, stealing, missing school, etc.

Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Accepting the relative caregiver in a parental role	The child finds it hard to accept the relative caregiver's care, discipline, and affection, especially when the caregiver is much older than the child's birth parents.	• Resists the caregiver's efforts to discipline him or her or refuses to submit to the caregiver's authority • Does not want to adjust to another adult's living environment, personality, style, temperament, etc. • Says, "Grandma, I love you, but I really want you to be my grandmother and my mom and dad to be my parents."
Divided loyalties	The child feels torn between his or her birth parents and the relative caregiver. The child has a strong allegiance to his or her birth parents. Often, birth parents tell children that they do not have to listen to or obey the relative caregivers.	• Says to caregiver, "You're not my mother!" • Says to caregiver, "Mommy always said you never thought she could do anything right." • Says to caregiver, "My dad told me not to get attached to you because he's coming back for me." • Takes the side of the birth parent(s) against the caregiver • Refuses to obey the relative caregiver
Worrying about the caregiver becoming ill or dying	The child worries about who will care for him or her if the relative caregiver gets sick, is hospitalized, or dies.	• Becomes upset when the caregiver goes to the doctor • Asks many questions about the caregiver's health or seems preoccupied with the caregiver taking his or her medication • Says, "Grandpa, are you going to be okay? I am so worried about you."

Worksheet: Identifying Management Strategies for the Children

Behavior of Concern
Possible Underlying Transitional Issues
Management Strategies

Meeting 6:

Preparing Children and Youth for the Future

Handouts

Review to Renew

Advocate

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Roles and Responsibilities in Meeting Children's Educational Needs

The Relative Caregiver:

- Notifies the caseworker of school progress and special educational needs.
- Follows educational progress of the child.
- Encourages school attendance.
- Attends school conferences, awards and graduation ceremonies.
- Assists the child with homework assignments.
- Encourages academic achievement.
- Helps the child achieve his or her academic needs.
- Keep report cards and copies of other educational records.

The Caseworker:

- Reviews child's school progress and report card with the relative and with the child's parent(s).
- Assesses the child's social functioning and reports of behavioral problems.
- Make a request for an Individual Educational Plan (IEP), if needed.
- Attends school conferences.
- Schedules case planning conferences with the school.
- Invites the caregiver, birth parents, and youth to the case planning conference.
- Confirms meetings (via telephone, letter).
- Assists with accessing additional resources and services.
- Works with the caregiver to recognize the special needs of children in their care.

The School:

- Provides copies of attendance record, report cards, and achievement test scores.
- Identifies and responds to the child's special needs.
- Schedules an Individual Education Plan (IEP) upon request, or when needed.
- Notifies the relative and/or caseworker of critical events (suspensions, expulsions, etc.).

Ten Things Teachers Wish Parents Would Do*

1. Be involved in your children's education. Parents' involvement helps students learn and also improves school grades.

2. Provides resources at home for reading and learning. Parents should have books and magazines for their children. Parents should read to or with their children each day.

3. Set a good example. Show your children you believe reading is enjoyable and useful. Don't spend all your time in front of the TV.

4. Encourage children to do their best in school. Show you believe that education is important and that you want your children to do the best they possibly can.

5. Emphasize academics. Too many parents get caught up in athletics and in preparing their children for the world of work. Academics should be their first concern.

6. Support school rules and goals. Parents should take care not to undermine school rules, discipline, or goals.

7. Use pressure positively. Encourage children to do their best. Do not apply too much pressure by setting unattainable goals or by involving children in too many activities.

8. Call teachers early if there is a problem (don't wait for teachers to call you) so there is still time to improve the situation.

9. Accept your basic responsibility as parents and don't expect the school and teachers to take over this job.

10. Set curfew for your child. Staying up late take s a toll on students' classroom performance.

* National Foster Parent Association. Winter 1997.
National Advocate "Ten Things Teachers Wish Parents Would Do."
(Reproduced with permission.)

The Individual Education Program (IEP)*

What is an IEP?

The Individual Education Program (IEP) is a plan written by school system staff and parents to provide special education and other services to students with disabilities.

The IEP must state short- and long-term goals and objectives that the school plans for the child. It must be reviewed annually and its rate of success noted.

What is the purpose of an IEP?

An IEP is developed so that each student with a disability can receive a free, appropriate public education in the least restrictive environment. The "least restrictive environment" means that child with disabilities should receive an education as much as possible like other children of their same age.

How do children receive an IEP?

When the parents or foster care personnel believe that a child is either mentally, emotionally, or physically handicapped, the child should be referred to his home district Committee on Special Education for an evaluation.

The Committee on Special Education will notify the parent, guardian, or foster agency in writing of its determination. The parent has right to meet with the Committee on Special Education to help determine the best placement decision for the child.

What are the types of Educational Programs?

a) Mainstream Education

This references elementary, junior high, and high school. Most school children will be educated in the "mainstream" education.

b) Special Education

Children who because of their disabilities (mental, emotional, or physical) cannot participate fully in a mainstream program. In special education, there is a variety of settings created to meet a great range of disabilities.

What are the areas that might be assessed for special education?

The following areas may be assessed: however, other areas may also be considered:

- Vision
- Hearing
- Achievement or academic functioning
- Motor skills
- Intelligence
- Speech/language development
- Social/emotional development
- Vocational/learning styles/cognitive ability

* *Adapted from SSC Bulletin, "The Education Placement of Children in Foster Care," No. 88-9, August 19, 1988.*

The Independent Living Program (ILP)

Every adolescent in out-of-home care must be assessed for eligibility for Independent Living (ILP) services. Eligibility for ILP services is based on the youth's permanency planning goal.* These services include, but are not limited to:

- Education
  Vocational Training
  College
  Remedial education/tutoring

- Daily living skills (which are activities that can be taught in the relative home)
  Budgeting
  Securing housing
  Maintaining housing
  Nutrition (planning and preparing meals)
  Laundry

- Employment preparation
  Career planning
  Job-seeking skills
  Job-retention skills
  Training collaboration (Job Corps, Job Training Partnership Act [JTPA], apprenticeships)

- Health maintenance
  Safety/first aid
  Sexuality
  Health education/prevention

- Counseling (individual and/or group)
  Peer support groups
  Family

- Parental skills
  Parental care
  Childcare
  Child development
  Discipline

* *If the Permanency Planning Goal is independent living, services must be initiated at age 14. If the Permanency Planning Goal is discharge to parent/caretaker or adoption, services must begin at age 16. However, in all cases, in all cases, independent living services may be initiated earlier.*

Roles and Responsibilities in Independent Living Planning

The Relative Caregiver:

- Reinforces the importance of daily living skills, budget planning, job seeking and job-keeping skills, and planning for a career.
- Talks with the youth about future plans and independent living.
- Talks with the youth about attending school and getting good grades.
- Helps with the youth participate in formal independent living services.
- Supports the youth in getting a job (part-time, enrollment in the summer employment program).
- Has regular contact with the caseworker in planning for the youth's independence.
- Assists youth in taking on increasing responsibilities for household management, (e.g., shopping, cooking, laundry).

The Caseworker:

- Talks with the youth about future plans and independent living.
- Ensures that the youth who emancipate from the child welfare system have been given the necessary and appropriate educational, medical, and psychological foundations to enable them to maximize their capacities to become healthy and productive adults.
- Encourages the youth to stay in school and assists in removing barriers to completing education (e.g., ensuring proper class placement, study habits and scheduling tutoring, if necessary).
- Is responsible for the youth's enrollment in the Independent Living Program (ILP).
- Supports the youth in attending the formal independent living sessions.
- Ensures the youth receives vocational counseling, if necessary.
- Makes sure that the youth has medical insurance or Medicaid.
- Assists the youth in locating "appropriate and stable," housing.
- Assesses the youth's existing clothing needs (along with the youth).
- Works in collaboration with the independent living coordinator.

Birth Parents' EcoMap

Draw the birth parents' EcoMap on this page.

Meeting 7:

Understanding the Issues of Birth Parents

Handouts

Review to Renew

Parent

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Transitional Issues for Birth Parents*

Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Hopes and dreams	These are the birth parents' wishes and desires. Reality may not fit with their fantasies; they may have difficulty accepting and making realistic goals about their future relationship with their child.	• Parents refuse to talk about the future. • Parents talk about getting the child back "tomorrow." • Parents talk with the child about their "dream home" together.
Grief and remorse	The birth parents grieve over the loss of their child. They also feel remorse because they have lost the role of parents.	• Parents deny that anyone else is really "parenting" the child. • Parents try to make bargains, such as promising to stay clean and sober. • Parents behave angrily, such as hanging up the phone when the conversation with the caregiver gets too difficult to handle. • In their despair, parents stay drunk or high. • Parents act depressed, such as crying uncontrollably whenever around family members or friends or withdrawing from family and friends. • Parents show pictures of the child and talk about the child to anyone who will listen.

* Original material developed by Joseph Crumbley, M.S.W., D.S.W. 1996. (Adapted with permission.)

Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Accepting a new relationship	The birth parents must adjust to changes in their relationships with the relative caregiver and the child. They must give the relative caregiver parental authority and support the caregiver in this role. The birth parents are no longer the final authority to the child; these are frustrating, challenging changes for birth parents.	• Parents refuse to talk with the child about "minding" the caregiver. • Parents remind caregiver who is the parent and insist on intervening in day-to-day parenting decisions. • Parents express feelings of jealousy, feeling that the children are "taking their place." • Parents express anger toward caregiver.
Guilt	Parents experience feelings of guilt because they think or know that they have disappointed their own children. They also feel exposed to other family members and child welfare professionals. They feel that they have also disappointed other adults.	• Parents may make "put down" remarks about themselves or others. • Parents lie about the family situation. • Parents brag about being good parents. • Parents who are chemically dependent may stay away from the family if they leave their treatment program prematurely.

Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Carrying over past issues	The birth parents' pain at being unable to do the job of parenting is often complicated by issues in their relationships with family members that are carried over from the past. A parent might dwell on past conflicts or poor relationships with family members, and this has a negative impact in the present.	• Parents complain regularly and constantly about a mistake the caregiver made in the past. • Parents refuse to talk about a problem in the past, even when the caregiver asks to talk about it. • Parents complain about the caregiver's parenting skills and remind the caregiver of parenting mistakes made in the past. • Parents might say they were "not as much loved" by their own parents when they were growing up and may accuse their parents of loving their siblings more.
Feeling Under the relative's and agency's authority	Birth parents may respond negatively to the family's and agency's efforts to help them. They may feel under the authority of the caregiver and agency, and this undermines their own sense of power and control. Though they are unable to take care of their children at present, they may want to prove they have power and influence over the children.	• Parents set up "triangles" between the parent, caregiver, and child. • Parents use the child to "get at" the caregiver. • Parents encourage the child to defy the caregiver. • Parents accuse the caregiver of being in collusion with the caseworker. • Parents attempt to exercise power and influence over the child.

Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Anger and disappointment	Parents feel anger and disappointment because they feel they must compete with relatives and professionals. Parents feel anger toward their children when the children become close to relatives and professionals. Parents also feel angry with themselves.	• Parents may do self-destructive things such as getting and staying high or drunk or destroying property. • Parents yell at the child for little or no apparent reason. • Parents yell at the relative caregiver for little or no apparent reason. • Parents compete with the relative caregiver for attention from the child. • Parents verbally put themselves down. • Parents say to the child, “I’m so sorry I can’t be here for you.”

Transitional Issue	Description of Transitional Issue	Examples of Behaviors and Feelings
Feeling betrayed	A parent may feel betrayed by the relative caregiver because the caregiver is having a positive impact on the child. A parent may also feel betrayed by the caregiver for appearing to place the child's needs before his or her needs. Often a parent may feel betrayed by professionals for supporting the child's placement with a relative. A parent may also feel betrayed by the child for becoming attached to the relative caregiver or for telling family secrets.	• Parents tell the child that he or she is "no good." • Parents accuse the child of telling "family secrets." • Parents accuse the relative caregiver of trying to emotionally "kidnap" the child. • Parents accuse the professionals of siding with the relative caregivers. • Parents accuse caregivers of doing more for the children than they did for the birth parents when they were children.
Planning for illness or death	In families in which there are health issues, the birth parents may struggle with planning for the care of their children in case they or the relative caregiver should become seriously ill or die.	• Parents refuse to talk with the child and/or the relative caregiver about their own illness. • Parents refuse to talk with the child and/or relative caregiver about an illness of the relative caregiver. • Parents refuse to plan for alternative care for the child in the event of their own death or that of the relative caregiver.

Transitional Issues and Management Strategies for Birth Parents*

Transitional Issue	Strategies
Hopes and dreams	• Let the parent(s) verbalize any goals, hopes, and dreams. • Identify common goals • Set up process for determining if goals or hopes can happen; identify constraints such as custody or court order. • Involve agency or other professionals to help define reality and limits.
Grief and remorse	• Acknowledge the parents' feelings and convey empathy about their losing the child.
Accepting a new relationship	• Involve the birth parent(s) in making rules. • Have the birth parent(s) explain the change of authority. • Have the parent(s) instruct the child to accept relative's authority. • Tell the parent(s) how her or his acceptance and support of the relative's authority is necessary if the child is going to accept the change in roles. • Define the parent's role and determine how to solve any future problems.
Guilt	• Acknowledge feelings. • Help the parent(s) focus on what would make them feel better about themselves. • Focus on what's been learned from disappointments or mistakes.

* Original material developed by Joseph Crumbley, M.S.W., D.S.W. 1996. (Adapted with permission.)

Transitional Issue	Strategies
Carrying over past issues	• Acknowledge any past mistakes that the relative caregiver may have made and extend apologies. • Express the desire to begin a new relationship and not hold negative feelings from past. • Plan how to address any past issues that may arise.
Feeling under the relative's and agency's authority	• Let the parent(s) know you recognize their power and influence. • Let the parent(s) know how you need them to use their power. • Discuss how the parent(s) will explain and show his or her influence regarding the child in various roles with the child. • Explain the authority that the relative is under.
Anger and disappointment	• Extend understanding of and empathy with the parent's hurt and anger. • Relatives should explain how they will not belittle or try to hurt the parental relationship with the child. • Discuss how relative caregivers will be positive with the child about memories or involvement with the parent. • Discuss how relatives should withdraw from discussions or interactions when feeling angry; if necessary, advise them that they should get a mediator or third party to help with communication problems or to resolve conflict.

Transitional Issue	Strategies
Feeling betrayed	• Along with the parent, identify what needs he or she has and how you can or cannot help him or her. • Refer the parent to other sources of help. • Help the parent by identifying the feelings that the child may still have for the parent, which are in turn being reinforced by the relative caregiver.
Planning for illness or death	• Along with the parent, make plans regarding the death of the parent or relative caregiver. • Involve a secondary relative caregiver in the planning process. • Share the plan with the child. • Keep the child aware of changes in the parents' or relative caregiver's health, along with measures such as hospitalization and medication. • Begin involving the secondary relative caregiver with the child.

Glossary of Terms Related to Chemical Dependence*

Chemical Dependence (a clinical definition) – A primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking, preoccupation with the drug, and use of the drug despite adverse consequences and distortions in thinking, most notably denial.

Chemical Dependent (a working definition) – A person who is chemically dependent continues to use alcohol or other drugs despite repeated negative consequences at the personal level.

Disease Concept of Chemical Dependence – The concept of chemical dependence as a serious, chronic illness that is progressive and cause death is one that is widely held by medical, mental health, chemical dependence, and social work professionals. It is hoped that characterizing alcohol and drug addiction as a disease will help reduce the shame and stigma associated with the disorder, and that people will be less likely to see the disorder as a result of weakness of character or lack of morals. Looking at chemical dependence as a serious, chronic disease—one that is comparable to high blood pressure, heart disease, or diabetes—also helps people see that it can be treated and managed through diligent, continuous efforts.

Common Family Roles in Chemical Dependence – In families in which chemical dependence exists, family members take on roles which help them cope with chemical dependence. Common roles include the ***Enabler***, who is often supportive of the person who is chemically dependent and this enables the dependence to continue; the ***Hero***, who is the person in the family upon whom the other family members depend; the ***Scapegoat***, who takes on the problems of the entire family; the ***Lost Child***, who is often quiet and draws away from the family; and the ***Mascot***, who keeps the family's attention diverted from its problems.

Recovery – An ongoing process of growth and change in all areas of a person's life, especially in the spiritual area. When a person is recovering from chemical dependence, the person is successfully managing the disease through adherence to the following: 1) abstinence from all mood- and mind-altering drugs; 2) continued contact with and support from other people in recovery; and 3) adoption of a philosophy of living that demands the four essential components of acceptance, honesty, open-mindedness, and willingness.

Relapse – A characteristic of the disease of chemical dependence in which a person returns to using alcohol or other drugs after a period of sobriety. Common terms used to describe relapse are "lapse back," "backslide," and "slip." Relapse is more than an isolated event or behavior of taking a drink or using one's drug of choice; it is a process that begins long before the person actually resumes using the drug.

* Budlong, Michael, and John T. Edwards. 1993. *Child Welfare and Substance Abuse Intervention: Helping Families Overcome Chemical Dependence*. Atlanta: Child Welfare Institute.

The Components of Recovery*

When a person is recovering from chemical dependence, the person is successfully managing the disease through adherence to the following:

- Abstinence from all mood- and mind-altering drugs. Switching one's drug of choice (e.g., from cocaine to alcohol or from alcohol to prescription pills) is not acceptable for the recovering person.
- Continued contact with and support from other people in recovery. The Twelve-Step programs that have evolved from the original Alcoholics Anonymous fellowship all derive their effectiveness by providing a sense of community, reducing shame, and providing empathy and acceptance for participants. In addition, they offer an alternative peer group that can exert positive peer pressure and provide role models for the successful recovery from chemical dependence.
- A philosophy of living that demands four essential components: acceptance, honesty, open-mindedness, and willingness:

    1) Acceptance – By a person's accepting the fact of his addiction and disease, he is guarding against the need to let denial once again enter into his life, as it once did so powerfully when he was using the chemical substance.

    2) Honesty – To continue using despite adverse consequences, a chemically dependent person has to be ingenious in his dishonesty, lies and denial in order to protect his use. During a person's active addiction, he will forget about truth in favor of the most convenient lie. At times, the chemically dependent person will not even be sure what the truth is and what is not the truth. When in recovery, a person must be willing to be painstakingly honest with himself and others if he is to survive his disease.

    3) Open-mindedness – For most chemically dependent people, entering treatment is an act of desperation. They felt trapped and had nowhere else to go. Unwilling participants in their own treatment, the familiar pain of their addiction feels safer than the risks of recovery, especially when they are told such things as that they "need to change everything in their lives." Open-mindedness means not saying "no" to the changes involved in recovery.

    4) Willingness – Recovery is a process that requires energy and work. Those who attend Twelve-Step groups soon learn that if they put nothing in, they get nothing out. The gains made in recovery are in direct proportion to how hard the person is trying to recover.

* Budlong, Michael, and John T. Edwards. 1993. *Child Welfare and Substance Abuse Intervention: Helping Families Overcome Chemical Dependence*. Atlanta: Child Welfare Institute.

Signs of Relapse*

The relapse process often begins with the following:

1. **Set-ups**
    - Going into high-risk situations like bars and familiar hang-outs where most of the recovering person's drinking/drugging was done
    - Going back to old friends who are still users and not making new, non-using friends
    - Letting everyday problems intensify to the point of being suddenly unable to cope with the stress of daily living
    - Avoiding or not using support systems such as a drug treatment program, AA/NA, or the caseworker
2. **Feeling cured after a few weeks or months**
    - Saying that he or she does not have a disease or that he or she has the problem "under control"
    - Arguing that everybody should leave him or her alone, since he or she is now "clean"
3. **Desire to test control**
    - Using alcohol or other drugs in social settings
    - Switching from one drug of choice to another drug (e.g., cocaine to alcohol), using the reasoning that "I never had a problem with booze."
4. **Negative moods**
    - Being angry, impatient, and critical of others
    - Being bored, restless, argumentative
    - Withdrawing from others, isolating into loneliness
5. **Exhaustion**
    - Falling into old patterns of skipping meals, sleeping less, or overworking, and not taking care of the physical body

* Budlong, Michael, and John T. Edwards. 1993. *Child Welfare and Substance Abuse Intervention: Helping Families Overcome Chemical Dependence*. Atlanta: Child Welfare Institute.

The Twelve Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God *as we understand Him*.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God *as we understand Him*, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to other alcoholics, and to practice these principles in all our affairs.

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Worksheet: Management Strategies for Transitional and Chemical Dependence Issues

Transitional issues for the parent(s) of the child in my home:
My strategies for helping the parent(s) with the transitional issues:
Chemical dependence issues in my family: *(Note: This should describe typical types of behaviors displayed by the family member who is chemically dependent and the feelings you experience when you deal with the family member's behaviors. Describe your own behavior that enables the family member to continue behaving as he or she does.)*
My strategies for dealing with my family's chemical dependence issues:

Meeting 8:

Working with Birth Parents to Achieve Permanency for Their Children

Handouts

Review to Renew

Safety

S _____

A _____

F _____

E _____

T _____

Y _____

Characteristics of the Family System*

The family system has five major characteristics: boundaries, rules, roles, decision-making and power distribution, and communication styles among family members.

Boundaries

Families have boundaries, or "invisible lines," that define who or what is inside the family and who or what is outside. Very "closed" families have locked gates, high fences, unlisted numbers, not much contact with the outside world, and lots of secrets. Very "open" families have frequent guests, unlocked doors, and lots of "differences" among family members.

Rules

Over time, families develop rules about how they relate to each other and the outside world. The rules are developed by the family to ensure stability and keep the family distinct from other families.

What are your family rules about food? About dress? About school? About who can be friends of the family?

Which rules are openly discussed and can be changed? What happens if a rule is broken?

Roles

Every family works out things like who does the chores, who handles the money, and who cares for the children. The way we fulfill our roles depends upon our culture, our own upbringing, our lifestyle, and family composition. In some cultures, for example, older children do a lot of caretaking of younger children.

Each member of a family has a unique role. There is only one mother, wife, husband, father, oldest child, youngest child, only male or oldest male. What is it like to be the mother, father, youngest child, only female, etc., in a family?

How has the child being placed in your care changed the roles of family members?

* Bayless, Linda, et al. 1991. *Model Approach to Partnerships in Parenting: Group Preparation and Selection of Foster and/or Adoptive Families*. Atlanta: Child Welfare Institute.

Decision-making and Power Distribution

All families have ways of making decisions and resolving conflicts. Some families strive for equality and let everyone participate in making decisions. Other families allow only one family member (maybe the father or the mother) to make the "major decisions."

It is important that the family have an orderly pattern of power distribution—one that is reliable but flexible enough to change if necessary.

How are decisions made in your family?

Communication Styles

You can't not communicate. All behavior says something. Even silence is a message. A family works out its roles, rules, power, and boundaries through communication.

Families have communication processes that range from "open" to closed. "Open" communication means messages are clear; people let you know where they stand and can express themselves relatively freely. On the other end, there are messages which are not clear ("damned if you do and dammed if you don't" situations which lead to "closed" communication processes); individuals cannot freely express their needs and there is little congruence in what people feel, say, and do.

There are all kinds of workable and effective communication and relationship patterns. Culture and ethnicity have a lot to do with how families express themselves. What is important is that the communication style of the family matches that of the child.

What is the communication style in your family?

Does the child understand how the family expresses feelings, gives instructions, or does different activities?

Steps for Conflict Resolution*

1. Seek agreement around the ground rules, which might include:

    - Listening to each other. Each person will listen fully to the other before speaking. (This is the most important ground rule. Native American traditions provide speakers with an object to pass on when the speaker has finished.)

    - Not allowing any arguing, cursing, or hitting during discussion.

    - Remaining in the room until the discussion is completed, with no walking away or leaving the room allowed.

2. Explain feelings about the situation.

    - Each person should explain how he or she feels emotionally about the situation.

3. Seek agreement on the full nature of the conflict.

    - Each person describes the nature of the problem fully.

    - The other person repeats what has been said.

    - This part of the conversation continues until both persons agree that their ideas have been fully stated. (It is very important that no arguing or challenging occurs during this step. It is only important that each person has presented his or her view of the problem and has been heard by the other person.)

4. Explore options for resolving the conflict by clarifying wants and offers.

    - Each person explains what he or she wants and what he or she is willing and able to offer the other person.

5. Agree upon a solution.

6. Restate the solution to make sure that each person understands.

7. Agree upon a time to evaluate how the solution is working.

* Original work of Bernie Mayer, Center for Dispute Resolution, Denver, Colorado. (Adapted with permission.)

Scenario for Conflict Resolution Demonstration

In this situation the birth parent has not shown up for the last two visits, and the parent has not called to explain the reason for the "no-shows." The caregiver has heard from the other family members and friends that both times the parent was too high on drugs and alcohol to even remember the visits.

The child in the caregiver's home was very disappointed after both "no-shows" and became difficult to manage for a day or two after both disappointments.

In this scenario the birth parent is "straight" (not high on drugs or alcohol) and the caregiver has chosen this time to talk about the problem.

Planning for Successful Visits and Contacts

You can use the following questions to help you identify strategies for making visits and contacts between the children in your care and their birth parents more successful.

1. What are some effective strategies that I might use to prepare the child for the visit or contact?

2. What are some ways that I might help the child after the visit or contact?

3. How might I work in a team relationship with the caseworker regarding visits and contacts?

4. In what ways might I handle my emotions concerning visits and contacts?

5. What might I do to promote parent/child connections between visits or contacts?

6. If birth parents do not come to the visit, how might I help the child?

Meeting 9:

Networking and Moving Ahead

Handouts

Review to Renew

Love

L _____

O _____

V _____

E _____

Family Plan Worksheet

1. My family's strengths are: _____

_____

_____

_____

2. My family's needs are: _____

_____

_____

_____

3. I need to talk with the caseworker about: _____

_____

_____

_____

4. Other issues on which I need to work with my family members or others include: _____

_____

_____

_____

5. I will put this plan into action by: _____

_____

_____

_____

Evaluation of Caring for Our Own

Leaders: _____

Location: _____

Dates: _____

1. Meetings 1-3 of this program focused on the relationship of the relative caregivers and the helping network. You looked at how your life has been affected by having children in your care, the transitional issues unique to relative caregivers, and your role in supporting permanency-planning efforts for the children. You also received information about housing and legal resources. How helpful to you was the information given in these meetings?

   _____

   _____

   _____

2. Meetings 4-6 of this program focused on the relationship of the relative caregivers with the children in care. You looked at how children's lives are affected by maltreatment and placement into care, the transitional issues unique to them, and how you can build on the strengths and meet the needs of the children. You also received information about medical, dental, and mental health services and educational and recreational resources. How helpful to you was the information given in these meetings?

   _____

   _____

   _____

3. Meetings 7-9 of this program focused on the relationship of the relative caregivers with the birth parents of children in their care. You looked at the transitional issues of birth parents. You learned about the disease of chemical dependence and how it affects birth parents' ability to care for their children. You learned ways to work more positively with birth parents to ensure the children's well-being and support their permanency plan. You also had the opportunity to develop a plan for your family. How helpful to you was the information given in these meetings?

   _____

   _____

   _____

4. What would you like to see changed or added in the meetings?

_____

_____

_____

5. How helpful have you found the group support to be?

_____

_____

_____

6. How helpful have you found the Personal Journal to be?

_____

_____

_____

7. What did the leader do to help you feel comfortable in the group?

_____

_____

_____

8. Other comments or suggestions:

_____

_____

_____

9. Would you recommend this program to other relative caregivers? ____ Yes ____ No

What would you tell other caregivers about this program?

_____

_____

_____

Glossary of Terms

Glossary of Terms

Adoption: The legal process in which a child is freed from the birth parents either by relinquishment or termination of parental rights and placed with applicants who have been approved to take a child into their own family and raise the child as their own with all the rights and responsibilities granted thereto, but not limited to, the right of inheritance.

Adoption Subsidy: A monthly payment mandated by federal law to be made for the care, maintenance and/or medical needs of a child who fits the definition of handicapped or hard-to-place.

Approved Relative Foster Home: A foster boarding home in which a foster parent is a relative within the second or third degree to the parent(s) or stepparent(s) of the child and who is approved for specific related children. Relatives within the second or third degree of a parent or stepparent are grandparents, great-grandparents, aunts and uncles and their spouses, siblings, great aunts and uncles and their spouses, first cousins and their spouses, great-great grandparents.

Chemical Dependence: A primary, chronic disease with generic, psychosocial and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking, preoccupation with the drug, and use of the drug despite adverse consequences and distortions in thinking, most notably denial.

Chemically Dependent: A person who continues to use alcohol or other drugs despite repeated negative consequences for the person.

Concurrent Planning: Means that at the same time that a caseworker is making "reasonable efforts" to reunify a family, an alternative or contingency plan is also being developed for the child's permanency.

Conflict: An incompatible difference in needs, values or goals between two or more persons.

Conflict Resolution: A process in which two persons agree to work on a problem together and are able to arrive at a solution that meets everyone's interests and needs as much as possible.

EcoMap: A diagram which depicts the flow of energy within a family system and shows how that energy is received from and given to other systems.

Emancipation: The process whereby a child becomes an adult at the age of 21. At the age of 21, the youth is terminated from DSS and family court jurisdiction and is no longer in need of child protective services. The youth becomes responsible for securing his or her basic necessities of life, such as shelter, food, clothing, etc.

Emancipation Planning: An ongoing process whereby specific services are identified which will enable youth in out-of-home placement to emancipate from the child welfare system.

Family Assessment: An evaluation (self-assessment) of strengths and needs for an individual and/or family members which will assist in planning for short- and long-term goals.

Independent Living Program: A federally funded program designed to provide services to youth in foster care who are age 14 and older. These services are geared to help youth adequately prepare for adulthood and for leaving the foster care system.

Kin: Any relative by blood, marriage or adoption, or any person with close family ties.

Kinship Care: The full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, godparents, stepparents or other adults who have a kinship bond with a child.

Out-of-home foster care provided by a relative.

Needs: Underlying conditions that must be met before a person can achieve a goal. Needs are not problem; they are usually the cause of the problem.

Permanency: The process whereby a child in out-of-home care is reunited with his or her birth parents, is adopted or is eventually emancipated from foster care.

Recovery: An ongoing process of growth and change in all areas of a person's life, especially in the spiritual area.

Relapse: A characteristic of the disease of chemical dependence in which a person returns to using alcohol or other drugs after a period of sobriety. Common terms used to describe relapse are "lapse back," "backslide' and "slip." Relapse is more that an isolated event or behavior of taking a drink or using one's drug of choice; it is a process that begins long before the person actually resumes using the drug.

Relative Caregiver: An individual providing out-of-home care for a child with whom he or she is related.

Reunification: The process by which a child is safely reunited with (returned to) his or her birth parent(s) or other caretaker.

Self-disclosure: The process whereby an individual shares information related to his or her personal life situation or a life event.

Strengths: Skills, resources, qualities and experiences that are a part of each person.

Support Group: People who meet regularly and share information, offer support and learn new skills for dealing with various family situations.

Transitional Issues: Natural reactions that relative caregivers, children and birth parents experience as a result of a change in their living arrangements, lifestyles and family roles.

Temporary Assistance to Needy Families (TANF): A federally-funded program that provides financial assistance to dependent children and families.

Community Resources