

## **B. Recruitment and Selection of Foster and Other Caregivers**

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### *Conceptual Framework*

The evolution of child welfare has brought about significant changes in the roles and responsibilities of foster caregivers. Historically, foster families usually cared for children with few serious developmental or behavioral problems. The foster family's role was to provide a stable home environment for children and to promote healthy child development.

Recently, improved risk assessment, systemic pressure for timely case disposition, and the use of intensive in-home services have made it possible for many children, who would have previously been placed, to remain at home. Those children who are removed from their families are often more troubled and exhibit emotional disturbances, behavior problems, attachment disorders, and/or developmental delays. Many are older children and adolescents. Foster families whose experiences have been with younger neglected and abused children are generally not prepared for the challenges these children present.

What would motivate families to become foster caregivers for children with such extensive needs? In many respects, becoming and staying a foster parent is not unlike becoming and staying a child welfare worker. Some child welfare workers determine, after a short period of employment, that they are not suited for the job. The annual national turnover rate, estimated as high as 30%, attests to the difficulty of attracting and retaining qualified child welfare staff. Workers

who choose to remain in the field usually view their work as a profession rather than a job, and they believe their work enhances the quality of life for children and families. This clear sense of purpose generates commitment, despite the inherent challenges of the profession, and this same sense of purpose often motivates successful foster caregivers.

Yet, there are many reasons qualified families might not become caregivers. Substitute caregiving requires a considerable commitment of time, and of physical and emotional energy. Foster care payments often do not meet even the basic needs of children in care, and in many cases, kinship caregivers receive no payment at all. The caregivers must be able to coordinate their activities with those of the caseworker, the child's parents, and other service providers. And caregiving families must readjust their family lifestyles to accommodate the children in their care. It is not an easy adjustment, and many families are ambivalent about such a challenging undertaking. Yet, in spite of the challenges, many families have made foster care their life's work.

Child welfare agencies have recently attempted to increase the availability of placements for children, while reducing placement trauma, by developing and supporting relative caregivers. Placement with relatives makes it possible for children to be protected within their extended families and communities, and relatives are often motivated by their personal commitment to a particular child or children. Yet, kinship caregivers may not have fully considered the implications of full-time caregiving, and they may be unprepared to cope with the children's multiple and challenging problems.

To assure that the best family placements are available for children who cannot be protected at home, child welfare agencies must develop programs that identify, prepare, support, and maintain a variety of foster and kinship care placement resources. The most effective programs provide prospective families with essential information needed to make well-informed choices about caregiving, and then prepare them to assume these responsibilities. These developmental activities can be categorized into four general program components: recruitment, screening, family assessment, and training. Each will be examined individually.

## Recruitment

In recent years, child welfare agencies have expended considerable effort to improve their foster care recruitment programs. With more sophisticated use of the media, community recruitment campaigns, and expertise in grass roots strategies, agencies have been better able to identify a larger pool of qualified foster families.

For many families, their first exposure to foster care is through the recruitment campaign. It is, therefore, important that we give families an accurate picture of the goals and expectations of foster care and the role of the caregiver. The most effective recruitment programs increase the prospective caregiving family's understanding of the scope of the job, enabling them to make informed decisions and choices. They must understand that caregiving is usually a short-term service that is part of a comprehensive family case plan. Prospective foster families must understand that reunification or permanence are the goals for most children in substitute care, and that the caregiver's responsibilities will often include helping the agency implement the plan to return the child home or to a permanent family. Families should be helped to understand the types of children who typically need care, and the challenges and rewards of caring for children with physical, emotional, behavioral, or developmental problems. Foster care recruitment is most effectively conducted by a recruitment team of caseworkers and experienced foster caregivers, which assures that prospective caregivers are informed about all aspects of caregiving early in the recruitment process.

## Screening

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Screening begins the process of gathering information from prospective foster families and educating them about foster caregiving. At the time of screening, the agency provides families with a general orientation that covers the roles, responsibilities, and agency expectations of foster caregivers; the rates of pay and benefits; and characteristics that typically enhance or hinder a family's ability to work with children with special needs. Prospective foster families provide the agency with basic information about themselves and the reasons they are interested in caregiving. The agency also uses screening to determine with a family whether they meet the basic qualifications, usually set in statute, to become licensed as foster caregivers. The agency also utilizes record checks to identify prospective caregivers whose backgrounds would preclude them from being approved.

Many families without the necessary ability or commitment will self-select out of the program after the exchange of information during the screening and orientation process. While the agency must screen out families who do not meet basic requirements, the goal is to encourage most interested families to continue to assess their suitability as caregiving families. Preservice training and a collaborative family assessment are designed to help them do this.

### Assessing Prospective Caregiving Families

During the family assessment, the agency and the prospective foster family jointly explore and assess the family's strengths, skills, needs, and areas of vulnerability, and determine the family's potential to work within the foster care program.

The family assessment serves several purposes. First, it is an educational process that helps the family refine their conception of foster care, and fully assess their own interests and commitment. Through discussion with agency staff and experienced caregivers, the family can develop realistic expectations for the caregiving experience, and can evaluate how their life experiences may have prepared them for the challenges and stresses they are likely to encounter as caregivers.

Second, the family is helped to identify their strengths and areas of potential vulnerability as caregivers. Certain personal and family attributes are often necessary when parenting foster children. Adjectives such as "adaptable," "flexible," "patient," and "consistent" have often been listed among the family characteristics associated with effective foster caregiving. These are often hard to quantify. There are, however, some attributes that can be quantified and should be evaluated during the family assessment process. The family assessment also helps families further consider the types of children they are best suited to parent, and the types of children for whom they should not provide care.

A third important purpose of the family assessment is to define, develop, and strengthen the collaborative relationship between the family and the agency. A positive relationship based on a team approach will promote honest communication between caregivers and caseworkers, and will provide the framework for collaborative case planning and service delivery. It is often a challenge for foster caregivers to develop attachments to the children in their care without feeling some conflict about sharing the child with his biological family, or sharing decision-making authority with agency staff. Caregivers must

learn to view themselves as members of a professional team that provides coordinated services in the best interests of both the child and his family. Many prospective foster caregivers will not fully understand this role initially, but they can be helped during the family assessment to consider the many benefits of teamwork in assuring coordinated and effective services to children and families. Prospective families can also learn to view the agency as an important source of help and support. The expectation that the agency-family relationship will be based on trust and mutual respect should be developed from the time of the initial contact, but is strongly reinforced during the family assessment and preservice training process.

Some professionals strongly recommend a formal assessment and preparation process for kinship caregivers that is similar in many ways to the foster family assessment [Child Welfare League of America North American Kinship Care Policy and Practice Committee 1994]. The family assessment's strong focus on education and preparation can be equally valuable for kinship caregivers, as can the opportunity to participate in preservice and inservice training.

## Training

Ideally, preservice training should precede the family assessment. Preservice training gives prospective caregivers an overview of the child welfare system and its mission; the purpose of foster care services; roles, responsibilities, and expectations of caregivers, parents, and agency staff; and a beginning understanding of the types of children and families served by the agency. Formal preservice training also begins to prepare the family for foster care work by giving them opportunities to learn from agency staff and experienced

caregivers. Attendance at preservice training also gives families sufficient information to make an informed decision whether they want to pursue foster parenting and proceed to family assessment.

Participation in a group also begins to develop supportive relationships among caregiving families. Concurrent individual assessment interviews help the worker further reinforce the caregiving family's role and responsibility, and the agency's expectations for their involvement within the program. Discussions during family assessment interviews can also address issues and concerns raised during preservice training.

Regularly scheduled job-related training must also be provided to foster and kinship caregivers to promote skill development. Core training [Hughes & Rycus 1989], or fundamental skills training, should routinely address such topics as the role and responsibilities of foster and kinship caregivers; the philosophy of permanency planning; implementing a team approach to foster care; working with children who have been abused, neglected, or sexually abused; the traumatic effects of separation and placement for children and their families; issues of culture and diversity; and behavior management strategies. Ongoing training can help caregivers learn to deal with special problems. Training should be scheduled at regular intervals. Each caregiving family should attend sessions that meet their individual training needs as jointly identified by the family and their caseworker [Hughes & Rycus 1989].

These program components are essential for the successful recruitment and selection of qualified foster and kinship caregivers. Even though many prospective families may be highly motivated and eager to provide foster or



kinship care, if they are not properly prepared and trained, the demands of caring for children with special needs may prove to be overwhelming. The rate of placement disruption is much higher when inexperienced and untrained families are asked to care for children with serious emotional and behavior problems. And, the stress in kinship families is much higher when these families are unprepared and unsupported. Unfortunately, many potentially successful families withdraw from the program as a result, or experience disrupted placements.

### ***Application***

While the interventions described herein are largely applied to foster families, most of the concepts are equally valid for kinship caregivers. The term "caregiver" is used here to include any family providing substitute care for abused and neglected children under the agency's supervision. Where there are differences, they are noted. With some minor differences, these principles are also valid for adoptive families. (See Section XI-A, "Identifying and Preparing Adoptive Families for Children with Special Needs," for more detailed information on recruitment and selection of adoptive families.)

### **Recruitment Strategies**

Identification of prospective caregivers can occur in several ways. Kinship caregivers are usually identified by the child's caseworker and the child's family. At times, foster families may be referred by experienced caregivers. However, foster families are usually recruited through large-scale, community-based

recruitment efforts designed to generate interest from a targeted group of potential families. Many agencies conduct joint recruitment campaigns for both foster caregivers and adoptive parents, since many of the criteria for foster caregiving and adoption of children with special needs are the same.

There are several principles that greatly increase the likelihood of successful community-based recruitment [Horejsi 1979]:

- Recruitment of caregivers must be an ongoing process. It cannot occur once or twice a year as a "special event."
- Recruitment activities must target the proper audience. Unfortunately, recruitment often consists of sporadic "media blitz" campaigns that attract "inquiries, not prospective families." In other words, when recruitment is not targeted, it may generate interest among people who would not necessarily be good foster caregivers, or who aren't really interested in foster care once they understand the nature of the work.
- Recruitment is more effective if certain agency staff are designated as recruiters and are assigned permanent responsibility for recruitment activities. Recruiters can then develop the special skills necessary to conduct effective recruitment, and they can focus efforts on designing a variety of ongoing recruitment initiatives, without interference from unrelated and competing job responsibilities. The best recruitment programs use a team consisting of a caseworker and an experienced foster or kinship caregiver, or adoptive parent. Agency caregivers may also know of other families who might be good prospective caregivers, and

can help the agency recruit by doing outreach, giving presentations, and orienting potential caregivers.

- The most effective recruitment occurs in one-to-one or small group personal contacts between the recruiters and potential foster families. Outreach activities, including, presentations to small groups, visits with key community leaders, and involvement in child-related community activities will help the recruiter identify potential families.
- The recruiter must know the community in which recruitment is to occur, and must understand the values and practices of the cultural groups within that community. Establishing preliminary contact with key community leaders can often help the recruitment team gain access to families they otherwise might not reach.
- Recruitment should be targeted to families most likely to be interested in foster care. These families may already do volunteer or church work to help others; they may provide day care, respite care, or baby sitting; their lifestyle most likely already centers around their homes and families; or they may have previously explored other types of professional child care. The recruiter should learn about the community in which recruitment is to occur, and locate community groups, clubs, and organizations whose members are already involved in community service projects to benefit families and children.
- The agency's image in the community can either attract or discourage families from applying to become caregivers. Therefore, the agency must

- conduct recruitment activities within the context of a total agency public relations program. The agency that is held in high regard in the community for the quality of its services and its responsiveness to community needs will be more likely to attract prospective caregivers.
- While a media campaign is not, in itself, sufficient to assure effective recruitment, it can create a general awareness of the need for caregiving families. A recruitment approach that "gets the message out" in several different ways will be more effective than any single form of communication. Many agencies use a variety of media events, including:
    - 1) regular newspaper columns and special news releases or feature articles;
    - 2) spot announcements on radio and television stations;
    - 3) featured interviews on local talk shows on both radio and television;
    - 4) distribution of printed literature at the local mall or at church-related activities;
    - 5) buying advertising space in community service bulletins or other community publications;
    - 6) attending job fair activities;
    - 7) doing presentations at meetings of local service organizations, such as Lions or Kiwanis clubs;
    - 8) engaging local restaurants that are holding special events or campaigns to utilize placemats printed by the agency; and
    - 9) agency events that benefit the local community, which also educate community members about the agency and its services, including foster care.
  - Recruitment campaigns must communicate both the challenges and the rewards of foster caregiving. The difficulty of the job and the level of responsibility should not be glossed over and minimized. However, potential foster families should not be unnecessarily frightened about

foster caregiving. The inherent satisfactions and rewards of caregiving must also be clearly communicated. The best communication is balanced, straightforward and matter-of-fact. This is one reason that current foster and adoptive families make such good recruiters. They can communicate from first-hand experience both the benefits and the inherent problems associated with foster, kinship, or adoptive caregiving. Photographs of infants and young children create an inaccurate perception of foster care. Photographs of families with school-age and older children are usually more reflective of the realities of foster care.

- Making the decision to become a caregiver is difficult, and many families may be ambivalent at first. The recruiter needs to give people sufficient time to think about the possibilities before making a decision to formally apply. If the recruiter is too pushy, prospective caregivers often become uncomfortable and terminate their involvement. However, if the recruiter does not follow up in a timely manner, families may interpret this as a lack of interest. This applies to phone inquiries as well. Quickly returning phone calls communicates the agency's interest in the family, and helps prevent the family from losing interest. In spite of this, it is not uncommon for families to consider foster care for many months after they have first learned about it, before contacting the agency.

## Screening

While the primary goal of screening is to provide prospective foster families with sufficient information to make an informed decision about pursuing foster care, the screening process must also identify those families who, for a variety of

reasons, should not be approved as caregivers. Foster care licensure is generally regulated by specific qualifications set in state or provincial law. Some of the criteria for disapproval at the screening stage include:

- The prospective caregiver has a history of alleged or substantiated child maltreatment or other crime involving children, or family violence.
- The prospective caregiver has a history of domestic violence for which no intervention was received; or a criminal record and/or felony conviction.
- The prospective caregiver has a serious physical disability that would significantly interfere with parenting; an untreated or uncontrolled mental illness; mental retardation; and/or a diagnosed characterological problem that would preclude the prospective caregiver from providing safe and nurturing care for children.
- The prospective caregiver is known or highly suspected of being currently involved in criminal activity or substance abuse.
- The prospective caregiver family's primary stated goals for the foster care experience are inappropriate, and would not be in the best interest of a placed child. Examples of inappropriate motivating factors might be: to obtain a playmate for their own children; to see if they enjoy children before they decide to have their own; to save a poor child from his "undeserving" parents; to strengthen a faltering marriage; or to replace a child they have lost.

While the above-listed factors would, in general, indicate a prospective caregiver's lack of suitability to foster parent, the final determination must be based on an individualized assessment that considers all factors, including the prospective caregiver's history of rehabilitation. When a family should not be approved, the caseworker should fully explain the reasons, help families understand why they would not be suited for foster caregiving, and help them to self-select out of the program.

### The Family Assessment

The widely-used term, "foster care homestudy," does not accurately communicate the intent or scope of this activity. Assessing the structure and safety of the home is only a small part of the assessment. Rather, prospective caregiving families must be involved in a comprehensive and collaborative process with three distinct purposes: 1) to help the prospective caregiving family determine whether they should become foster or kinship parents; 2) to identify the types of children the family should and should not care for; and, 3) to begin educating and preparing the family to perform this role.

The process used to conduct a foster family assessment is essentially the same process we use with any family. (See Chapter IV, Case Planning and Family Centered Casework.) The foster or kinship family assessment is conducted within a framework of mutuality and collaboration. The assessment worker does not conduct an assessment *of* the family, but rather, *with* the family. The skilled assessment worker guides the family through an intensive process of self-examination that enables them to develop realistic expectations for themselves and the caregiving experience. Our goal is to help them arrive at well-informed

conclusions about their own strengths, interests, and vulnerabilities, and to help them make sound decisions about the nature and scope of their involvement in foster or kinship caregiving.

Helping families understand the multiple purposes of the family assessment early in the process may relieve considerable anxiety about being evaluated, which helps family members participate more freely and comfortably. This is particularly important for kinship caregivers, who may rightfully resent having to be "evaluated and approved" to care for members of their own extended family. The mutual rapport that characterizes a good family assessment also promotes openness and honesty, which greatly enhances the quality of the assessment. Finally, defining the family assessment as a learning and preparation activity sets the expectation that challenges are normal and expected, and that the most skilled caregivers are skilled problem-solvers, not families without problems.

The family assessment should also set the tone for the family's ongoing relationship with the agency. This relationship is characterized as a partnership, in which caregivers and caseworkers must act as a team to achieve the goals for children in care and their families. If the worker establishes a trusting and collaborative relationship with the family at the time of the family assessment, the worker can better support and guide the family during their caregiving experiences. The worker also models a team approach to caregiving during the family assessment, thereby helping prepare the family to work collaboratively with agency staff and others.

### *Interviewing to Elicit and Assess Family Process*



The family assessment is designed to help workers and potential caregivers understand key aspects of family process. While certain factual information is relevant, it is more important for caseworkers and family members to understand the structure and operation of the family system; typical family roles, relationships, and dynamics; the family members' culture, values, beliefs, perceptions, and feelings about critical issues; and the family members' linkages within their extended family and community.

The skilled assessment caseworker uses interviewing strategies that move the family from the content level to the process level in their communications. (Refer to discussion of content and process in Section IV-C, "Conducting the Family Assessment.") The worker must also use interviewing methods that promote the collection of comprehensive information; that assure the clarification of important issues; that guide the formulation of accurate conclusions; and that summarize the implications for the family. The caseworker will likely use open-ended and supportive questions early in the process to engage family members, to strengthen the worker-family relationship, and to encourage family members to share comprehensive information. In subsequent contacts, the worker will return to key issues, and help family members explore them in greater depth by using focused questions and clarifying responses. Periodically throughout the assessment, the worker will involve the family in summarizing what has been discussed, identifying prominent themes, and considering the relevance of the assessment conclusions to caregiving. All the fundamental principles of casework interviewing apply to the family assessment, including the scrupulous avoidance of leading questions. (See Section IV-F, "The Casework Interview: Implementing the Helping Process.")

The family assessment process itself should consist of several interviews with family members. In general, five or six meetings of one to one-and-a-half hours in length should be considered the average. Initially, the assessment worker should meet with the parents or caregiving adults together, and then with the family as a whole. Follow-up individual interviews should then occur with each adult, and if children are old enough, with each child. Additional sessions with the adults together should complete the assessment process, but one final meeting should be held with the entire family to summarize and share conclusions, and to develop "next steps."

### *The Assessment Criteria*

Criteria are the standards, principles, or rules on which a judgment or decision can be based. The criteria for a foster family assessment are those personal and family characteristics that have been correlated with the successful temporary parenting of children with multiple problems and needs. The family assessment helps the worker and family determine whether, and to what degree, the family possesses these qualities, and what further development is needed to strengthen and enhance them.

Criteria for a foster or kinship family assessment can be divided into two broad categories: 1) the traits and characteristics that will enable the family to manage the caregiving experience without experiencing severe family stress; and, 2) the traits and characteristics necessary to meet the special needs and promote the healthy development of children in care.

Whenever we compile a list of highly desired characteristics and use these as criteria against which to evaluate families, we risk perpetuating the "superfamily" myth. That is, we may begin to view the criteria on our list as the expected standard rather than the ideal. Clearly, no family will ever have all the desired characteristics on our list to the ideal degree. Therefore, to be realistic in our assessments, we must define a "minimum standard," in addition to our "desired standard." Families who repeatedly cannot meet the minimum standards should not be approved as caregivers. However, many prospective caregiving families will meet minimum standards in most, if not all, categories. They will also exhibit qualities closer to the desired standard in other categories. These are, by definition, the family's areas of strength. In addition, education and training can help many families develop their skills in critical areas.

Prospective caregiving families must always be assessed within their own cultural context. Workers must be cautious not to view the family through an ethnocentric lens, in which anything "different" is interpreted as "deviant." In the absence of cultural knowledge, differences in family structure, organization, values, and coping abilities may be seen as dysfunctional, while valuable strengths go unrecognized. While many of the characteristics and traits described in the "ideal" criteria may be shared by many cultures, the ways these are expressed by people from different cultural backgrounds may differ. For example, in one family, "teamwork" by parents might be expressed as participating equally in all aspects of parenting, child care, and household management. In another family, roles of the parents may be more explicitly defined and separated, but the families feel their distribution of tasks is equitable and enables them to both make significant contributions to the family. The caseworker must create an environment in which the family's values and beliefs

can be fully explored and considered throughout the assessment process. (Refer to Chapter V, Culture and Diversity in Child Welfare Practice.)

In all the descriptions below, the term "parent" or "parents" is used to refer to the adult caregiver or caregivers in the prospective caregiving family. This may be a single parent; a married couple; a single parent and an extended family member; or another combination of parenting adults. Each adult in the family should be assessed individually on each of the criteria, and their areas of agreement or disagreement should be determined. Areas where they can support and complement each other should also be identified. Finally, since one of the goals of the family assessment is to determine whether the adults in the family have the ability to act as a parenting team, the worker might ask them to first consider each issue individually, then identify where they disagree, and consider how they might need to revise or integrate their approaches to assure consistency for the child in care.

The intent of the following discussion is to help caseworkers recognize and understand the process-level issues to be examined during the family assessment process. The following criteria represent an attempt to identify and categorize the qualities and traits that have often been associated with successful substitute caregiving. Most of these traits and characteristics apply equally to adoptive families for children with special needs, even though there are some differences. (See Section XI-A, "Identifying and Preparing Adoptive Families for Children with Special Needs.")

This section also provides suggested interviewing strategies to obtain essential information about the family and to generate meaningful discussion. However,  
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the caseworker should never simply ask the family the questions in the order they are written herein and dutifully record their answers. The effective family assessment is a conversation, a dialogue, that must ultimately address these topic areas. The list of interviewing questions can be used to assure that all relevant areas are covered at some point, and preferably at many points, during the family assessment process.

Finally, caseworkers must remember that prospective foster families will vary widely on their areas of strength and vulnerability. No family will exhibit strengths in all the areas listed below. Those few families with multiple strengths are often our strongest and most committed caregivers. However, families with more modest strengths are often excellent caregivers as well. It is the worker's job to identify their areas of vulnerability, and avoid placing children in their home who will overly challenge and stress the family.

#### *Introduction – Getting To Know The Family*

Open-ended questions are recommended early in the family assessment, particularly during the first family contact. The worker's genuine interest in the family will help to build a relationship, and will help family members feel more comfortable talking about themselves. By using open-ended questions, the caseworker can gain a general understanding of the family's history, structure, organization, and culture. Information gained during initial discussions can help guide the direction of the assessment interviews, and raise issues for further discussion. The caseworker might ask family members to write or prepare an oral "autobiography" and share it with the worker, either before or during the

family assessment. The information in the autobiography can provide the topics for initial discussions. Finally, initiating discussion of cultural issues will help the caseworker avoid misjudging family members' behavior because the caseworker is unaware of, or insensitive to, cultural differences.

#### Assessment Questions

"What would you like me to call you?"

"Tell me about yourselves. Tell me whatever you think is important, whatever you think would help me get to know you."

"Where did you grow up? Tell me something about your own family. Who was in your family? Describe the members of your family and tell me about your relationships with them."

"Tell me about the things you feel are most important in life. What do you want for yourselves? For your children?"

"What is your ethnic or cultural background? What things about your family reflect your culture? What traditions do you retain from your own families? What have you changed? How do you see yourself as being different or similar to people from other cultures? Tell me what you think I need to know to better understand your culture."

#### *Category I – The Family's Expectations for Caregiving*

There are a variety of reasons families apply to become caregivers. Unfortunately, unrealistic expectations often result in dissatisfaction, disappointment, and placement disruption. All prospective caregivers have a vision of what the foster care experience will be like, and how they expect their families to benefit from the experience. The worker must explore this vision and help families consider the reality of their expectations.

The assessment worker can do this by exploring the family's perceived "best and worst outcomes" for the foster care experience. The worker could directly ask prospective foster parents why they want to become caregivers, but this may prompt stereotypic responses such as, "I want to help children." People can help children in many ways, including volunteering at Head Start, teaching Sunday School, leading a scout troop, or giving money to children's charities. Families who want to become caregivers in some way find the idea of foster care appealing, even though it is considerably more challenging. It is important that we, and they, understand why, so their expectations can be tested against the realities of foster care.

It is very important that all family members, particularly the caregiving adults, be interested and committed to becoming caregivers. Successful caregiving requires consistent support, commitment, and direct involvement from all family members. Inconsistency in parenting, and a considerable lack of involvement by one of the parents often promotes attempts by the placed child to "divide and conquer," which greatly increases stress in the caregiving family.

#### Assessment Questions

"What are your reasons for wanting to become foster (kinship) parents?"

[Prompt] "Can you tell me about that in more detail?" "How do you see it helping a child?" "How do you envision foster care benefitting you personally? How will it benefit your family?"

"Imagine the very best possible outcome for your becoming foster parents. Tell me about it."

"Describe the very worst possible outcome for you. In your view, what would "disaster" look like?"

"How do you imagine foster care changing you and your family?"

#### Strengths

The parents are motivated by factors that support the child's best interests, not by factors related to selfish personal or financial gain. Personal satisfaction is a byproduct of the experience; they are not seeking the experience primarily as a means of meeting their own needs. All family members have thought and talked about how caregiving will affect their family, and they have agreed as a family to pursue it. They seem to understand the complexity and stresses of caregiving. Examples of appropriate motivations might be:

- "I've worked with special needs children before, and I really like seeing them growing stronger and getting better. Every little step is a real victory."



- "I have always enjoyed a challenge, and this will certainly be a challenge! Plus, I can probably learn things that will make me a better parent."
- "I just really like kids. I'm happiest when I have a dozen of them around – all sizes and ages."
- "I know how much children need stability and closeness in a family. Our family has that, and I feel lucky. I'd like to be able to share that with children who have never experienced it... give them a good base to grow from."
- "I was a foster child myself, and I'm grateful that my foster family stuck with me through all the hard times. They helped me to grow up and make something of myself. I'd like to be able to do the same for another child."
- "I've known Mickey since he was born. I know his mother has had drug problems and may never get it together, and I want to give Mickey a home and the love he needs."
- (In response to the "worst outcome" question): "That we don't have what it takes to help a child." "That it will be so stressful for us that I'd have to make a choice between helping a child or helping my family." "That it will hurt too much when the child goes back home, or is placed for adoption."

#### Minimum Standard

The parents' motivations appear generally positive, but they may not have fully considered all the ramifications of caregiving. Further training or discussion may help them expand their understanding of realistic outcomes. They may not understand how the experience will change them. Or, one parent is very interested, and the other will be supportive, but doesn't see himself or herself as being as involved. Examples of responses might be:

- "I like children and would like to help them."
- "I'm good at caring for children, and I think I could do this well."
- "I want my children to have the experience of giving of themselves to other people. They can learn many lessons from this experience. And we can help children at the same time."
- "Everyone in my church does community service. I believe it's very important to give back to the community."
- (In response to the "worst outcome" question.) "The foster child would be really messed up and hurt my kids, like pull a knife, or start the house on fire, or something like that." "That we'll lose him after he's become part of the family."

Caution!

The parents' motivation is largely selfish, or they have extremely inaccurate perceptions about caregiving. They perceive foster care as primarily

benefitting themselves, and benefitting the foster children secondarily. Or, parents express attitudes about children and families that suggest they feel compelled to "rescue those children" from their "terrible situations." Or, one parent is very interested, and the other expects not to be involved. Possible examples are:

- "We've only been able to have one child, and a foster child could be company for my daughter. We have a lot to share with a child."
- "We lost a child two years ago to leukemia. I have all her things... toys, crib, everything. We haven't touched her room. The house has been so quiet since then. It seems to me another child should be able to benefit from it. It would be wonderful to have children around again, especially if we can help a child at the same time."
- "I can earn some extra money without ever having to leave home. I can still be with my kids." (While this individual might not be suitable for foster care, he or she should be helped to consider becoming a day care or respite provider.)
- "These children were dealt a raw deal in life, and their parents can't begin to give them what we can. They need a chance to learn what a good life can be like, to motivate them to better themselves."
- (In response to the "worst outcome" question). The caseworker should listen for accurate descriptions of some of the potential realities of foster care. For example, "We'd give a lot to a child and he wouldn't appreciate

it," "We'd love the child, and the child would throw it back in our face by running away or something," or, "We'd get the child to begin doing really well, and they'd send him back to where he came from, and all our work would have been for nothing."

- "My wife wants to do this. I think it would be good for her. I don't have a lot of time to give – my job is pretty hectic, and I'm out of town a lot. But if she wants to, it's okay with me."

### *Category II – Personal Maturity*

There are several personal characteristics that enable caregivers to withstand the challenges presented by caregiving without feeling personally threatened, or experiencing severe emotional stress. These include strong and positive self-esteem, the ability to care for themselves emotionally, and several qualities categorized as "ego strengths." People with these abilities are better able to cope with challenges without experiencing a threat to their competence, confidence, self-esteem, or identity. People whose self-esteem is easily threatened, or whose self-worth depends on their doing everything "well," or "right," may not admit problems to themselves or others. They may blame or emotionally reject the foster child in order to maintain their own self-esteem.

These traits are often best explored in individual interviews with the prospective foster parents. There is also value in asking family members to identify each other's personal strengths and areas of potential vulnerability.

### Assessment Questions

"Can you describe your own personal strengths? Tell me about the strengths of other family members. Now think about your own and other family members' vulnerable areas or weak spots. Tell me what 'pushes your buttons.' How do you see a foster child possibly 'pushing your buttons?'"

"Have you ever really wanted something you couldn't have? How did you feel, and what did you do?"

"Have you ever had to stick with something for a long time before it paid off? What was it? Did you give up? At what point and why?"

"Have you ever felt rejected by someone you loved? What was it like? How did you handle it?"

"Do you ever feel unappreciated in this family? Under what circumstances?"

"What's it like for you when your children get angry at you, or don't want to be with you? How about when they challenge you?"

"How are anger and frustration handled in this family? How does each family member express it?"

### Strengths

- Parents are able to delay gratification and to find satisfaction in small gains;
- Parents have good emotional control and the ability to discharge tension and negative feelings in nonharmful ways;
- Parents can continue to parent and nurture a child who does not show or return affection, nor demonstrate respect and appreciation;
- Parents can seek help and accept constructive criticism from other people;
- Parents can put other people's needs ahead of their own;
- Parents can critically and realistically assess their personal strengths and vulnerabilities; can articulate what situations or behaviors "push their buttons," and how they respond; parents have realistic expectations for their own behavior and performance;
- Parents can see humor in stressful situations, and use laughter appropriately to discharge and reduce tension; and
- Parents demonstrate the ability to make a commitment and stick with it.

#### Minimum Standard

- Parents experience strong feelings of anger in response to personal rejection and moderate levels of frustration, but have developed strategies to handle these feelings constructively;
- Parents may be able to describe some personal and family traits, but may have difficulty articulating areas of vulnerability, or describing situations that trigger strong emotional responses;
- Parents can delay gratification, but often feel let down or disappointed when things don't go as they would like;
- Parents experience moderate feelings of personal rejection when affection is not reciprocated and actions are not appreciated; parents are able to manage these feelings, but not without some struggle. Example: "Right off, it hurts. But I keep telling myself it's because of his background, not because of what I did. I have to keep reminding myself of that."
- Parents can make commitments, but may give up when things become too difficult. Or, parents have not had the experience of making long-term commitments to achieve long-range goals.

Caution!

- Parents' behaviors in response to stress and challenge suggest high levels of frustration when things don't go as they would like; parents have

- difficulty in delaying gratification; parents are dissatisfied with anything less than achieving their goals.
- Parents expect to see rewards or reciprocation when they give to others; are angry, disappointed, or feel unappreciated when their efforts are not acknowledged and appreciated to their satisfaction.
  - Parents overestimate their own abilities. They cannot articulate their areas of vulnerability, nor predict how challenges from a foster child could "push their buttons." They respond defensively to constructive criticism. Example: "I've never had that happen, but I'm sure I could handle it without any problem."
  - Parents have poor emotional control, exhibited by emotional outbursts or explosive temper; they are easily riled, or challenged by small frustrations.
  - Parents have a history of "flight" when things become too tough. They cannot make long-range commitments and stick with them.



*Category III – The Stability and Quality of Interpersonal Relationships*

People who have a strong and dependable network of supportive and nurturing relationships are generally better able to cope with stress. When relationships within a family are unstable, or parents can't rely on each other for support, the emotional strain of adoption may be very threatening. Many foster children are very good at identifying areas of inconsistency, and playing one caregiver against the other.

Caregivers must feel secure and confident that their relationship is strong enough to withstand stress and challenges. In two-parent families, the quality and stability of the couple's marital and sexual relationship must be fully assessed. A high percentage of children in care have been sexually abused, and they may act out sexually. The parents must be comfortable talking about sexual issues with children; must set expectations for appropriate and inappropriate sexual behavior; and must be able to cope with a child's sexual behaviors without feeling threatened, jealous, or resentful.

More accurate information about the nature of the parents' relationship can often be gained during individual interviews with the parents. The same issues can be discussed in a joint interview at a later time, particularly if there are discrepancies in the information provided by the parents.

Assessment Questions

"Tell me about your relationship. Give me a history – how you met, how long you've been together, what your life together has been like."

"What do you see as your strengths as a couple. In what areas do you handle things as a team?"

"Are there areas in which you strongly disagree? How do you resolve disputes?"

"Have you ever had problems in your marriage? Can you describe them? How did you handle them?"

"Many children in care have been sexually abused, and will behave in overtly sexual ways. Have you ever been in a situation where someone has been inappropriately sexual toward you? How have you reacted? How has your spouse reacted?"

"How do you handle sexual issues with your children?"

"How satisfied are you both with your sexual relationship? Can you talk about times you have felt jealous, worried, or embarrassed?"

"How do your extended family members feel about your becoming foster caregivers?"

"How do you demonstrate affection in the family? How do you know that other family members care for you? How do they show it?"

"How do you make time for one another? How do you assure your privacy as a couple? How important is your privacy to you? How do you feel if you can't have private time?"

### Strengths

- The family history reflects stability in the relationship between the parents. The parents have been together for at least a few years; they have the ability to disagree and to negotiate differences without feeling personally threatened; they have sought and constructively used help to resolve marital and family problems. (Note: the number of years the parents have been together cannot, by itself, determine the quality or stability of the relationship. Some parents who have been married for only a few years have extremely strong and stable relationships; others who have been together for 20 years may not.)
- When parents have a prior history of divorce, they appear to have learned and grown from the experience, and can identify how their current relationship is different from their previous relationships.
- Single-parent families have a strong support system of extended family and friends. They utilize this network regularly for emotional support, guidance, and direct assistance when needed.
- The parents, or adults in a multi-adult household, can describe how they operate as a team, particularly in parenting activities.

- The parents are comfortable with their sexual relationship. Parents are able to describe their own children's sexual behavior, and can discuss sexual issues comfortably within the family.
- Expressions of support, affection, and caring are overt, and are easily recognized by other family members. (Note: the particular ways that affection is expressed may vary among cultures.)
- Extended family members and close friends are generally encouraging, and they support the family's choice to become foster caregivers.

#### Minimum Standard

- The parents' relationship is moderately stable. They have not been together long enough to fully resolve issues of adjustment to the marriage; they have solved some problems, but have not had to deal with serious ones.
- The parents have had prior relationships or marriages, and are only partially aware of the factors that created the stress in the relationships; e.g., "It just didn't work out." They cannot articulate how their current relationship is better or different, even though they believe it is.

- There are some areas in which the parents disagree and cannot resolve their differences. They can tolerate some degree of dissension without feeling threatened.
- The parents exhibit mild discomfort discussing sexual issues with their children; they may be somewhat hesitant, embarrassed, or they may underestimate the importance of such discussion. However, they appear generally accepting of normal childhood sexual behavior, and they have given their children basic information when asked. Parents describe their own sexual relationship as "okay."
- Family has some support from extended family and friends, but are not certain they can count on them in a pinch. Some extended family members may express ambivalence or doubt about the family's decision to become caregivers.

Caution!

- The parents do not have a history of relationship stability. Their current relationship is unstable; The couple are only recently married and are still learning to adjust to one another; or, the parents' history demonstrates a pattern of past unstable relationships.
- The parents appear unable to negotiate differences. They become angry and are uncomfortable, or hostile toward one another, when they

disagree. Or, emotionally charged issues are denied or minimized ("buried under the rug") to avoid a fight.

- The parents cannot articulate how they work as a team in parenting. Roles may be very rigidly defined as "her job, his job," and parents are not willing or able to help and support each other in their respective roles.
- The parents have limited support from persons outside their family. Extended family do not agree with the decision to foster parent. The parents have a limited support network.
- The parents appear to have rigid values and expectations regarding children's sexual behavior; they cannot tolerate inappropriate sexual expression. They may be indignant, moralistic, and demeaning toward an individual who expresses sexuality in a manner that is not consistent with the parents' own values. They may avoid discussing sex with their children; or, they may teach by "preaching" without listening to their children and understanding their children's feelings, concerns, and needs.
- The parents are not able to openly express affection to each other or to their children. (Again, appropriate expressions of affection will be culturally determined.)

*Category IV – Resilience, Coping Skills, and History of Stress Management*

The prospective foster family should have a variety of effective coping strategies. A family that has continued to function and remains productive in high stress situations usually has coping strengths that will help them adjust to the changes and stresses of caregiving. Conversely, families that have not dealt with instability or crisis often have less well-developed strengths and coping strategies.

We can determine a family's typical responses to stress by asking them to describe difficult or traumatic past life events, and relate how they dealt with them. We should look for responses that suggest capable problem-solving activities; effective use of interpersonal and community supports and resources; an attitude of having learned and grown from past stressful experiences; and indications of realistic confidence in their own strengths and coping abilities.

In addition, parents should be able to describe how their family unit has responded to changes brought about by the addition or loss of a family member. Past experiences with the birth of a child, the death of a family member, a divorce or separation, caring for someone else's children, or bringing an elderly parent to live with the family can provide insight into how flexible the family system is in reacting to structural changes. Parents should also demonstrate comfort with change and ambiguity, including an ability to "ride with the tide" until things get settled.

Finally, while all families should be expected to grow from the challenges of foster caregiving, overstressing an inexperienced family is certain to increase the likelihood of placement disruption, and may also result in the loss of a potentially good foster family. The worker and family should try to determine

how much stress and change the family will tolerate without experiencing high levels of distress. This information will be important when matching a child to the family.

#### Assessment Questions

"Can you tell me about the worst thing you've ever had to deal with? What was it? What was it like? What did you do? How did it affect you? How did it affect your family?"

"Can you think of a time when you felt you just couldn't go on another day? Tell me about it. What brought it on? What did you do."

"What resources do you use to get you through bad times? Think about your own strengths. Who can you turn to, and how do they help?"

"Tell me about your hardest loss. How did you deal with it?"

"Tell me about a time when you felt really frightened or threatened. What did you do?"

"Who is your biggest source of support when you're upset or need help?  
(Some prospective caregivers may derive strength from strong religious faith. Prompt for sources of emotional support within the immediate or extended family as well.)



"Tell me about a time when nothing you planned worked... or, your plans changed at the last minute... or you couldn't plan, because everything around you was out of control."

### Strengths

- Parents can describe how they have managed difficult situations or crises in the past, such as serious illness, chronic stress, moving, loss of a loved one, etc. Self-perceptions might include:

"I hang in and tough it out. I'm a survivor. I've gotten through things you wouldn't believe."

"I think about it for a while, and pretty soon the right thing to do comes to me."

"I talk about it with my sister. She's really good at figuring things out."

"I dig in and go to work. That's my style. I don't just sit around and wait for it to go away."

"I don't know how I got through it... I was devastated when he died. I guess I wasn't as strong as I thought. But we got through it."

"Patience. I've learned things happen in their own way and in their own time, and sometimes you can't rush them. You can't fight all the

time. Most things work out, but it often takes time. Sometimes you just have to wait it out."

- Parents have experienced changes in the family composition and can identify how such changes were stressful. The parents can describe how they "reorganized" as a family to accommodate a new member, or to regroup after the loss of a member.

"After Gram died, we were a mess for a while. We didn't realize how much she did for us! But we all took on her chores. It's a little harder on each of us, but we manage fine. Things just don't get done as well as she did them! None of us has the kind of time she did... or her ability. She will always be the best cook in the family."

- Parents demonstrate adaptability and flexibility in the face of change. They always have back-up plans, and they are able to go to plan two or three when the first one doesn't work. They are not threatened by a changed schedule. They appear to be effective at "continual planning."

### Minimum Standard

- Parents have managed some stressful situations and have some constructive coping ability. They may not have experienced seriously stressful situations.
- They express an absence of solid support from significant others, and describe often handling things by themselves.
- Parents may identify some ways the addition of a foster child to the family will be stressful, but appear not to fully realize the scope or impact of the change on their lives.
- Parents tolerate some change, but are annoyed and feel disrupted if things become too chaotic or unpredictable. They work to maintain order and a schedule.

### Caution!

- Parents cannot describe a situation of high stress or crisis. They claim to have never had any serious problems. Their described losses and threats have been relatively minor.
- Parents' description of a high stress situation suggests turmoil, the absence of planning, poor strategies to manage, consistent "fight" or "flight" responses, and no resolution over time.

- Parents appear to consistently avoid facing up to problems; minimize their importance; ignore them; let someone else handle them; or believe themselves to be "victims," with little control over events that involve them.
- Parents describe themselves or other family members as "useless in a crisis;" "she just falls apart."
- Parents are very uncomfortable when things are ambiguous or do not go as planned. They resent when their plans are changed, and do not tolerate last minute changes. They have difficulty regrouping and trying something else when things don't work. They easily become angry and frustrated. (These persons are likely to show compulsive traits in other areas as well. They greatly prefer order, stability, and predictability.)

*Category V – The Family is an Open System*

An "open system" refers to a family unit that is able to adapt and change in response to challenges from within and outside the family. The "open" family is also linked with a broader network of extended family, friends, and community groups. The boundaries of the family are flexible; people can come and go, and the family can comfortably readjust in response to these changes. (This should not be confused with a family in which the "comings and goings" of members reflects instability, a lack of emotional commitment in relationships, or

superficial attachments.) Family roles are also flexible, when necessary, to help the family as a unit best adapt to changed circumstances.

A family's "openness" is also reflected by the family's willingness to allow persons from outside the family to help when under stress. There may, of course, be individual and cultural differences regarding where the family seeks help. For example, some families will not seek help from formal community agencies, but they maintain strong informal networks of kin and friends, or they turn to a minister or a church group for support. Finally, family members in an "open system" are able to acknowledge and appreciate differences. They enjoy contact with people of various ages and from other cultures, and they seek opportunities to be involved with a variety of people and situations. They accept people for who and what they are, and can see strengths and value in people who, by conventional standards, may be "less than perfect."

By contrast, a "closed" family system is insular, isolated, and rigid when confronted with change. Members may have fixed roles, which are rarely altered even in changed circumstances. Family members value independence and self-sufficiency, and do not often seek assistance from others. The epitome of a closed family system is, "It's just us against the world." Closed family systems are also often ethnocentric. Their members have difficulty understanding or respecting the values or perspectives of people who are different from themselves. They may also have more rigid standards for acceptable behavior.

Caregiving means being a member of a team. There may be several professionals working with the family and the child, and their efforts must be coordinated and integrated. Caregivers frequently need outside support to help cope with

especially challenging children. They must be able to access respite care, emotional support, and concrete resources. The caregiving family must also be willing and comfortable working with others. They cannot feel that the involvement of outsiders is an unwarranted and insensitive intrusion into their family life.

In addition, the caregiving family system must comfortably incorporate not only the child in care, but the child's family as well. If the caregiving family resists contact with the child's parents, this increases distress for the child, and works against successful reunification. "Open" foster families acknowledge and accept the child's biological family as part of the child's "extended network," and they do not deny the child's relationship with them. They may also work directly with biological family members, when appropriate, and will collaborate during case planning conferences or during visits.

#### Assessment Questions

"Who do you include in your family?" "Can you draw me a picture that includes everyone who is important to you?" (Ecomaps can be used to help the family describe their position within their larger extended family network and in the community.)

"What responsibilities do family members have? Have your jobs ever changed? Under what circumstances? How did you all feel about it?" "How did you manage when your mom was in the hospital? Who cooked?"

"Who helps you when you are under stress or need help?"

"How have you used other people or community resources to help you solve a problem?"

"Have you ever been a member of a team? Tell me about it. What was it like? What did you like about it? Was there anything you didn't like?"

"How have you reacted to suggestions from other people about your life?"

"What kind of experiences have you had with people from other cultures and races? Have you ever been a "stranger in a strange land?" What was it like?"

### Strengths

- The parents have a strong and dependable support network through extended family, close family friends, or through organizational affiliations such as church or community group memberships.
- The parents' support networks are in agreement and supportive of the family's desire to become a foster caregiver.
- The parents' past behavior demonstrates a willingness and desire to "use all the help we can get," rather than expecting themselves to manage everything on their own.

- Family members demonstrate an ability to shift roles when necessary. "Who cooked when your mom was in the hospital?" "Sherry and Dad took turns." Or, "Well, we all did... if you can call microwave macaroni and cheese 'cooking.' We can't cook as well as Mom does, but we didn't starve."
- Parents can describe previous team affiliations (a sports team, a church committee, a community planning group), and can relate how they participated as team members and benefitted from the experience.
- Parents enjoy and appreciate differences, and are able to articulate ways that their lives have been enriched through cross-cultural contact. They describe relationships with people of different ages and social groups. They find differences interesting, and can describe how they have learned new things from people who were different from them. They are aware of how their own culture strengthens their lives, and can identify things about their own cultural backgrounds they do not like or have changed.

#### Minimum Standard

- Parents have some support systems, but they typically manage stress on their own. They seem to prefer to ask for help only when they cannot solve a problem themselves.
- Parents have clearly defined roles and responsibilities, and they exhibit some degree of discomfort or loss of direction if these must change.



("Who cooked when Mom was in the hospital?" "We ate out a lot, or got fast food.")

- Parents have limited experience working on teams, and do not appear to understand the nature of teamwork in complex situations.
- Parents express attitudes of acceptance of differences, and may have some experience in the workplace or community with people from different cultural, ethnic, or racial groups. However, their knowledge of other cultures and cross-cultural contacts are limited.

Caution!

- The parents' coping history suggests they do not seek help from outside the family, even when such help would have greatly benefitted them.
- The parents believe strongly in self-sufficiency and independence, and have not participated as part of a functioning team. Or, parents suggest that teams are "a waste of time – give it to one person and let them do it. It's faster and easier than all that talk."
- Roles and responsibilities are clearly assigned to individual family members and appear to be inflexible. Family members do not often perform tasks that are the responsibility of other family members. In two-parent families, if mothers are assigned the primary responsibility for home management, housekeeping, and child care, the additional responsibilities inherent in foster care will often overload them, unless all

family members are willing to assume responsibility for some of these day to day tasks. ("Who cooked when Mom was in the hospital?" "Mom cooked as much as she could before she went in, and she left meals for us in the freezer." [Worker prompt...]"Is there a reason you didn't cook for yourselves?" "I'm too busy to have to think about cooking. I have enough responsibilities of my own." Or, "I don't know how to turn on the oven, much less make a dinner."

- Family members are uncomfortable with people who are culturally, ethnically, or racially different from themselves. They avoid contact when possible. They do not have strong relationships with people of different ages. Or, their attitudes reflect a reliance on stereotypes and misinformation. They display prejudicial attitudes toward others, and communicate stereotypes and misconceptions about other people.

#### *Category VI – Parenting Skills*

Most prospective caregivers are parents whose children are at home, or are grown and living independently. Others have had considerable experience caring for nieces and nephews, or other people's children. Unless the family's history suggests significant problems in rearing their own children, most prospective caregivers will generally have appropriate parenting skills.

However, parenting a foster or relative child with special needs is quite different from parenting one's own children. The more relevant questions about parenting are, "Do the prospective caregivers have the skills needed to

successfully parent children with special needs?" "How quickly can they develop these skills?" and, "What types of children are they best suited to parent?"

The following criteria should be assessed:

- 1) *The parents gain pleasure, gratification, and enjoyment from parenting activities.*

Parenting, at its best, is hard work. It is harder when a child has special needs. Caregivers must be able to derive pleasure and satisfaction from the day-to-day activities of caregiving and nurturing, since the visible returns may be a long time coming and very small in scope.

#### Assessment Questions

"What do you enjoy most about parenting? What do you find to be the most fun? What do you dislike? Is there anything you'd give up forever and never miss?"

"What kind of things do you like doing as a family? What do you like to do by yourself, or with other adults?"

"How does parenting fit into your other activities? In what ways might it interfere with things you would rather be doing?"

"What qualities do you think make a 'good' parent'? Can you identify your own, and each other's, parenting strengths? What do you feel you don't do as well as you would like?"

### Strengths

- Parenting is important "life's work," and they take pride in doing it well. An important part of their identity is being a parent. (Note: this does not mean that the parents derive their self-worth from their children's accomplishments, or that their only source of gratification is their children's success. When parents depend upon their children's accomplishments to determine their personal worth, the child's perceived shortcomings are experienced as personal failures. Healthy children often cannot live up to such parental expectations, much less children with special needs.)
- The parents truly enjoy activities related to parenting. They enjoy participating in recreation activities, vacations, projects, and other activities with their children. They look for ways to spend time together as a family. The parents express feelings of satisfaction from helping their children learn; encouraging children to try new things; exposing children to new adventures; making children feel comfortable and content; and watching children grow and develop. They may be involved as volunteers with groups of children, such as coaching a sports team or leading a scout troop, "just for the fun of it."

- The parents can realistically assess their own and each other's parenting strengths and areas of vulnerability. "He's great at calming a frightened child. I do better getting a child motivated when he doesn't want to move."

#### Minimum Standard

- The parents view parenting as a lot of work, but with advantages. Their rewards may be expressed in terms of concrete outcomes, such as taking pride in their children's accomplishments, and progress toward specific goals. They may enjoy some developmental stages more than others.
- The parents enjoy their parenting time, but also greatly value their "adult only" or "quiet time," and may have successfully trained their own children not to bother them at these times.
- Parents may not have thought directly about their parenting strengths or vulnerabilities, or may not fully understand the importance of considering this. They may be able to identify some strengths and vulnerabilities.

#### Caution!

- The parents do what must be done to provide good care for their children, but they lack enthusiasm about the parenting process. Their satisfaction from parenting may depend on the circumstances.

- The parents may have many other interests or commitments outside the home, and caregiving demands may take time away from these activities. They may express resentment of unusual demands made on them by their children. ("I couldn't wait until he started school... I was trapped in the house until then. It about drove me crazy.")
- The parents display little insight regarding their own parenting strengths and vulnerabilities. Their responses may be simplistic or stereotypic: "I'm a good provider for my family." "I read to my children often." "I really support education."

**2) *The parents have the ability to individualize children and their needs, and to respond accordingly.***

Caregiving families must have the ability to individualize children's needs, and to use parenting and child management strategies best suited to each individual child. They must also understand how they might need to alter their parenting interventions to be responsive to a child's cultural differences.

Families who rely on the same parenting and discipline strategies for all their children, and who expect that these should work equally well for foster or relative children, will often have difficulty managing challenging or behavior-disordered children. They may blame the child rather than their intervention strategy for failure. The ability to assess each child's unique developmental needs and problems, and to modify parenting

strategies accordingly are essential skills for a caregiver. If parents have this ability, they can be trained to recognize cultural differences as well, and modify their parenting strategies accordingly.

#### Assessment Questions

"Can you describe your own children for me? How are they alike? How are they different from one another? Be as detailed as you can."

"You said that Sandra is a more nervous child than Allan. Can you tell me what you mean?"

"If one of your children has a problem, how do you decide what to do? Give me some examples." [Prompt] "Would you handle it differently if Ann had the problem instead of Thomas? How?"

#### Strengths

- The parents can describe each child's unique personality, traits, and needs, and can explain why they approach the child differently because of this. (Example: "I can never yell at Tina.. she's too sensitive. All I have to do is tell her once, and it's done. I also have to be careful to speak more softly with her. With Lisa, it's like talking to the wall. I have to make her look at me and make sure she's listening before I talk to her.")
- The parents appear to consider each child's viewpoint and perspective before making decisions that affect all of them. The parents understand

that each child is an individual, with unique thoughts, opinions, and needs.

#### Minimum Standard

- The parents can describe fundamental differences in their children, but they do not always understand how their parenting interventions should change to address their children's differences. Some families actually do respond differently, and appropriately, to their children's differences, but they may not be able to verbalize how. The worker should observe them during their parenting interventions to identify similarities and differences in their treatment of their children. Training may help them further develop in this area.

#### Caution!

- The parents have a rigid conception of how children should behave, and they express their children's differences only superficially. They may say things like, "All children need love and discipline." "Depriving them of TV works every time." "My kids all know they'd better hop to it when I tell them to do something." "Sure Tom and Jon are different... (How?) Tom likes basketball, and Jon has no sports ability at all. But Jon does better in school."



- The parents appear to make most decisions for their children, including simple ones (what to wear, what to eat). They do not solicit their children's thoughts or opinions on decisions. They do not see their children as having different opinions or views on topics.
- 3) *The family has had prior experience parenting other people's children, including children who have had physical, emotional, or behavioral problems.*

If the family has had prior experience parenting children with problems, there are likely to be fewer surprises. If their only parenting experience has been with typical children, they may greatly underestimate the amount of stress associated with foster caregiving. Some parents may have never directly parented children with problems, but they may have worked with them as a teacher, nurse, classroom aid, or in another helping profession. This helps, but a few hours a day cannot be equated with full-time parenting. Parents should also have gained insight regarding their own strengths and vulnerabilities from these caregiving experiences.

#### Assessment Questions

"Have you ever had full-time responsibility for a child or children who had emotional or behavior problems? Tell me about your experiences."

"How were these children's needs different from the other children you have worked with? What did you have to do differently? Can you describe the most difficult child you have worked with?"

"What did you like or not like about caring for them? What was the best part? The worst part? What particularly challenged you? What part did you find the most rewarding?"

"What did you learn about yourself from these experiences?"

#### Strengths

- The parents have had prior experience parenting their own or other children with complex needs and problems, and can describe these experiences.
- The parents are aware of and will acknowledge how parenting children with problems is stressful.
- The parents can identify their own areas of vulnerability.
- The parents can articulate what they liked and did not like about the experience, and what they learned about themselves.

#### Minimum Standard

- The parents have had some direct contact with children with problems, but have not had full-time parenting responsibility for such children. Parents can accurately describe what would be necessary for a caregiver to effectively parent children with problems, even though they have not done it. (Note: this would suggest that if the family is approved, their first placement should be a relatively unchallenging child. They will need an opportunity to first acclimate to full-time parenting, and can then develop skills to manage more difficult problems.)

Caution!

- The parents have no experience parenting children other than their own, and they have had no prior contact with children who have problems. (Note: If the prospective caregivers have strengths in many other areas, they could be started as day care or respite care providers, and then be developed into full-time caregivers as they gain experience and training. If they are approved as caregivers, they may need a great deal of support.)

**4) *The parents utilize discipline strategies that are appropriate for children who have experienced prior maltreatment and separation.***

Most child welfare agencies have strict policies regarding the discipline strategies that are allowable for children in care. Generally, these include: setting clear limits and using logical consequences for infractions; positive reinforcement for desired behavior; time out; restriction of privileges; redirection; and removal of the child from the problem situation. Physical

discipline, strategies that shame or embarrass the child, segregation of the child for long periods, or withdrawal of affection are inherently less effective, and are potentially very harmful for children who have been subjected to maltreatment and separation.

#### Assessment Questions

"Can you describe how you normally discipline your own children? Why did you choose the strategies that you use?"

"When you have had to discipline someone else's children, what did you do the same or differently from disciplining your own children?"

"Please describe the last time one of your children did something that *really* upset you. Can you tell me how you handled it?"

"What discipline strategies do you find work best with your children?"

"What discipline strategies are you most comfortable with, and which do you find hard to implement?"

#### Strengths

- The parents already use the agency's recommended discipline and child management strategies, and can describe how these are used when disciplining or managing their own children.

### Minimum Standard

- The parents use physical discipline and other strategies that are not appropriate for maltreated children, but clearly demonstrate a willingness to learn and use different strategies.

### Caution!

- The parents adhere to child management practices that are not in the best interests of foster children, and staunchly support the validity of their own discipline practices. They cannot understand why their strategies may not work equally well with foster children.

***5) Parents recognize the potential effects of foster care on their own children and have a plan to deal with them.***

It is important that parents recognize that fostering will not only alter their lives, but their children's lives as well. They should be able to predict what might be stressful for their own children and describe strategies to prevent unnecessary problems for them.

### Assessment Questions

"How have you presented the idea of foster care to your children? What did you tell them? How did they respond?"

"What kinds of situations would create problems for your kids?"

"How do you handle fights, jealousy, competitiveness, privacy, sharing, allocating your time fairly, etc. with your children?"

"Have your children ever shared your attention with other children for an extended period of time? How did they react?"

#### Strengths

- The parents have already talked with their children about foster care, and have prepared them for the experience. The children understand and can tell the worker what things might change, and how they may feel about this.
- The parents have considered their children's feelings and needs in deciding what kind of child should be placed with them. ("I don't want a child the same age as Chloe. The child should either be younger, or much older, like a teenager. I don't want Chloe to feel like she's been displaced.")
- The parents have constructive strategies to deal with sibling issues. They can describe them and explain why they use them.

#### Minimum Standard

- The parents have never considered how foster care might affect their children, but they show interest and concern once this is brought to their attention.

Caution!

- The parents have limited insight into the effects of foster care on their children, and they minimize the importance of the changes their children will experience. ("My kids adjust to about anything. They're really good kids. They get along well with other kids, and they've been taught to share. I don't think it will be a problem.")

#### *Category VII – Empathy and Perspective-Taking Ability*

Perspective taking is, simply, the ability to understand someone else's perspective or point of view. Empathy is the ability to relate to and understand another person's situation, feelings, and motives. Both are necessary prerequisites for effective caregiving. The following are relevant criteria to determine parental empathy:

- 1) The parents are able to recognize and properly interpret each others' and their children's verbal, nonverbal, and behavioral cues, and can verbally articulate what other family members are feeling.***

Parents must be able to recognize and properly interpret family members' needs and feelings in order to recognize potential stresses and problems early, and provide the necessary support. In addition, many children who have experienced maltreatment exhibit their distress behaviorally, and they often cannot articulate their feelings. Their visible emotional state is not always congruent with their feelings. For example, a healthy child who is feeling disappointed will usually cry. A child with emotional problems may react to disappointment by exhibiting rage, often in the form of a tantrum or other acting out behavior.

If family members, including children, can identify each others' need states and feelings, they are more likely to understand what the foster children are trying to communicate through their often inappropriate behavior. This will permit them to respond to the child's needs, while concurrently limiting inappropriate behaviors. The ability to recognize and meet needs is also a critical factor in promoting the development of attachment. (See Section VIII-A, "Attachment and Attachment Disorders.")

#### Assessment Questions

"How can you tell when people in your family are upset? Mad? Sad? Can you sometimes tell what they're feeling from the way they act? Give me an example."



"How do you help people in your family when they're feeling really upset?  
What do you want other people to do for you?"

"Tell me about the last time you had a "tantrum" – what happened, and what were you feeling?" (This can be asked of both adults and children.)

### Strengths

- The parents can recognize and articulate how a child's behavior reflects a feeling or need state. Family members can recognize when other family members are distressed or need assistance. (Workers should be careful to consider cultural factors and communication styles when judging this criteria. The important factor is the accuracy of the parent's interpretation.) Examples:

"Lee won't always tell me when she's upset, but I can usually tell. She gets quiet, won't look at me, and goes off to be by herself."

"When Roy's mad, I've learned it's better to leave him alone for a while until he cools off. Then he'll talk to me and tell me what's happening. But if I ask him straight out, he'll storm out and yell, "I don't want to talk about it!"

"Veronica will tell me straight out she's not afraid, and if you didn't know her, you'd have to believe her! She's such a good actress. But I

know differently... when she doesn't think I'm looking, I can see how scared she really is."

#### Minimum Standard

- Family members rely on outward behavioral cues or direct communication to determine other family members' need states. They have some insight into other people's needs, but don't appear to fully understand how behavior is not always an accurate indication of a need state. "How do you know when he feels bad?" "He tells me." Or, "I can tell he's upset if he's been crying." "When he's mad, he stomps around here and shouts."

#### Caution

- Family members don't appear concerned about other people's need states, and lack insight into their importance. "Yeah, she gets mad, but she gets over it." "I don't care what he's feeling... he can just take himself off to his room until he's feeling better... then he can join the family again."

***2) Parents can articulate empathy for the child's biological family, and can understand the biological family's situation.***

The caregiving family must display an empathetic and supportive attitude about biological families that promotes positive self-esteem for the child and, when appropriate, that supports family reunification. Parents' attitudes about biological families and their ability to change must be explored during the family assessment process. The foster or relative caregivers may need to modify preexisting negative or stereotypic attitudes about abusive and neglectful parents, or in the case of kinship care, the parents of the children in their care.

The caregivers must also consider their ability to work directly with parents of children in care, including modeling and teaching parenting and home management skills, and providing direct emotional support to parents. All caregivers should be prepared to expect some degree of interaction with biological families, if only to reduce the stress for the child in placement.

#### Assessment Questions

"Why do you think parents maltreat their children? What would you guess they feel? What would you guess their children feel about them?"

"Have you ever known people before who have either abused or neglected their children? What were they like?"

"Have you ever had to explain a parent's negative behaviors to a child? Tell me about it. How did you explain it?"

"Have you ever done volunteer work? Tell me about the people you found hardest to work with. Why do you suppose they were the way they were?"

#### Strengths

- The parents express understanding of the problems faced by the child's biological parents. Parents express empathy regarding the pain the biological parents must be feeling related to separation from their child.
- The parents are sensitive to the child's feelings about his or her biological family, and can talk with the child in a supportive and nonjudgmental way.
- The parents express a desire that the child's biological family also receive help; parents are open to providing help where possible.

#### Minimum Standard

- The parents demonstrate empathy for the child's biological parents, but in a limited capacity. They understand that the child's parents may have problems or be under stress, but they are critical of abusive or neglectful caregiving. They have difficulty understanding how it could happen. They may "feel sorry" for the parent. However, they are not overtly

hostile or punitive in their feelings. Training may help modify their attitudes.

- The parents are not certain that the child wants, or needs, to talk about his or her background. They may understand the importance of preserving a history or continuity, but may not fully understand the implications for the child's psychological development and self-esteem.

Caution!

- The parents express a desire to know as little as possible about the child's family, and resist any direct contact with family members. They appear to want to "protect" the child from the parent or other family members, even when the child is not at risk in their presence.
- The parents criticize the biological parents' behavior, and express attitudes such as, "Good parents don't hurt their kids... I don't care how bad things get. She could have gotten help." "I suppose she must not be a very strong person, if she left her baby." "He's in jail... that says about everything, doesn't it?"
- The parents don't understand why the child expresses love and loyalty to hurtful parents. Parents believe the child would "be better off if he let the past go and got on with it. Talking about it all the time only upsets him."

*Adapting the Family Assessment for Kinship Caregivers*

In many respects, kinship care families should be engaged to participate in a family assessment that is similar to that for foster caregivers. The Child Welfare League of America North American Kinship Care Policy and Practice Committee [1994] suggests that "an assessment of the willingness and ability of kin to provide a safe, stable, nurturing home, and meet the child's developmental and safety needs is essential in determining the appropriateness of the home for the child."

Quite often, kinship families assume full responsibility for one or several children with behavioral or emotional problems, and yet they are often unprepared for the experience, and they receive little to no support or remuneration. Despite their exhibited commitment to the children, this situation exacerbates stress, and increases the likelihood of distress and trauma for the caregiving family. The primary benefit of the family assessment for kinship care families is to help them understand and prepare for potential stresses, and to learn to utilize the agency and other caregivers as supportive resources. The family assessment can also help them learn to access and benefit from ongoing inservice training.

While many of the critical assessment factors for foster caregivers are equally relevant to kinship caregivers, there are additional criteria specific to kinship caregivers that should also be assessed [Child Welfare League of America North American Kinship Care Policy and Practice Committee 1994]. These are:

- The nature and quality of the relationship between the child and the kinship family should facilitate the child's adjustment. If the relationship is nurturing and strong, this can greatly reduce separation trauma for the child coming into care. However, if the relationship is negative and conflictual, or if the kinship caregiver has no preexisting personal relationship with the child, the degree of stress to the child may not be significantly less than if the child were placed in foster care.
- The kinship parent must be willing and able to work with the agency to protect the child from further maltreatment. This may involve

- confronting the child's parents, and regulating or restricting their access to the child. Concurrently, the kinship caregiver must also be willing and able to work collaboratively with the agency to empower the child's parents and support reunification, if that is the plan for the child.
- The home must assure the child's safety, and the kinship caregivers must be able to provide a nurturing environment for the child. One benefit of kinship care is that the kinship home may be similar to the child's own home, and the parenting practices may be similar. However, special parenting and caregiving skills may be necessary, if the child has special needs. Examples include a child who has been prenatally exposed to drugs or alcohol, has HIV or another physical illness, or has emotional or behavioral problems as a result of prior maltreatment. The caregiver must be willing to attend training, and utilize other developmental and therapeutic services to meet the child's needs.
  - The nature and quality of the relationship between the biological parent and the kinship caregiver must be conducive to supporting the placement. As with any foster caregiver, if the caregiver is ambivalent about the placement, or clearly does not want to undertake care of the child, alternate placement should be pursued. The likelihood of disruption increases greatly if the caregiver's needs and feelings are not considered. In addition, a positive relationship between the child's parent and the kinship caregiver will greatly enhance the likelihood of successful reunification.



It is also best if the biological parent understands that a kinship placement is in the child's best interests. However, at times, the kinship home may be the best placement for the child, even though the parent is not in agreement. In these situations, the needs of the child should generally take precedence over the wishes of the parent. However, the worker should continue to work with the parent and the kinship family to help them resolve conflicts and other family issues. Ultimately, family counseling can sometimes reestablish the kinship family as an ongoing source of support and nurturance for the parent, as well as the child in care.

- The worker must determine whether there are family dynamics in the kinship home that may condone or contribute to further abuse or neglect of the child. Child abuse and neglect are known to be, at times, intergenerational. It is not uncommon for maltreating parents to report personal histories of maltreatment as children. However, this is not always so. The worker should never make assumptions, but should conduct an objective and comprehensive assessment of each family's strengths and areas of vulnerability. This is best addressed by examining their current, demonstrated family dynamics, including their parenting styles and practices. While it is critical to note any past history of inappropriate parenting, we must also acknowledge the positive effects of maturity and subsequent personal development on people's parenting practices.
- When relevant, the worker must recognize the higher probability in kinship care placements that the caregiver may pressure the child to

recant regarding disclosure of abuse or sexual abuse. This will be more likely if the kinship caregiver feels the biological parent has been unfairly accused of maltreatment; or, that the situation is not sufficiently serious to warrant removal and placement of the child.

- The presence of alcohol or other drug involvement in the kinship home must be determined. This is especially important when alcohol or drug-related factors were significant contributors to maltreatment in the child's own home, and there may have been intergenerational alcoholism or drug abuse.
- The kinship family must be willing and able to collaborate with the caseworker and the agency. Because kinship care is a naturally-occurring activity in many cultural groups, the kinship family may initially perceive agency involvement as intrusive and, perhaps, unwarranted. As with any family, the caseworker must engage family members, and develop collaborative relationships with them. This will enable the worker to provide services that can support and sustain the family, while concurrently assuring that the child is protected. Kinship caregivers should be helped to understand that they are partners with the child welfare agency, and whenever possible, with the child's parents, to create a permanent, safe, nurturing environment for the child.

## Preservice and Inservice Training

Regional or local implementation of training for foster and kinship caregivers is essential to meet individual needs and to insure efficient and cost effective delivery of training. Holding training in one centralized location often presents barriers for caregivers. Caregivers must allocate large blocks of time for travel and workshop attendance, must make arrangements for child care, and if they are employed outside the home, they may have difficulty obtaining release time during work hours. Training is best provided locally within the caregivers' home community, and scheduled at their convenience. This may require evening and weekend training sessions. Offering on-site child care will also encourage attendance. Training systems can also utilize videotape and library resources for self-study, or for use by foster care caseworkers in foster parent group meetings.

While direct training for foster caregivers is critical, the implementation of a successful foster and kinship care program requires that staff at all levels of the organization also be trained in essential concepts of foster and kinship care. Agency executives need to understand the systemic nature of comprehensive foster and kinship care, its benefits, and its implications for agency staffing and funding. Middle level managers need to be trained to develop program policies, procedures, and components that support professionalized foster care and the effective use of relative placements. Line supervisors and workers need to understand how to work collaboratively with foster caregivers and kinship caregivers in a team approach to service planning and delivery, as well as how to implement program components such as recruitment, family assessment, training, and supportive services to caregivers. And caregivers need training to enable them to participate as professional team members and provide high quality care to the children and families served by the system. Within this broad

framework there will be a wide variety of individual training needs, based upon the individual skill level of the trainees, the size and scope of the foster care system, the types of children served, the cultural composition of the community, and the availability of special resources. These needs should be evaluated at least annually, using an individual training needs assessment format [Hughes & Rycus 1989].

The most effective recruitment and family assessment process will be of little value, if the agency cannot support and retain its caregivers. Continued access to high quality and relevant inservice training is a vital supportive service that can greatly increase both caregivers' skills, and their ability to withstand the stresses inherent in the caregiving experience. (Refer to Section X-C, "Working With Foster and Other Caregivers," for additional strategies to support and retain caregivers.)