

## **B . Empowering Parents to Participate in Placement Activities**

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### *Conceptual Framework*

Empowerment of parents and other family members is at the center of any effort to strengthen and preserve families. The word "empower" means to authorize, enable, or permit. When children are placed into substitute care, empowering their parents or caregivers means enabling them to retain as much parenting responsibility for their children as possible and assisting them in reunifying their family. Workers might question the validity of preserving parental responsibility when parents have demonstrated they cannot meet these responsibilities. However, preserving families requires a commitment not only to prevent placement, but to promote reunification of a family after a child has been placed. The active involvement of parents and other family members with children in placement is essential for successful reunification. (Refer to Section VIII-C, "Promoting Reunification.")

Empowering family members, and particularly the parents of children in placement, can be a valuable therapeutic intervention for the entire family. There are several ways this may occur. First, by including parents in all placement activities, not only do we reduce the stress of separation for their children, but we also prevent the parents from becoming emotionally isolated and withdrawn from their children. This reduces the likelihood that parents will psychologically abandon their child in placement as a means of coping with loss

and grief. Parents' continued emotional involvement with their children is essential for successful reunification.

Second, a properly executed placement can be a growth experience for families. Parents can learn a great deal by participating with the worker and foster caregivers in problem solving, case planning, and service delivery. The caseworker, and foster or kinship caregivers can also help parents learn and practice fundamental skills in parenting, child management, and home management by modeling, training, and coaching them in these skills.

Third, placement of children may be necessary before some families fully realize and understand the seriousness of their situation, particularly if they have previously denied or minimized it. Placement is an intrusive intervention, and it may create a crisis for the family. Placing the children can, therefore, motivate ambivalent or resistive parents to act, when they previously did not. This in no way suggests we should ever use placement as a punishment for parental noncompliance, or, as a worker was recently overheard suggesting, "to teach the father a lesson." The only valid utilization of placement is to protect a child from serious harm in his own home, when intensive in-home interventions cannot. When placement has the effect of mobilizing a family, however, we can take full advantage of the momentum by working to engage parents to collaborate toward making changes that will allow the return of their children.

Actively working to engage and involve parents while their children are in placement also constitutes reasonable efforts by the agency to promote timely reunification. If a child cannot safely be returned home in spite of these intensive

efforts to involve and strengthen the family, there is legitimate justification to begin the process of placing the child in an alternative permanent home.

After placement, it is all too typical for busy caseworkers to reduce their involvement with family members and concentrate their efforts, instead, on supporting the placement and strengthening the child's relationship with foster or relative caregivers. Unfortunately, this usually represents the death knell for successful reunification. Until it is certain that the child and family cannot or should not be reunified, placement should be a powerful incentive for both caseworkers and foster caregivers to strengthen their involvement with the family, not to abandon them!

### *Application*

The decision to place a child represents a critical point in the evolution of the casework relationship. Few parents fully agree with the decision to place their children. Many will not have acknowledged the serious risk to their children, nor will they fully understand their own inability to protect them. Placement usually occurs because a worker has had to exercise unilateral authority to remove children to protect them from harm. As a result, parents and other family members are often extremely upset and angry about the placement, may blame the worker, and will typically express their resentment and hostility openly. When confronted with such hostility, workers often become defensive, withdraw emotional support, or at worst, react in a punitive manner toward the family. These responses, while a natural reaction when verbally attacked, are

unproductive, since they deprive families of emotional support and guidance at a time when they most need it. We must remember that hostility and anger are expected responses to the serious emotional trauma inherent in separation and placement. If workers are to promote continued growth and development by family members, they must work to minimize the loss and threats family members experience as a result of placement, and maintain constructive interaction with the family.

The first step is to prevent the placement from permanently damaging the casework relationship. The worker is less likely to react in nonconstructive ways if he can understand the family's untenable position, and can feel and demonstrate empathy for the family. The worker should encourage parents to verbally express their anger and resentment toward the worker and the agency, and the worker should acknowledge the validity of their feelings. Family members must also understand that their anger does not change the worker's commitment to working collaboratively to resolve the problems that led to placement. A worker's ability to "stick with the family," and remain supportive during the crisis of placement, is often the glue that cements the casework relationship.

The worker must also stress to family members that placement is intended to be temporary, and he should continue to engage the family to collaborate toward reunification. There are several steps in this process. The first is to address, in a straightforward manner, the reasons that placement is necessary. The worker should explain to the parents that the child is being removed only because the child's safety in the home cannot be assured. The worker must be able to provide the parent with specific, accurate, factual data to support this conclusion. The

specific circumstances or parental behaviors that placed the children at risk should be clearly described. The worker must be certain that family members correctly understood and interpreted his communication. One strategy is to ask family members to repeat back what they have heard. At times, in spite of clear explanations, parents may continue to deny the allegations or may minimize or deny the risk to their children. The worker should stress that acknowledging and understanding the risks to their children is the first step toward having the children returned.

Second, the worker should reassert his intent to return the child home, as soon as the child's safety in the home can be assured. The worker should also stress the importance of the parents' involvement in the planning and development of services to make this possible, and should suggest some immediate activities that can initiate this collaboration. The worker should also explain the case assessment and planning process and define the parents' role in all aspects of case planning and service delivery.

The worker should then clarify that the parents have a choice. They can choose to contest or resist the agency's interventions, with potentially negative consequences; or, they can become involved and actively assist in planning and carrying out placement and reunification activities to the benefit of all. It must be stressed that this strategy is not intended to coerce parents, but rather, to engage them to work collaboratively toward a common goal of reunifying their family and closing the case, thereby assuring both protection of the children and the stability of the family.

### Involving Parents in Placing Their Children

There are several benefits to involving parents, or other primary caregivers, directly in the process of placing the child into substitute care. First, by asking parents to participate in the placement, the caseworker's actions are congruent with his previous verbal communications about the importance of parental involvement. This further facilitates the development of the casework relationship.

Second, by seeking parental involvement at the same time placement is made, the worker demonstrates both that he will do whatever is necessary to assure protection of the child, and, that he is still committed to a collaborative effort to enable the parent to reassume primary care responsibilities and authority.

In addition, active parental involvement with the child in placement greatly reduces separation trauma for the child and family members, and can also facilitate the child's adjustment in placement. The worker can help parents learn to be supportive and reassuring to the child by explaining that the child will be very frightened and needs the parents' continued help.

Finally, parents who are directly involved in planning and implementing the placement will be less likely to attempt to disrupt, sabotage, or otherwise interfere with the placement.

There are several ways that parents can be involved both in planning the placement and in moving a child into substitute care. For example:

- The worker should ask family members if there are any relatives or family friends who might be able to care for the child temporarily, and then should carefully consider the parents' suggestions. If a placement recommended by the family can assure the child's safety, and if parents agree not to interfere with the placement, the worker may be able to prevent placement with a stranger. The worker will, of course, have to meet and assess the relatives or caregivers, and determine their ability to protect the child, even if this means carefully regulating the parents' access to the child.
- If a physical examination is warranted because of physical abuse or sexual abuse, the parent should accompany the caseworker and the child to the hospital or doctor. The parent should be involved while the child is being examined, and should talk directly with the worker and the examining physician about the medical findings. This helps to reduce the parent's denial, and provides an opportunity for the worker to talk directly to the parent regarding the maltreatment and how it occurred.
- If a child is to be placed in an agency-operated foster home, the parent may be asked to provide information about the child's special needs. This can help the worker choose the best placement for the child. Involving the parent in the selection process can be reassuring, and can reduce the alienation and distress experienced by the parent.
- The worker should first discuss the plan for the move with the parent. Then the parent and worker should, together, tell the child. The worker should encourage the parent to help the child understand the need for a

move, and give the child permission to be cared for by another family. This is easier, if the parent knows the caregiver, or if she perceives the caregiver as supportive and nonthreatening.

- The parent should help decide what clothing, toys, and belongings the child should take with her and should help the child pack. The parent should be asked to provide detailed information regarding the child's schedule, preferences in food, needs, and routines. If at all possible, the parent should communicate this information directly to the relative or foster caregiver.
- Finally, the parent should be encouraged to accompany the child during preplacement visits. This assures the child that the parent knows where he will be living, and reassures the parent that the home for the child is adequate. This also allows the foster or relative caregiver to learn important information about the child directly from the parent, and it enables the caregiver to begin to establish a relationship with the parent. Direct contact between parents and foster caregivers can be very reassuring to both the parent and the child, may reduce loyalty conflicts for the child, and helps to establish a positive relationship, which is particularly important if the foster caregiver is to be involved in family visits or work directly with the parent.

### After the Placement

After a child has been moved, the caseworker should facilitate the parent's regular involvement with the child and the agency. The natural tendency after a



placement is for the worker to provide everyone with a "cooling off" period, wherein the child can "adjust" without the stress of contact with the family or the worker. The worker might also reduce contact with the family. This is counterproductive in all respects.

Postplacement interventions are designed to keep parents involved with their child in placement. If the caseworker maintains regular telephone and face-to-face contact with parents, it is less likely that parents will withdraw, and the worker will be more successful in keeping parents involved with the child.

Strategies should include the following:

- The caseworker should increase, not decrease, contacts with parents during and immediately after children are removed. This will reassure parents that they have not been abandoned, and that they remain an important part of the process.
- Parents should be involved in a case assessment and planning conference shortly after placement to begin development of the reunification plan. Parents should routinely be involved in agency staffings and conferences to review the case plan, or to discuss problems in case plan implementation.
- Regular and frequent visits between children and their parents is critical. The first visit should occur within 48 hours of placement. The worker should spend some time with parents prior to this visit to discuss their feelings, and to prepare them for the visit. The worker should assure that parents have transportation, and may himself transport and accompany

them to the first visit. The worker should always discuss the visit with parents afterward. (Refer to Section VIII-C, "Promoting Reunification," for a more detailed discussion of visits as a therapeutic intervention.)

- Relative or foster caregivers should be able to telephone parents with questions about a child's needs, routines, and schedule. The caregivers can use information provided by parents to help children adjust. This also promotes the parents' involvement and contribution, and gives children additional opportunities to talk with members of their family. Parents should also be involved in making major decisions about the child as much as possible.
- It is extremely important that the agency make appropriate services available to parents to enable them to implement the case plan. The parents generally may not have the capability to make the necessary changes without help; if they could, they likely would have done so. The case plan must be achievable, and casework services must support the plan.

In summary, if the agency does not involve parents from the earliest stages of placement, it often creates a sense of helplessness in parents that ultimately works against successful reunification. Caseworkers and foster caregivers should try to reinforce proper parenting, not take over all parenting responsibilities.

Despite a worker's best efforts, however, there are parents who will interfere with or sabotage the placement. In these circumstances, the caseworker's

primary responsibility is to protect the child. With effective casework intervention, however, many parents can become responsible and valuable participants.

### *Case Example: Sheila Davis*

The Davis Family had been an open case with the child welfare agency for approximately three months. A neighbor had originally referred the family, reporting that the three Davis children, ages two, six, and seven, were alone in their apartment. Their mother, Ms. Sheila Davis, had reportedly been gone for several hours. The neighbor had indicated that Ms. Davis repeatedly left the children unattended while she "went out partying all night." The agency had found the children to be at risk, and the case had been opened for in-home services. Don Harrison, a family services caseworker, was assigned to the case.

Don was able to maintain the children at home by working with Ms. Davis to develop a safety plan for the children. Ms. Davis arranged for friends to provide child care when she went out. She had also agreed to attend counseling sessions, and she and Don chose a counselor at a local community center. Don suspected that Ms. Davis had a drinking problem, but he could not determine its extent. Ms. Davis repeatedly denied heavy drinking, and claimed she was "just a social drinker."

During the ensuing weeks, Don monitored the family and provided ongoing support. Ms. Davis appeared to be trying to meet the agreed-upon terms of the case plan. She attended several counseling sessions, and was always home when

Don called. She kept her appointments with Don, and the children were generally clean and seemed to be well cared for when Don visited. Don felt he had developed a good relationship with Ms. Davis; she often called him when she needed help or support.

Don had conducted a family assessment shortly after the case was opened. He had determined that Ms. Davis, age 22, had a long history of inconsistent child care. She often provided adequate care for weeks or months at a time, and then she would leave her children alone for long periods and neglect to meet even their basic needs. An aunt had confirmed that Ms. Davis had had a drinking problem since adolescence, and the aunt worried that recently her niece had also become involved with drugs. Ms. Davis reportedly had, on several occasions, left the children with the aunt and disappeared "for weeks at a time." The aunt said when Ms. Davis eventually returned, she always expressed her regret and apologized for her behavior, reclaimed her children, and worked to maintain a home for them "until the next time." Recently, the aunt's poor health made caring for the children impossible. The aunt said Ms. Davis had never been married, and she believed the children had different fathers. She had only briefly met one of them. She knew nothing about the others. The aunt said Ms. Davis's mother and brother lived in another state, but that Ms. Davis refused to talk with them. Ms. Davis's father had died when Ms. Davis was 10 years old.

Don had recently attempted to reach Ms. Davis to confirm an appointment. After several days of no response, he became concerned, and visited the home. When he knocked, seven-year-old Leanna, answered the door. Leanna told Don her mother wasn't home, that she had "gone out" and would be back "soon." Don questioned Leanna further, and based on her description of events, he

determined Ms. Davis had probably put the children to bed the night before and left, telling the children she would be home "soon." Concerned about entering the home without Ms. Davis' permission, Don asked Leanna to bring her younger brother and sister to the door so Don could see if they were okay. Leanna said the baby was sick and had been crying all morning. She also said the baby was hungry. Don determined the situation to be an emergency. He went to his car and phoned for police support to enable him to enter the home.

When the officer and Don entered the apartment, they found pervasive disarray. Half-empty beer cans and dirty plates with rotting food littered the living room. The two year old was cranky, feverish, and was seriously congested. The temperature in the home was approximately 50 degrees, and there was a stiff breeze blowing through a hole in the window. Leanna said her mother had "busted it when she threw a shoe at Tommy." Tommy, Leanna explained, was Mommy's new boyfriend. Leanna said she didn't like him, that he "yelled a lot and was mean to Mommy." The children were icy cold to the touch. Leanna said she had turned on the stove "like Mommy does" to "keep the baby warm since she's sick." Don followed Leanna to the kitchen and noted she had pulled a chair to the stove and lighted two of the gas burners. The top of the stove and the floor around its base were littered with bent and used matches. Leanna said sheepishly that she "didn't know how to do it as good as Mommy did." Leanna said her baby sister was crying because she was hungry, but Leanna didn't know how to cook, and all the milk and cereal were gone. A quick look around the kitchen indicated there was little food in the house.

Don took the children into the bedroom, which was only slightly warmer. The beds were unmade and the room smelled of urine. There were dirty diapers and

training pants strewn on the floor, and dried feces in one of the beds. He found some dirty, but warmer, clothing for the children in piles on the floor, and dressed all three children. He then called Ms. Davis's aunt, who said she hadn't talked with Ms. Davis in about a week and had no idea of her whereabouts. Don asked whether she could care for the children until Ms. Davis returned home. The aunt said she had just come home from the hospital and could hardly care for herself.

Don called the agency and requested an emergency foster home for the children. He then sat down to explain to the children that they would be going to a safe and warm foster home until he could find their mom and help her take better care of them. He was waiting with the children for the return call from the agency when Ms. Davis came home. She was coherent but disheveled, and the strong odor of alcohol confirmed she had been drinking. She was initially angry and belligerent, and told Don he had no right to come barging into her home unannounced. She then saw the police officer and began to cry. She said she was really sorry. She'd been doing really well, and she didn't know what had come over her, but she'd clean things up and feed her children, and she guaranteed it wouldn't happen again. Don pointed out that they had had a similar conversation three months earlier when the case was opened, and her care of the children was worse now than it had been then. Don said he was worried that Ms. Davis was having problems with her drinking. Ms. Davis continued to deny anything other than "social drinking." When Don asked why she had been out all night, she said she "ran out for a few minutes" to get some groceries, and then went with a friend to get some cigarettes. Their car had broken down and they were stranded. Don said firmly that her story did not explain why her children had been alone for 17 hours.

Don briefly considered involving a homemaker and protective day care and leaving the children with Ms. Davis, but realized that neither intervention could assure that Ms. Davis would provide proper care at night, which was when she generally left the children alone. He believed that until Ms. Davis acknowledged her drinking and its effects on her care of the children, the children were at significant risk in her sole care.

Don explained to Ms. Davis why the children were at risk of serious harm, and listed the cold temperature of the house; the youngest child's illness; the unsanitary conditions in the children's bedroom; the fact that there was no food for the children; and that Leanna had been lighting matches in the kitchen and could have seriously burned herself, or even started the apartment on fire. Don said he couldn't leave the children in Ms. Davis's care until they could find the best means of helping Ms. Davis break this pattern of neglect. Ms. Davis continued to cry, but said nothing. He asked if she had any recommendations of family members to care for the children for a while. She said she did not.

When Don outlined a plan to place the children in foster care, Ms. Davis began to protest. Don told Ms. Davis that the first priority was the safety of the children, and he wanted her help to make a safety plan. Then he would help Ms. Davis in any way he could so her children could be returned to her.

In Ms. Davis' presence, Don explained to the children where they were going, and prompted Ms. Davis to help him explain. When the children began to cry, Don explained that all the children need to be fed, and warm, and safe. He explained that their mom couldn't do that right now, and that he would help her

learn to take better care of them. He hoped they could come home again soon. Don also told Leanna she had done a good job taking care of her brother and sister, and that this was not her fault. He said she wasn't old enough to take care of little children, and she needed someone to look after her, too. He also told the children their mom would visit with them often at the foster home.

Don told Ms. Davis that if she could get cleaned up and act in a responsible manner, she could accompany them to the foster home. Don told her that the children would be less frightened if Ms. Davis could explain to them why they had to stay with another family for a while, and if Ms. Davis could go with them to meet the foster mother. He also indicated the foster mother would want Ms. Davis's help in learning about the children so she could also help them. Ms. Davis protested and said she couldn't, and wouldn't, help him. Don said it was her choice, but that she would be helping her children, not him. He also said that he and the children would be leaving, with or without Ms. Davis, but that he strongly encouraged her to come with them. Ms. Davis was quiet for a minute, and then said, angrily, "You're not taking my children anywhere without me." Don interpreted this as a strength, and commended Ms. Davis for her decision. She said nothing, and disappeared into the bathroom.

Don phoned the agency to confirm the placement, and then phoned Olivia McCarty, the foster mother, to prepare her for the placement. Don then asked Ms. Davis to help pack some of the children's belongings, and asked the children what they would like to take with them.

When they arrived at the McCarty foster home, Ms. McCarty invited them in, and showed Ms. Davis and the children around the house. Ms. McCarty made



the children sandwiches and offered to feed the adults, also. Ms. Davis accepted a sandwich and tea. Ms. McCarty then told the children she "wanted to know all about how to care for them so they would be comfortable and feel safe." She asked Ms. Davis and the children numerous questions about their likes and dislikes, and their habits. The children told Ms. McCarty what they liked to eat. Leanna said her sister cried in the dark and was afraid. Ms. Davis answered the foster mother's questions, but offered little additional information. Ms. McCarty then exchanged phone numbers with Ms. Davis, and asked if she could call Ms. Davis if the children were lonely, or if she needed additional information. Ms. Davis agreed.

Ms. McCarty then told Ms. Davis that she understood how bad Ms. Davis must feel, and she wanted to help in any way she could. She reassured Ms. Davis that the children were in capable hands, and she hoped Ms. Davis wouldn't worry. Don then explained to Ms. Davis that she could visit in the foster home, provided she was not disruptive, behaved responsibly, and did not try to interfere with the placement. He also told Ms. Davis she could not visit without first making arrangements. Ms. McCarty told Ms. Davis she was welcome, and that they looked forward to having her. Don told the children he would visit them the next day. Ms. McCarty told Ms. Davis she would call later that evening to let the children talk with her. Don then left with Ms. Davis.

Don began driving toward Ms. Davis's apartment. Ms. Davis asked what she had to do to get her children back. Don said, "We need to talk realistically about your choices, but you need to be clear-headed and sober when we do." Ms. Davis said she was sober, she didn't drink, that she was just tired. Don said, "Ms. Davis, we've talked around this issue for three months. It's time to deal with it. I

can smell the alcohol, and I recognize the symptoms of intoxication. If you like, we can start right now to work on getting your kids home. I can drive you to the detox unit at the hospital as easily as I can take you home." Ms. Davis insisted she wanted to go home. Don complied, reiterating that the ball was in her court, and he couldn't help her unless she let him. He told Ms. Davis to call if she changed her mind. He also said if he hadn't heard from her, he would be back in two days. Two days later, Don attempted a home visit. Ms. Davis was asleep when Don arrived, and she clearly had been drinking. He could not engage her to talk. He told her he would like to schedule a visit in the foster home soon, but reminded her that if she was drunk or disruptive, he would have to curtail the visit. Ms. Davis was neatly dressed and compliant when Don arrived to transport her to the visit two days later. He smelled alcohol, but Ms. Davis was coherent and amenable. The visit was uneventful. Ms. Davis was generally quiet, and spoke only minimally with the foster mother, but the children were happy to see her.

Don followed up immediately with a home visit to Ms. Davis, and continued to press her about the importance of sobriety to promote reunification. He was finally able to convince her to accompany him to the hospital to tour the alcoholism unit and talk with the staff. Three weeks later, after several more visits with her children in the foster home, and with the strong encouragement of Ms. McCarty, Ms. Davis called Don and said she was ready to talk about getting help for her alcoholism and getting her children back.