IX-C.   Working with Foster and Other Caregivers

Conceptual Framework

Child welfare agencies utilize a variety of out-of-home placements for children at risk of maltreatment who cannot be protected at home. Most of these children live with relatives or in agency foster homes. A smaller percentage, generally adolescents, are placed in family group care, community group homes, or in residential treatment facilities. As discussed in an earlier section, in order to meet the needs of the children we serve, a spectrum of placement resources must be available to the child welfare agency. (See Section IX-A, "The Components of an Effective Foster Care System.") Within this diversity of placement resources, the responsibilities of substitute caregivers and their needs for supportive services are very similar.

The success of any placement can be greatly enhanced if caseworkers properly support substitute caregivers, and assure they have the resources to perform their jobs. This section outlines casework interventions that will help substitute caregivers provide the best services possible to the children in their care. These interventions must be viewed as essential components of effective foster care practice. Without them, the likelihood of placement failure and disruption are greatly increased.

Throughout this discussion, the term "caregiver" is used to refer to agency foster parents, relative caregivers, and other substitute caregivers, including, at times,

group home or residential treatment staff. Where there are differences, they will be noted.

Application

The caseworker should begin support of a placement even before the placement occurs. The first step in placement support is to assure that the caregiving family has the characteristics and abilities necessary to meet the special needs of the child to be placed.

The term "matching," originally used in infant adoption practice, commonly referred to selecting a family whose physical characteristics and ethnic background were the most similar to that of the child to be placed. While the criteria with which we match children to families have changed dramatically, matching remains an essential component of good placement practice. The selection of families that have the necessary skills and characteristics to meet a child's individual needs is critical for placement stability and success.

All families have strengths, skills, and vulnerabilities, and established patterns of family structure, organization, and intrafamily relationships. Before we select a placement for a child, we must assess whether a potential family can meet the child's individual needs, and whether the family has the ability to cope with the specific problems and behaviors the child is likely to present. Otherwise, placing the child can create undue stress and disruption for the caregiving family, ultimately undermining the placement.

While we cannot always predict placement outcomes, we generally can identify potential areas of incompatibility and problems. As an example, the Hudson family's strengths include unlimited patience and the ability to provide warm and consistent nurturing, but parents quickly become angry when faced with defiant children who challenge their authority. They might provide exceptional care to an affectionate child with a physical disability or developmental delay, but they would more likely have problems coping with a child who had severe behavior problems, or who continually tested limits. Conversely, the Baxter family has raised several autonomous, spirited, and independent children, and they are accustomed to an active lifestyle. They might better handle an overactive child with behavior problems than a child with excessive physical care needs requiring the commitment of many hours each day.

We also exacerbate stress, and potentially increase the risk of disruption if we place a child in a family that is vastly different from his own family in culture, values, communication styles, house rules, and expectations. Significant cultural differences can greatly complicate the adjustment process for both the child and the caregiving family. For this reason, matching the child to a family with a similar cultural background, in the child's home community, can minimize the effects of these differences.

The caregiving family should always be involved in assessing whether a particular child should be placed with them before a final decision is made. If the placement is pursued, this discussion begins the preparation process by helping the family anticipate both the child's needs and problems, and their own likely responses.

Preparing the Caregiving Family

The adage "forewarned is forearmed" is particularly valid in child placement. If caregiving families are properly prepared, they can better anticipate a child's needs and will be better able to respond in constructive and appropriate ways. Therefore, caregiving families should always be given complete and accurate information about the child prior to placement. When possible, caregivers should talk directly with the child's parent or other primary caregiver to obtain this information. This is equally true for kinship caregivers, unless they have routinely provided full-time care for the child in the past, and are already familiar with the child's needs and habits. Important information would include:

- Facts regarding the child's history, culture, and previous life experiences, including the factors that made removal and placement necessary;

- The child's medical and educational history, and any special medical or educational needs;

- The child's typical daily schedule, habits, likes, dislikes, food preferences, the type of discipline to which the child is accustomed, and other information to help caregivers plan and provide consistency in daily care. This may include culturally-specific health and physical care needs and techniques;

- The child's expected emotional and behavioral responses to both routine and atypical situations, including expected behavior problems, fears, and emotional problems;

- The estimated length of time the child is expected to be in foster care, and the long-term plan for the child. Changes in these expectations should immediately be communicated; and

- The agency's expectations of the foster caregiver in caring for the child, including providing services for the child, expectations for involvement in family visitation, and direct contact with the primary family.

While issues of confidentiality may make communication of some types of information more difficult, the worker should try to give the caregiver a description of the problem or situation in general terms, avoiding identifying information if necessary. A better approach is to encourage the primary parent to communicate information directly to the caregiver, or to obtain a release of information from the parent, which gives the agency the authority to disclose important factual information about the child to the caregiver.

Helping Foster Caregivers Meet the Needs of Children in Care

Within a few weeks of placement the caseworker should convene a formal case planning conference to fully assess the family's and child's service needs, and to collaboratively develop the best plan to meet those needs. Case planning meetings should include the caseworker, the casework supervisor, the child's parent(s), other key family members, and the substitute caregivers. Other

community professionals who are involved with the family should also participate.

Foster caregivers can be an excellent source of information about a child's development, needs, and problems. Caregivers should be trained to observe and document relevant information about the child and his primary family, and to contribute this to the case assessment and planning process. Foster caregivers who will be involved in providing direct services to the parent should also participate in the development of the service plan for the family. A comprehensive case plan guides caregivers' activities to assure they are goal-directed and congruent with the activities of other service providers.

An important component of postplacement support is to help caregivers understand and manage a child's behavior after placement. Caregivers should receive training to enable them to understand children's behavior, and to utilize appropriate behavior management and discipline strategies. Follow-up discussion and problem solving with the caseworker can further prepare caregivers to properly interpret and deal with a child's particular problems. Training in basic behavior management techniques is essential. This might include the use of "time out" or other restrictions; selective ignoring of misbehaviors; positive reinforcement for alternative behaviors; the use of logical consequences; and using behavioral charts to identify, assess, and record problem behaviors. Caseworkers can then assist the caregivers to develop and implement interventions that are appropriate for the individual child.

The caseworker can also help the caregiving family understand the profound impact for children of separation and placement, and how these feelings are

often expressed in negative, oppositional, or other problem behaviors. The caregiving family should be trained to encourage the child to openly express painful, negative feelings in appropriate ways. This can help reduce some of the child's negative behaviors, and can also provide necessary support and reassurance to the child.

Supportive casework and referral to community service providers can also strengthen the caregiving family's ability to meet the child's needs. The caseworker and other agency support staff can assist caregivers by:

- Promoting arrangement of an appropriate educational placement for the child, including negotiating with school personnel to meet the special educational needs of children with learning problems or developmental disabilities;

- Providing a medical card or other medical financial assistance, and identifying resources for preventive health care, medical care, dental care, and other health related services;

- Arranging for appropriate mental health services when indicated, including an assessment of the child's emotional status, cognitive development, and social needs; and arranging counseling or therapy for the child;

- Arranging for counseling and supportive services, when indicated, for the caregiving family to help them adjust to the placement of a difficult child

in the home, and to teach them to deal constructively with the child's problems;

- Offering regular casework support to help the foster caregiver deal with daily problems and stresses brought about by the placement;

- Assuring that foster caregivers receive reimbursement for expenses and adequate payment for their services;

- Providing caregivers with opportunities to participate in foster caregiver associations and support groups; this includes the development of "buddy systems," that pair new and experienced families for peer support and education;

- Making respite care available to foster caregivers; this will provide them with periods of time when they can be relieved of the stresses and responsibilities of direct child care; and

- Linking caregiving families to community providers that offer culturally specific services for children. These providers can also provide training to the caregiving family in culturally specific values and methods of care.

Preparing Caregivers When Children Leave Their Home

If foster caregivers are properly prepared to assist children leaving their care, either to return home or in a move to another placement, the separation trauma

for the child can be greatly reduced. Normally, if caregivers have been involved in the ongoing case planning process, they will be aware of reunification plans. Caregivers can begin to prepare a child by talking about the move, and encouraging the child to talk about her feelings. It is important that the child understand what is happening as it occurs. If not told directly, even very young children will sense that "something is happening," and will be more frightened than they would be if the plan were fully explained to them. The caregiver should also be reminded to expect recurrences of acting-out behaviors, and to interpret this as an anxiety reaction to impending separation.

Children also need an opportunity to ask questions and express their fears and concerns. A prepared caregiver can respond by helping the child recognize and label feelings of sadness, anger, or fear. Foster caregivers should also express their own feelings of sadness about the move. This can prevent a child from feeling that he is being moved because of some personal fault or inappropriate behavior.

When the child has formed an attachment to the caregivers, some form of contact should be encouraged immediately following the move. Telephone calls, letters, and visits reassure the child that the caregiving family still cares about him and is thinking of him. This is important in helping retain continuity for the child, and also minimizes separation trauma and loss. When a relationship has been developed between the caregiver and the parent, ongoing contact after reunification can provide a source of support both to the child and the parent. In many instances, the caregiving family can provide occasional respite care for the child.

Helping Foster Caregivers When a Child Leaves

Caregivers, too, must be prepared and supported when a child leaves their home. Dealing with loss and grief is a recurrent part of the foster caregiver's job. Often, their grief is not discussed with others and may never be resolved. This may interfere with their ability to form attachments to children subsequently placed in their home. Unresolved grief from traumatic or repeated separations can also result in caregivers' withdrawal from the foster care program.

There are several factors that may inhibit the healthy expression of grief by foster caregivers. In some families, social or cultural expectations may prohibit outward expressions of grief and loss. Friends and family members may criticize the caregiver, suggesting that they should not feel bad because they "knew from the beginning that the child would eventually leave the home." At times, unaware, busy, or insensitive caseworkers and other agency personnel may communicate this message to caregivers, depriving them of much needed emotional support.

The Walsh family provides a good example of one foster family's response to a traumatic separation from a child in their care. Melissa was placed with the Walshes at birth. Mr. and Mrs. Walsh, in their late 40s, and their two children, Laura, 14, and Theo, 12, immediately developed strong attachments to Melissa, who quickly became "one of the family." Legal entanglements precluded an early adoption for Melissa, and parental rights were not terminated until Melissa was two years old. The Walshes were offered the opportunity to adopt Melissa, but Mr. Walsh's chronic health problems and their age contributed to their

decision to let Melissa go to a "younger, healthier family." Their decision was largely altruistic; they felt it to be in Melissa's best interests, despite their deep attachment to her.

The caseworker prepared Melissa for the adoption. Melissa attended several preplacement home visits, and was placed for adoption within a three-week period. A follow-up visit was scheduled in the Walshes' home two weeks after placement. The adoptive family felt further visits were counterproductive and requested they stop, because both Melissa and the Walshes were so emotional when they saw each other. The agency deferred to their wishes.

The Walshes, particularly Mrs. Walsh, experienced a profound and painful loss when Melissa was placed. The caseworker had brief follow-up contact with the family, but felt helpless to assist them, and uncomfortable with the scope of their distress. Another caseworker placed a toddler, Patty, in the home within a month of Melissa's removal, despite Mrs. Walsh's expressed lack of commitment or interest. The caseworker convinced her it would be helpful in "keeping her mind off Melissa." As could be expected, the placement failed within the first month. The Walshes had little emotional energy to respond to Patty's needs, and they formed little attachment to her. Mrs. Walsh continually compared Patty with Melissa, and Melissa's attributes became more and more idealized in comparison to Patty and her fairly typical two-year-old behavior problems. Patty was removed. The agency chose not to place another child with the Walshes because "they couldn't adjust to the loss of Melissa," and could not be counted on to provide good care to another child. Three months later, the family notified the caseworker that they would be withdrawing from the foster care program. Their 16-year-old daughter, Laura, had become pregnant, and Mrs.

Walsh said they would need to focus their attention on preparing for the new baby.

The family's response to Melissa's adoption probably resulted from many factors. However, the agency's failure to recognize the depth of the family's pain, the worker's naivete in thinking another child could be easily integrated into the family, and the absence of comprehensive supportive services to all members of the foster family clearly contributed to their crisis. The agency's quick termination of the relationship between Melissa and the Walshes after the adoption did not acknowledge the intensity of their attachment. This was emotionally disruptive for both Melissa and the Walsh family. The agency's mishandling of the adoption process resulted in the loss of an experienced and talented foster family after 12 years of service to the agency.

A supportive environment must be provided for foster caregivers to express their feelings after the removal of a child. The caseworker should offer support to foster caregivers for a time after children are moved. It can be very helpful if foster caregivers have an opportunity to share their feelings with other supportive foster caregivers, who have also experienced the loss of children. This can be promoted through neighborhood foster care networks or associations, or a "buddy system" for individual support.

The impact of separation, for both the child and the caregiving family, can be lessened when there is continued contact during a transition period. Phone calls, letters, cards, periodic updates by the caseworker regarding the child's progress, and visits can be reassuring and helpful both to the child and the caregivers. If the foster caregiver and the primary or adoptive family have developed a

relationship during the period the child was in placement, visits may occur naturally within the context of their relationship. At times, caregivers can have periodic contact with children for years after they leave the caregiver's home. This promotes continuity for the child as well.

Timing the placement of another child in the home is critical. Placement of a new child with a grieving foster family can create serious problems for the placement. The caregivers may not be ready to establish a relationship with any new child, and the newly-placed child may have to compete with the memory of the previous child for the foster caregiver's attention and affection. The child needs the full attention of a family that is capable of meeting his needs. Before deciding to place another child in the home, the caseworker and caregiver should jointly assess the family's degree of distress, and determine the family's readiness to accept another child in placement. The caseworker should never force a placement when the family indicates they are not ready. The worker should also discourage families from taking additional children because they think it will be "therapeutic" for them.

While we have focused on traumatic and painful feelings of loss, some foster caregivers may respond very differently when children are moved. Typically, the degree of attachment and the quality of the relationship varies with each child in their care, and there is a wide range of "normal feelings."   Moreover, when a caregiver has had an ambivalent or negative relationship with a child, the caregiver may concurrently experience relief that the child has been moved, and guilt in response to negative feelings. This may create considerable emotional conflict. If this conflict is not addressed and dealt with openly, it may interfere with the caregiver's ability to objectively assess his or her ability to care for other

children. Workers must help caregivers acknowledge when they were unable to form attachments with particular children and, together, assess the reasons for this. Some children, particularly those with attachment disorders, cannot tolerate emotional closeness, and forcefully reject their caregivers. (See Section VII-A, "Attachment and Attachment Disorders.") Few families can provide unconditional acceptance and affection in these circumstances. At other times, the failure to form appropriate attachments with children in care may reflect characteristics of the caregiving family that would preclude their continuing as caregivers. This must be carefully assessed prior to deciding whether the family should be used for other children, and the types of children they are most capable of caring for.

Foster Families as Permanent Families for Children Who Cannot Return Home

There are several reasons why foster caregiving families should be considered as permanent families for children who cannot return home. If the child is adopted by his current caregivers, another painful separation is prevented, and the child does not have to reestablish trust and a sense of belonging with strangers. The caregiving family can also make an informed decision about adoption based on thorough and accurate information gained from months to years of living with the child.

If the caregiving family has had contact with the primary parent, the parent may be more willing to relinquish custody of the child to the caregiving family. This saves considerable time in legal action. It may also permit "open adoption,"

which allows children to maintain relationships with parents with whom they have strong emotional ties, but who do not have the capability to care for them.

The child's current caregiving family may not be the only available permanent placement resource for a child. Creative agency use of a child's previous foster family as a permanent placement resource is illustrated by the following case.

Linda Givens, age nine

Linda lived with her mother only intermittently from birth. She and her brother, Michael, had been placed in foster care several times due to their mother's drug abuse. After their mother completed drug treatment and had several months of stability, the children always went home; however, it was seldom longer than a year before the mother relapsed, and the children were returned to foster care.

When Linda was eight, her mother died of an overdose. Linda was in foster care at the time. Three months later, Linda's foster father was diagnosed with inoperable cancer. The foster mother asked that Linda be moved, and Linda endured her sixth foster placement in as many years. In spite of the many moves, Linda adjusted well to her new foster home. Surprisingly, her ability to respond to nurturing and caring adults appeared relatively intact, despite multiple previous placements. Even so, the worker was very concerned about subjecting her to yet another separation for adoption. Her current foster family cared for Linda but did not feel in a position to adopt her.

The worker began adoption planning by developing a Lifebook for Linda. The worker sorted through the extensive case record, located names and addresses of

Linda's previous foster families, and wrote them letters requesting pictures of Linda while she was in their home. She also asked for anecdotal data about Linda's life and activities when she was with them. The worker received several positive responses and dozens of pictures, including photos of Linda at age one, taking her first steps.

One of the families, the Taylors, called the worker directly to express their interest in adopting Linda if she needed a home. The worker set up a home visit with them, at which time the Taylors explained they had cared for Linda and her brother intermittently when Linda was age three to six. Linda had not been re-placed with them because their new home had not met the space and layout requirements for foster care licensure. Mrs. Taylor had appealed the decision, but Linda had been placed with another family. The Taylors then showed the worker photo albums and boxes of mementos from Linda's life with them, including drawings, art projects, and even some of Linda's favorite toys. The worker conducted a homestudy and determined the family to be a strong applicant to adopt Linda, largely because of their enduring emotional commitment to her.

The worker talked to Linda about the Taylors; she remembered very little about them. The worker prepared Linda to visit with them. Linda greeted the Taylors shyly at first, but when presented with the pictures and boxes of mementos, Linda began to remember and reminisce about things that had happened when she had lived with them. A series of visits began. Because of Linda's age and her history of separations, the worker involved her in the decision of where to live permanently. The Taylors told Linda that they wanted her to be their child forever, but only if she wanted to, and only when she felt ready. About a month

into the visits, Linda announced that she thought she belonged there, since she had been there on and off for much of her life, but only if she could still see her current foster mother, who would then become her "aunt." With all in agreement, Linda legally became a Taylor.

"At Risk" Adoption Programs

Many child protection agencies have developed successful programs of "risk" adoptive placements. A risk placement is placement of a child in a potential adoptive home before the child has been legally freed for adoption. The potential adoptive parent serves as a foster caregiver and works with the agency to implement the child's case plan until the child is legally freed for adoption. At that time, the adoption is legalized.

Permanent custody requires a permanent termination of parental rights by the legal system. To protect the rights of the parent, a juvenile court must hear the permanent custody action and determine whether the child should be freed for adoption. In situations where the custody action is contested or appealed by the parent, the child may not be freed. As a result, there are some concerns regarding risk placements.

There are also potential conflicts for foster caregivers in risk placements. Of most concern is the question whether a caregiver can effectively work with a child and her biological family to reunify the child if they hope to eventually adopt her. However, risk placements can be very beneficial for children in care for whom adoption is the desired goal. It prevents multiple separations and placements in different homes.

If the agency is considering a risk placement for a child, the foster parent must be involved in all aspects of the planning. There should be no surprises. Withholding important information can create unrealistic expectations for foster families. Many families can deal with change and uncertainty if they have full knowledge of what the potential outcomes of a situation might be, and they can prepare themselves psychologically for such outcomes. Finally, if the child eventually does go home, the family must be supported throughout the grief process.

Foster Care Disruption

While many factors contribute to disruption of foster care placements, inadequacies in the agency's foster care program are often contributors. Specifically, improper recruitment, screening, homestudy, and matching activities, and inappropriate or absent case planning, can greatly increase the likelihood of placement disruption.

When shortages in available foster homes exist, placements are often made on a single criteria – available bed space. As a result, many children are placed with caregiving families who are not prepared to manage them. This practice greatly increases the risk of placement disruption.

A critical shortage of foster families is often the result of insufficient or ineffective recruitment, training, and retention of foster caregivers. When recruitment billboards and advertisements depict attractive young children in need of families, applicants are given unrealistic expectations for the foster parenting

From Rycus, J.S. & Hughes, R.C. (1998). *Field Guide to Child Welfare.* All Rights Reserved.

experience. If the agency does not obtain sufficient or accurate information about a family during the homestudy process, serious misjudgments may be made about the family's abilities to care for particular types of children. The subsequent placement of a child in a family whose lack of skill or areas of vulnerability are not properly identified increases the risk of placement disruption and of turmoil within the foster family unit.

If a foster family is given insufficient information about a child prior to placement, the family cannot make an informed decision of whether to accept the child into placement. Without sufficient information, caregivers may feel that the agency "didn't tell us everything," or, "this is far worse than we expected." This creates anxiety and resentment on the part of foster caregivers, and a lack of trust of agency staff.

The risk of disruption also increases when caregiving families feel pressure from the agency to accept placement of a child, even when they have doubts about the child, or the timing is not right. Many families fear they will be considered uncooperative, or that the agency will not consider them for future placements, if they choose not to accept a child into their home. Caregivers must be encouraged by the agency to say "no" to a placement without risk of censure or punishment.

The risk of disruption is increased when caregivers are inadequately supported by the caseworker and the agency. This includes insufficient contact by the caseworker during the early stages of the placement. Adequate support during the difficult initial adjustment period can ease the transition and may prevent later disruption.

If the agency does not clearly communicate the content of the case plan, including the long-term goals and the responsibilities of the foster caregiver in helping to achieve those goals, confusion and dissension may result. The caseworker should ensure that caregivers fully understand the expectations of them with each child, and the reasons for these expectations. Involving caregivers in all case review and staffing conferences can reduce or eliminate this problem.

The availability of support from other caregivers through a foster caregiver association, neighborhood network, or buddy system decreases stress and isolation for caregivers. Adequate support networks are an important component to reduce the stresses that can contribute to placement disruption.

Occasionally, emergency placements must be made, and a child may have to be placed in a home that is not appropriate to meet his needs. The caseworker should thoroughly discuss the options with the caregivers. If the family agrees to care for the child, intensive support and training must be provided to support the placement. At times, such experiences may stimulate growth and the development of new caregiver skills. Without proper support and training, however, the placement is likely to disrupt, and the overwhelmed family may withdraw from the program.