

X-A.**The Components of an Effective
Foster Care System**

Conceptual Framework

Child welfare professionals have recently identified serious problems within foster care systems. These include high rates of placement disruption; a lack of permanence for many children in foster care; the placement of children in institutions when they could be better served in family settings; an overrepresentation of children from minority cultures in out-of-home care; a chronic shortage of qualified caregiving families; an inability of many foster caregivers to address the special needs of the children in their care; and foster caregivers, overly stressed by the demands placed on them, often leaving the foster care system.

The evolution of family-centered services should have a significant impact on foster care programming. First and foremost, it should reduce the necessity of placement for many children. There are multiple decision-making points in a family-centered system at which children may be diverted from foster care placement. For example, accurate risk assessment at intake can prevent the inappropriate removal and placement of children who are not at high risk of harm. The utilization of intensive, in-home services can maintain some children safely in their own homes, while caseworkers help strengthen their families. If out-of-home placement becomes necessary to assure a child protection, we may be able to place the child with kinship caregivers. Such interventions can ultimately reduce the numbers of children who will need placement in agency

foster homes. Conversely, it is possible that the thorough risk assessment required for family-centered interventions may better identify some children at high risk, who may not have been identified before. This has the potential for increasing the numbers of some types of placements.

Finally, family-centered interventions will change the types of children who are placed in agency foster care. Children coming into the foster care system will have been at higher risk at home. Their families may be more dysfunctional, and the children may, themselves, have more serious developmental, behavioral, and emotional problems. Reunification may be more difficult. This foster care population also includes adolescents, many of whom may require substitute care until emancipation. Foster caregivers in this changed foster care system will need specialized knowledge and skills. Therefore, to strengthen the foster care system, child welfare agencies must identify, prepare, support, and retain a cadre of professionalized foster caregivers, while simultaneously strengthening other family-centered services in order to divert children from placement into foster care.

Defining the Continuum of Child Welfare Services

The "continuum of child welfare services" represents the broad range of community-based, family-centered services needed to assure that each child we serve has a safe, permanent family. To be effective, foster care must be seen as an integrated component on this continuum. It cannot be viewed as a separate and isolated program, a system of last resort that is involved only when other child welfare interventions have failed.

On this service continuum, interventions are hierarchically organized from least to most intrusive. The proper level of intervention for any child and family is the least intrusive intervention that can assure both protection of the child from maltreatment, and permanence for the child. We should never utilize a more intrusive service intervention, when a less intrusive intervention will achieve our objective.

The continuum of child welfare services can be charted as follows:

DEGREE OF INTRUSION

LESS > MORE

.			
.	A	B	C
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.	In-Home Family	Temporary Out-	Permanent Care
D	Support Services	of-Home Care	Alternatives
E			
G	Referral to Services	Respite Care/	Reunification with
R	in Community	Protective Day Care	Own Family
E			
E	Supportive In-	Kinship Care Home	Guardianship/Custody
.	Home Services		by Relatives
O		Traditional Foster	
F	Intensive In-Home	Home	Adoption by Relatives
.	Services		or Foster Caregivers
I		Specialized Foster	
N		Home	Agency Adoption:
T			Continuum of
R		Treatment Foster	Openness
U		Home	
S			Independent Living
I		Community Group	
O		Home	
N			

MORE

Residential Treatment

The services in Column A, "In-Home Family Support Services," are designed to assure permanence for children in their own homes. Utilization of these services can often sufficiently reduce risk to allow children to remain with their families. (See Section II-E, "Family-Centered Child Welfare Services.")

When in-home services cannot assure a child's protection, we must consider the services in Column B, "Temporary Out-of-Home Care." There is a wide range of out-of-home care options. Respite care, the least intrusive of these, provides out-of-home care for children for very limited periods of time. Respite care can be provided by kinship caregivers, by licensed family foster caregivers, and by day care providers and agencies. Respite care is principally a means of reducing stress for parents, and is an effective way to provide protective intervention for children without removing them from their families. Protective day care can also be provided by family day care homes, day care centers, or preschool facilities. Many day care providers can also provide developmental and therapeutic services for children.

Protective day care and respite services are less intrusive than full-time placement. One might consider respite interventions, for example, in a family where the children are at higher risk when in the care of one parent, but are at little or no risk when another adult caregiver is in the home. An example would be to place the preschool child of a mother with chronic mental illness into protective day care while the child's father is at work. For some families, access to respite care can reduce stress, thus reducing the likelihood of child

maltreatment. Respite care, combined with intensive in-home supportive services, can also help to prevent the need for full-time placement.

When full-time substitute care is necessary, kinship care is often the least intrusive option. There can be many benefits to kinship care. For example, the child lives with people he already knows, which can prevent much of the separation trauma inherent when placed with strangers in an unfamiliar environment. Kinship caregivers are also likely to have a preexisting relationship with the child, and this emotional attachment may strengthen their commitment to caring for the child. Placement with extended family members also reinforces children's sense of belonging and identity, and it often allows them to remain in their own schools, churches, and communities.

However, kinship caregivers may be no more prepared than are agency foster families to meet the special needs of the children they are parenting. For this reason, many child welfare agencies do not differentiate between kinship caregivers and foster caregivers in homestudy and certification requirements. Kinship caregivers participate in a collaborative homestudy that helps them assess their capabilities in caring for a child. They must be approved by the agency, and sometimes licensed by the state. They are also expected to become involved in the development and implementation of case plans, and to support visits with the parents. And, they are expected to meet the developmental and safety needs of the child, even if this means directly confronting and controlling the behavior of the child's parents to assure the child's protection. It may also be difficult, at times, to maintain children in kinship placement unless the caregivers are provided with specialized training, in-home supportive services,

linkage to appropriate community support services, and, when necessary, reasonable financial support. Without these supports, the kinship caregivers may not be able to withstand the stresses and challenges of caregiving.

While studies have suggested that the majority of children in kinship care fare well [Thorton 1987], placement in kinship care may not always meet children's needs for protection. The Child Welfare League of America North American Kinship Care Policy and Practice Committee [1994] suggests several factors that potentially increase risk to children in kinship care, including: the intergenerational nature of child abuse and neglect; intergenerational issues sometimes associated with substance abuse; and, the continued access that parents may have to their children living with relatives. By contrast, the Task Force on Permanency Planning found that the "majority of kinship care families...were poor but stable and hardworking families who cared about each other and could not understand the path that their children or siblings had chosen" [Task Force on Permanency Planning 1990]. Clearly, an individualized assessment of each potential kinship family is an essential first step in developing kinship care homes for children in need of placement.

When kinship caregivers are not available, or are unable to meet the safety and developmental needs of a child, other out-of-home care options, including agency-based family foster care, must be considered. Agency-operated foster homes can provide family placements for children with a wide range of problems and needs. However, the child welfare agency must have access to various types of foster home placements to meet the many different needs and behaviors exhibited by children in care. Foster care, therefore, forms a subset of

services on the larger continuum. Foster care placement resources will range from typical home environments to very specialized and structured therapeutic settings. The type of home selected for any child should be chosen based upon the extent of the child's problems, and the complexity of the child's needs. In a comprehensive continuum of services, temporary placement for entire families is another valuable option, as it provides supervised care for the children without the trauma of separation from primary caregivers. Examples are foster or group homes for teen mothers and their infants; temporary group home placements for homeless families; protective residential placement for victims of domestic violence and their children; and, therapeutic residential or group care for families, wherein staff members both protect the children and provide on-site counseling and education to their parents.

Foster care is, by definition, a temporary intervention. A permanent plan must be made for all children in our care. The options in Column "C" on the continuum are designed to assure permanence for a child in a family setting, either in his own home, or in a permanent alternative home, unless or until the child can live independently. The least intrusive permanent option for a child who cannot be returned home is to finalize placement with relatives until emancipation, without terminating all parental rights and responsibilities. This can be achieved through legal guardianship or legal custody granted to a relative by court decree.

Adoption by relatives can also provide children with a permanent legal home while preventing traumatic separation. Adoption by relatives prevents children from having to sever past relationships and develop new ones with strangers

who are to become their parents. Adoption by their foster caregivers can be a preferred option for children who need a permanent home, and whose strongest emotional bonds and identification are with their foster families.

Finally, formal agency adoption should be considered for children when other permanent placement options are not appropriate. Agency adoption often results in the severing of past attachments, and the reestablishment of the child in a new family milieu. While this is in the best interests of many children, it is also a more intrusive intervention than either guardianship or adoption by relatives or foster caregivers.

There is also a continuum of "openness" in formal agency adoptions. "Openness" refers to the degree to which there is an exchange of information or direct contact between the child and/or his adoptive family and members of the child's primary family. The level of contact may range from providing children with information about their primary families in the form of Lifebooks, letters, and narratives, to an arrangement wherein the child is legally a member of an adoptive family but maintains relationships with members of his primary family or previous foster families. This can include biological parents, siblings, extended family members, and foster parents. As an example, such an open adoption is often arranged when children have an enduring relationship with a parent who cannot provide them with safe care due to mental retardation or chronic mental illness, or when children cannot be adopted by foster parents with whom they have close emotional bonds.

All of the service interventions on the continuum promote permanence for the child in a family setting while removing risk of maltreatment, and can be utilized with strategies to minimize the traumatic effects of separation. They are, therefore, all valid family-centered service interventions for particular case situations and case objectives. The intervention of choice should be the least intrusive of these interventions that can still accomplish the case objective.

Principles of a Family-Centered Approach to Foster Care

In a family-centered system, foster care services are considered one of many services that protect children and strengthen families. Foster caregivers provide developmental and remedial services to abused and neglected children in their care, and when appropriate, they also provide services to parents. In this capacity, foster caregivers are professional collaborators in a team approach to service planning and delivery. Their homes become a therapeutic milieu in which children can develop and grow, and where parents can learn to be better parents to their children.

Most primary families can, and should, remain actively involved with their children while in placement (See Section VIII-B, "Empowering Parents to Participate in Placement Activities.") This prevents many of the negative consequences of separation, and can support successful reunification. Current foster care practice often promotes anonymity and secrecy when a child is placed into foster care. Such exclusion discourages primary families, exacerbates separation trauma, and ultimately works against successful reunification.

Children should always live in the least restrictive, most home-like environment that meets their needs. This requires the development of a variety of foster home and substitute care placement resources with increasing levels of therapeutic and protective structure. In practice, the lack of appropriate placement resources results in many placements that do not meet children's needs. The critical decision of where best to place a child is often made using the single criteria of "available bed space." Children and youth with developmental, emotional, or behavioral problems are often placed in group homes and residential institutions that are more restrictive than necessary, because the agency has been unable to develop and maintain family-based placements. A large percentage of children placed by child welfare agencies into residential care could be returned and successfully maintained in community-based, treatment-oriented foster homes, if such homes were available.

The inability of child welfare agencies to recruit and develop qualified foster care homes for challenging children is not, as is often believed, due to a lack of resources, but rather to a lack of vision, or a lack of technology and/or agency and community commitment. In many agencies, the annual budget to maintain children in residential treatment could easily finance family-based care in the community for most of these same children.

Child welfare agencies frequently assume, or are given, responsibility for children whose special needs could be better met by other service systems, including mental health, mental retardation/developmental disabilities, or juvenile justice. However, since child welfare's legal mandate is to serve maltreated children, and many children with other disorders are also maltreated,

the child welfare system often becomes the primary case manager and caregiver for a wide variety of troubled children. Yet, the child welfare system is neither structured nor funded to provide this wide array of services. This underscores the necessity of integrating and coordinating child welfare services with those of other community agencies.

Development of the full range of services on the continuum makes family-centered practice possible, and also helps to more clearly define the scope and responsibility of foster care within that continuum. With a full range of services available, the following can occur:

- 1) The agency has numerous options available to protect children and strengthen families at home, thus preventing the need for out-of-home placement.
- 2) Children are not placed into agency foster care unless they cannot be protected in their own immediate or extended families through provision of family-based supportive services.
- 3) Children who need out-of-home care can be placed with families specifically selected for them, because the caregiving family has the skills to meet the children's individual developmental and treatment needs.
- 4) Whenever possible, children are placed with relatives or foster families in their own communities and cultural environments, close to their own homes. This allows them to maintain important relationships with family

- and friends, and it decreases the changes to which the child must adjust, thereby reducing the potential emotional trauma associated with separation and placement.
- 5) Qualified foster caregivers can provide a wide range of supportive and educational services to both children in care and their families. This utilizes currently untapped resources. Properly trained foster caregivers can serve as milieu therapists, family advocates, mentors, data gatherers, models, educators, service and transportation aides, respite providers, and home managers to support casework and other treatment interventions.
 - 6) A community-based continuum of care involves the development of strong collaborative relationships between service providers in the community. Families can benefit from this comprehensive approach to services, not only while the child is in placement, but after the child returns home. A consistent support network is often the most important variable in helping to support and maintain a family after reunification, thereby preventing recurrent need for foster placement.
 - 7) Foster and kinship care families are often valuable resources as permanent placements for children who have been in their care. This helps assure placement stability and continuity for children who must be permanently removed from their primary families.

When child welfare agencies can develop services that span the continuum of care, we not only have the capacity to provide relevant and individualized

services for maltreated children and their families; we also have the blueprint for foster care system reform. Foster care services must be strengthened to provide a range of services to a wide variety of children with exceptional needs, and to their families. However, by integrating foster care into the larger system of care, the other services on the continuum can also strengthen and support foster care programs.

Application

A well-integrated, agency-based foster care system has the capability to provide a hierarchy of services to children and their families along a continuum of increasing complexity of problems and needs. Homes in this expanded foster care system can be divided into four general types:

Respite Homes

The respite foster home provides short-term, hourly, or daily child care, including protective day care, which can prevent the need for 24-hour placement. In some cases, the use of respite care can sufficiently reduce parental stress and increase family support, so the children can be maintained at home at lessened risk while the family's problems are being addressed. If the children require emergency placement or longer-term care at a later time, they already know the foster family, which reduces placement trauma.

Respite homes can be a valuable resource to support an agency's home-based services efforts. Trained respite care providers can provide the agency with

assessment information about a child's development, behavior, and needs. They can also involve the child in activities that promote the child's development. Respite caregivers can also assist primary parents to develop their parenting and child management skills. Properly trained foster caregivers can be engaged to work directly with primary families as educators, role models, and advocates to help resolve family problems in the areas of child care, child management, and home management.

Many families that would not consider becoming full-time foster caregivers might consider serving as respite caregivers. Respite caregiving very often involves regular work hours with scheduled evening and weekend time off the job.

Traditional Foster Care

The term "traditional" may be misleading, in that current practice in many agencies does not achieve the standards expected of a traditional caregiving family in this model. Traditional care refers to the placement of a child in substitute care on a 24-hour-a-day basis for a period of weeks to months. The case plan for the child can either be reunification with his own family, or placement in a permanent alternative family through guardianship or adoption.

In a family-centered service model, traditional foster care families are partners in planning and delivering services for the child in their care. They are well trained and are expected to contribute as a team member to the case

assessment, the development of the case plan, and the delivery and evaluation of services. Traditional foster caregivers can also be trained to work with primary families to promote reunification. Traditional foster care families generally can provide care to children who have minimal to moderate physical, behavioral, or emotional problems.

Specialized Foster Care

Specialized foster care is designed for children who have unusual physical, cognitive, or developmental problems which require caregiving skills exceeding those needed for children in a traditional placement. A specialized foster caregiver, for example, might care for a child with AIDS, cerebral palsy, a physical disability, or mental retardation. Specialized caregivers are also better able to deal with the unique problems of adolescents. The specialized foster care home serves the child in a manner similar to the traditional foster care home, but caregivers must be trained in special caregiving and child management skills.

Specialized foster caregivers can train and coach primary families in the special skills needed to care for their child. They can also serve as respite caregivers to these families after the children are returned home. (Refer to Section VI-D, "Services for Children with Developmental Disabilities and Their Families.")

Treatment Foster Care

In a treatment foster home, the day-to-day home environment essentially becomes a treatment milieu for the child in a manner similar to that of a residential facility or group home. An important difference is that the environment in a family foster home is more typical of social reality than an institution or group home would be. This helps the child more easily generalize positive emotional and behavioral change from the treatment home to the larger social environment. The child also benefits from the presence of consistent caregivers, which is often not possible in a residential treatment facility that is staffed in shifts. The continuity of caregivers in a family foster home can promote the development of trust and attachment.

The children served in treatment foster care homes are generally school-age or adolescent children with long histories of maltreatment, and many resulting developmental, emotional, and behavioral problems. The foster caregivers must be highly skilled in using day-to-day activities as points of therapeutic intervention to help modify a child's attitudes and behaviors, to promote healthy emotional and social development, and to promote emancipation and independent living. A community-based treatment foster home is a better placement alternative for many children than the residential treatment or group home settings in which they are now often placed.

The Role of the Foster Caregiver in a Team Approach to Foster Care

Trained foster caregivers can contribute to the delivery of child welfare services in several ways. In a team approach to foster care, the caregivers are actively

involved in the family assessment and the development of the case plan. After having lived with and observed the child, trained caregivers can provide valuable assessment information about the child's development, behaviors, needs, and strengths. Caregivers may also help determine the most appropriate service interventions to meet the child's needs, and they are integral to implementing the activities in the child's case plan.

With proper training and support, foster caregivers can also provide valuable supportive and educational services directly to the families of children in their care. The goal of such intervention is to empower primary families, to keep them involved in their children's lives while in placement, and to increase their parenting capacity. (See Section VIII-B, "Empowering Parents to Participate in Placement Activities.")

At a minimum, direct contact between the caregiver and the child's family should be considered at the time of placement to reduce placement stress and trauma. The foster caregiver and the child's family can be introduced during preplacement visits and can share information about the child. This provides valuable information to the caregiver to help maintain continuity and consistency for the child. Parents may also maintain regular telephone contact with the caregiver after the placement, and can receive frequent updates on the child, which also promotes their ongoing involvement with the child.

Foster caregivers can help strengthen and maintain the parent-child relationship by including parents in activities with the child. For example, a parent may accompany the foster caregiver and the child to the doctor, to counseling

appointments, to school conferences, and to other community services arranged for the child. Parents may also be included in the child's school and recreational activities, and when appropriate, in foster family outings.

Involving parents and the caregiver in developing a plan for visits can greatly facilitate regular and successful visitation. If the child cannot visit in the parent's home, or if supervision of the visit is needed to assure the child's protection, visits can be held in the foster home.

Foster caregivers who are trained to work with parents can also provide an array of services not normally available through community service agencies. In the relaxed, informal, and natural setting of the foster home, parents can learn parenting and home management skills by modeling the activities of the foster caregiver. These skills can include: cooking, cleaning, and managing a household; budgeting on a limited income and shopping economically; providing physical care for an infant or young child; learning and using effective and safe strategies to discipline their child; playing with their children to stimulate cognitive and language development; nurturing behaviors to develop and strengthen attachment; establishing age-appropriate expectations for their children; developing behavior management strategies; accessing and using community resources and services; and developing social skills, including how to effectively communicate and work with others to resolve problems. The foster caregiver can be a teacher, a model, and a coach. If parents concurrently attend parenting classes, the foster home can provide a safe environment in which to practice skills learned in class.

This intervention model is most useful with parents who would benefit from a supportive relationship with a consistent and caring adult, and when a parent's lack of knowledge or skill contributes to inadequate care of children. The caseworker should carefully assess the needs of parents and the skills of foster caregivers prior to making a decision to pursue this intervention. Finally, foster caregivers who are being considered to work with families should receive special training to prepare them for this responsibility.

The Network Concept

In order to develop and maintain a continuum of foster care services, the foster care system must be well organized and administered. The child welfare agency often serves as the primary developer and manager of the system. One very effective model of system organization and administration is the local foster care network.

A network consists of a group of homes and families, usually located within a circumscribed geographic community, and organized into a collaborative structure under the management of trained coordinators. The foster home network is a mini-organization, and foster caregivers have an important role in its maintenance and operation. In all respects, foster caregivers are members of the service delivery team. This promotes their identification with and commitment to the continuance of the system, in addition to providing caregiving families with an invaluable source of peer support.

Network functions can be used for many purposes, including: providing ongoing training to caregiving families; sharing ideas and resources regarding available services for children; advocacy for the development of needed resources; and feedback to agency staff regarding program issues and problems. Network members can be organized into a formal "buddy system" to help orient and integrate new caregiving families into the system. The network is also an important resource in the recruitment and training of new families for the foster care system.

Since a network is located in a circumscribed geographic area, the agency can often place children within their own communities. This may also permit children in foster care to remain in their same school, go to their own church, and visit with friends and relatives with ease.

One network responsibility is to identify service resources in the community to meet the needs of children in care, and to advocate for the development of resources where none exist. This focus on community-based care requires the involvement of other service systems, such as mental health, mental retardation, education, and juvenile justice. The network members and network coordinator will generally develop formal contractual or compactual agreements with key service providers in these systems for collaborative service delivery. As an example, one foster care network was able to convince the public school system to develop its own services for children with severe behavior problems, utilizing the same money that was paying tuition for local children to attend special classes in another community.

In the most sophisticated network arrangement, community agencies in the different service systems jointly develop, fund, and maintain a network of treatment foster homes that serve children from all the participating service systems. This interagency approach to treatment enables children with multiple and complex service needs to access the comprehensive services they need, regardless of the service system that has case management responsibility for them.

The Lead Role of the Local Child Welfare Agency

While the technology to develop and maintain a continuum of foster care services is not extremely difficult, its implementation can be time consuming. However, the development of foster care resources is a logical next step in strategic planning for a more effective family-centered child welfare system. "Front-end" family-centered services must be available to divert children who can be protected in their own families from the foster care system. A plan for a comprehensive and effective foster care program must then be developed. This would include designing the foster care program; the revision of agency policies and procedures; appropriate staffing and management of the foster care program; identification or reallocation of resources; and the provision of training for staff and caregivers.

Unfortunately, many agencies believe it is easier to purchase care and case management from a residential facility, irrespective of high cost, than to develop and manage its own community-based system of care. In addition, many agencies have tried unsuccessfully to improve their foster care systems by

implementing isolated interventions, such as launching a special public relations and recruitment campaign; raising per diem rates; conducting group home studies; or providing foster caregivers with extensive training. However, these singular and disconnected interventions often fall short of solving placement problems. Therefore, many local agencies seriously doubt their capability to care for challenging children within the community, or are loathe to commit what is perceived as the excessive time and resources needed to do so.

An agency's motivation to commit to the development of a new foster care system is highest when the program will serve its most challenging and troubled children, whose care consumes considerable agency dollar resources. Therefore, foster care reform can often be introduced into the system by developing networks of treatment foster homes. Once the agency has had a successful experience with its most difficult population, it can easily apply the newly-acquired technology to other foster care program areas, with a high likelihood of success.

Systemic reform of foster care must occur at two levels simultaneously. At the state or provincial level, policies, procedures, rules, and resource allocations should be reviewed and modified to assure congruence with the community-based network philosophy and model. However, the most successful large-scale foster care intervention is initiated at the community level, and then linked into a larger state or provincial system, rather than being implemented from the "top down." For this reason, the primary point of intervention for foster care reform is in a community that is committed to providing effective services to its own children.

