1979

This Way to Foster Parenting: A Training Manual for People Who Want to be Foster Parents - Participant's Manual

Barbara Kendrick
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THIS WAY TO
FOSTER PARENTING

A TRAINING MANUAL FOR PEOPLE WHO WANT TO BE FOSTER PARENTS

PARTICIPANT'S MANUAL

Barbara Kendrick
Program Coordinator

Carol Ertl
Training & Curriculum Specialist

1979

FOSTER PARENT TRAINING PROGRAM
Sponsored and Funded by the Nebraska Department of Public Welfare, Title XX Program and the University of Nebraska at Omaha, Center for Applied Urban Research
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When the Nebraska Foster Parent Training Program was in its first year of existence, many prospective foster parents participated in "the Basic Course" because it was the only training available to them. The 12-week course was designed for experienced foster parents and was sometimes overwhelming to those who had yet to see a foster child. Many of the foster parent novices wrote on their evaluation sheets their still-unanswered questions. From those questions came the beginnings of this Orientation Course. We are grateful they shared with us.

As we made plans to continue the training program, it became apparent that an orientation curriculum was a necessary addition. We asked the trainers of the Basic Course, both caseworkers and foster parents, to share with us the topics they felt were the most important to covered during orientation.

With the above knowledge gained, we wrote a training proposal for our second year of existence, sponsored and funded by the Nebraska Department of Welfare, Title XX Program, and the University of Nebraska at Omaha, Center for Applied Urban Research. We are grateful for the Department of Welfare's faith in us and their commitment to quality foster care in Nebraska.

When our first draft of the Orientation Course was completed, our able Steering Committee made helpful suggestions for revisions. The committee members are: Nancy Bare, Resource Developer, Lancaster County Department of Welfare; Pam Stahl, foster parent and trainer in the Basic Course; Kathy Jennings, caseworker, Douglas County Department of Welfare; Chris Jolly, Division of Social Services, and Mary Jo Ryan, Division of Personnel and Training, Nebraska Department of Public Welfare; and Jack Ruff, Acting Director, Center for Applied Urban Research, University of Nebraska at Omaha.

Mary Riley and Lou Battato, foster parent trainers, and Claire Burton, Supervisor of the Douglas County Department of Welfare, also helped in making revisions. We are grateful for their willingness to help.

We also want to thank our secretary, Jan Jensen, who never complained about typing all of the revisions, and did an excellent job, as you can see.

The cooperative effort of all of these generous people has helped us produce this orientation curriculum.

Carol Ertl
Training and Curriculum Specialist

Barbara Kendrick
Program Coordinator
BIOGRAPHICAL QUESTIONNAIRE FOR PARTICIPANTS IN ORIENTATION SESSION

Name ____________________________  Age _____  Sex _______
Address ____________________________  Phone _______________________

Education Completed __________________________________________

Names of own children already in home (oldest first)

1. ____________________________  Age ______  Sex (F or M) ______
2. ____________________________  Age ______  Sex (F or M) ______
3. ____________________________  Age ______  Sex (F or M) ______
4. ____________________________  Age ______  Sex (F or M) ______
5. ____________________________  Age ______  Sex (F or M) ______

How did you first become interested in being a foster parent? __________________________

What do you want to learn in this orientation? __________________________

Anything else you would like to share? __________________________

Please tear out this page and leave with one of the leaders.
INTRODUCTION

It is a well-known fact that in our society today there are many problems—and these problems often strike first and hardest in the family. Families today often need help, and one form of help is having the children removed temporarily and placed in foster care.

The foster families that care for these displaced children are in actuality helping more than the children in their care; they are helping families get back on their feet and reunite if at all possible. Thus, foster parenting requires more than the skills learned as a parent of one’s own children; it requires helping families by effectively working with courts and agencies, as well as with the child.

Deciding to be a foster parent is not an easy decision. A child’s life is fragile. His family is important, and your family’s well-being is also important.

The three lessons of this orientation program were designed to help you make your decision. Many of the questions you have in your head right now will be answered; many new questions will be raised which only you will be able to answer.

All three lessons will provide you with necessary information for making your decision; commit yourself to attend all of them. Also commit yourself to do the homework—reading carefully selected articles, asking yourself some soul-searching questions (independent of your spouse), and then discussing your answers fully with your spouse. Feel free at the beginning or end of any lesson to ask your group leaders any questions that you have. No question is “silly” or “dumb” if the answer will help you in making your decision.

Not everyone will decide to become a foster parent after this orientation, and that is okay. Foster parenting is not for everyone. Don’t feel bad, feel glad that you were able to make the right decision for you. You can still help foster children in other ways. Ask your group leaders.

Many of you will decide to become foster parents after the orientation, and that is great; you can feel confident that you made the decision with knowledge of that to which you are committing yourself. You will soon know the rewards and sorrows unique to foster parenting.
SESSION 1

"WHAT IS FOSTER PARENTING?"
"WHAT IS FOSTER PARENTING?"

"Most persons choose to become foster parents with only a vague perception of what kind of child will be placed in their home or why the child might need foster care."

Pam Marr

"To be a substitute for a mother, no matter how inadequate she was, is to start off knowing that in the child's heart you will probably always be second best."

Susan Poole

OBJECTIVES

1. To become acquainted with what to expect in this and other orientation sessions.

2. To become acquainted with those in the group and to begin to feel a sense of groupness.

3. To differentiate between foster parenting and parenting.

4. To know all who are involved in foster parenting: the child, the birth family, the foster family, the courts, and the agency.

5. To know the options available to a prospective foster family so far as the type of foster home they would like to provide.

6. To know what children are in the foster care system and available for placement.

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OVERVIEW OF ORIENTATION

SESSION 1
“WHAT IS FOSTER PARENTING?”

- Differentiate Between Foster Parenting and Parenting
- Understand the Main Components of Foster Parenting
- Know the Types of Foster Care Placements
- Know Who the Children Are in Foster Care

SESSION 2
“How TO BECOME A FOSTER PARENT”

- Understand the Application Process
- Understand the Foster Parent Role
- Understand the Agency Worker’s Role as it Relates to the Foster Parent

SESSION 3
“How TO FOSTER A CHILD”

- Understand Matching Process
- Understand What Information About the Child You Will Want and Will Need to Keep
- Begin to Understand How a Foster Child Feels When Placed and the Importance of His Parents
- Understand That Adjustments in the Family Are Necessary
- Understand the Need for a Support System
IN CLASS

OBJECTIVE 3

FOSTER PARENTING IS THE SAME AS . . . YET DIFFERENT THAN PARENTING YOUR OWN

<table>
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THE MAIN COMPONENTS OF THE FOSTER CARE SYSTEM
TYPES OF PLACEMENT

1. VOLUNTARY Placement - This type of placement is requested when a) parent/s has been hospitalized on an emergency basis and no relative or friend is available to care for the children, b) parent/s is unable to cope with problems of the family which have the potential of leading to child abuse or neglect.

These referrals are made at the parent’s request through the Child Protective Service Worker or an ADC Worker.

All voluntary placements have a time limit agreed to by the birthparents and the agency prior to the placement. This limit is dependent on circumstances of the parent. The length of the voluntary placements are between two and four weeks unless parents give custody permanently.

2. JUVENILE COURT PLACEMENT - At the time that the County Attorney decides that there is sufficient evidence to have a case heard by Juvenile Court regarding child abuse or neglect, an order for temporary custody is given and the children are picked up at their parents home. A series of hearings are held in Juvenile Court over an extended period of time and rehabilitative plans for the parents are requested by the judge. If the parent fails to complete the plans set down by the court, parental rights may be terminated or parents may relinquish their rights and the children placed for adoption. This type of placement may last from six months to two years or longer.

3. DISTRICT COURT PLACEMENT - District Court places children in foster care if neither parent in a divorce action is considered responsible to care for the children or custody dispute ensues. Foster care workers work with the children’s birth family during this time to set up a rehabilitative plan with each parent. If either parent feels he can prove he is capable of providing a home for his/her children, either party, through their attorney, petitions the District Court for a hearing. If the judge feels that the petitioning parent is fit, he will give custody to that parent. If not, rights of parents may be terminated, or parents may relinquish their parental rights. If parental rights are relinquished or terminated, children may go for adoption, or placed with the State for long-term placement. District Court placements are frequently long-term, i.e., one to three years, depending upon the needs of the children.
1. EMERGENCY HOME - The primary consideration of the emergency home is the immediate safety of the child. Circumstances that would be cause for emergency placement are: a) incidents of child abuse or neglect, b) incident where children are found unsupervised, c) incidents where parents have been arrested and have made no provisions for their children, d) incidents where parents have been hospitalized on an emergency basis, e) incidents where older children request placement due to severe conflict with their parents.

Placement in an emergency home is for 15 days with a possible extension of an additional 15 days.

2. FOSTER HOME - Provide substitute family care for a temporary period of time when children are unable to remain in their home due to problems in their own family. The goal of providing foster care is to prevent abuse and neglect of children by placing them outside the home with the intent of rehabilitating and reuniting the natural family. In foster care children have an opportunity to make attachments to a stable parent figure. The length of a foster care placement is dependent upon the needs of the child.

3. GROUP HOME - This is a residential home having house parents who provide a semi-family living arrangement for children who are unable to adapt to a foster home. This home usually cares for 4 to 8 children at one time.

4-5. RECEIVING HOMES AND CRISIS CENTERS - These placement facilities are used on a temporary basis until a foster home, group home or institutional placement can be located. It is during this placement that children frequently undergo evaluation to determine the most appropriate placement.

6. DETENTION CENTER - This center is available for children that display problems such as chronic destructive behavior, truancy, running away, alcohol or drug usage. These children are frequently under the jurisdiction of the Juvenile Court and remain temporarily detained at the center until another placement can be arranged.

7. INSTITUTIONS - This type of placement is usually made when a child needs structure and continual professional care for a variety of reasons including emotional behavior problems and has not been able to adjust to any of the local community care facilities.
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IN CLASS

"WHAT IS FOSTER PARENTING?"

Lesson 1
REACTION SHEET

What portion of the activities was most worthwhile to you? Why?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Least worthwhile? Why?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
How can we as trainers better meet your needs?
________________________________________________________________________
________________________________________________________________________
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Comments or suggestions:
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PLEASE TEAR OUT THIS PAGE AND LEAVE IT WITH ONE OF THE LEADERS
INFORMATION ON
OBJECTIVE 3
To differentiate between foster parenting and parenting

A SECOND CHANCE AT LOVE

by Susan D. Poole

*Being a good foster parent is surely one of the hardest jobs in the world. But then, little else is as deeply satisfying.*

“When Mommy comes back, can I sleep in the big bed with her like I did last time?” Mollie’s voice was troubled as she asked me that now familiar question at bedtime. And once again I tried to find the words that would ease her mind.

At six, Mollie is skeptical of any “happy ending” reassurance that her Mommy will come home to stay and everything will turn out all right. During Mollie’s short life her Mommy has gone away four times already, leaving Granny to take her place.

There are more than a quarter of a million children living with foster parents today. And for the most part, their backgrounds and needs differ drastically from those of children living in foster homes some fifty years ago. Most of the children then came from homes disrupted because of illness, death, or abandonment, but a great many children are in foster homes today because of the particular problems of contemporary society. A study sponsored by the Community Council of Greater New York, for example, found that one-third of a group of children placed in care for more than six months, were there because of family problems which included alcoholism, drug addiction, or arrest.

Mollie is one of those children but, because she did not come to me through a social agency, and we don’t receive financial aid from any social source, she is not included in the statistics on foster children. There are many others like Mollie who escape count. An estimate of children growing up with close relatives or family friends would surely run to more than a million. And that would be a conservative estimate, indeed.

For all these children—no matter what the reasons for their displacement or how long their stay away from home—the most important persons in their daily lives, the ones whose job it is to give them back a sense of security, are their foster parents.

*TO BE A SUBSTITUTE FOR A MOTHER . . . IS TO START OFF KNOWING THAT IN THE CHILD’S HEART YOU WILL PROBABLY ALWAYS BE SECOND BEST.*
Dr. Henry S. Maas of the University of California, who has conducted some of the most meaningful studies of youngsters in need of parents, observes that “Children cannot stand still. The neglected toddler quickly becomes the troubled adolescent. Children need what they need when they need it. Providing it later is always too late.”

Yet, to be a substitute for a mother, no matter how inadequate she was, is to start off knowing that in the child’s heart you will probably always be second best. It’s easy enough to provide the child with a place of his own—a room or part of a room (maybe just a play corner) that is his alone. It’s not hard to see that he is kept clean, that his clothes aren’t ragged, that he is warm enough when he goes out to play, and that he eats the right things. The hard job is to reach the spot in his heart reserved for his real mother. Especially if the child has lived for some time with his natural mother, no matter how troubled that life was, his primary attachment will be to her, and not to his foster mother.

How to win the love and trust of a neglected toddler, to convince him he is wanted by you? How to persuade the troubled adolescent that he has someone to turn to, someone who cares about his troubles?

When the foster parent is closely related to the child, as in my case, I think there is sometimes an inner conflict of loyalty. To whom is the foster parent’s first obligation? My concern for Mollie’s mother, my own daughter, is frequently at odds with my concern for Mollie, who is in my care and dependent on me.

The foster mother who has children of her own living at home and takes in a child unrelated to her, must often, I would think, be concerned that the love and warmth she gives the foster child may take something away from her own family. I know there are those who say they sense no difference in their love for their natural and foster children. It isn’t that I doubt their sincerity, but when there are hard decisions to make or conflicting interests, it’s only natural for a person’s feelings to become confused. Moreover, the needs of foster children are often so great that it takes everything you’ve got just to live with them and see to their physical needs, let alone to love them from the first as if they were your own.

Fortunately, however, the very task of taking care of a child tends to make him your own. And when he begins to trust you, or even when he hesitates out of his prior hurt, all of one’s maternal instincts are called to the fore.

Although there are no set rules to help a foster parent find the right way of coping with the needs of a child, some guidance has come from the First National Conference of Foster Parents (held in May 1971 in Chicago), that can help us all. Similar conferences had been held in the past on state or regional levels but the national conference brought together, for the first time, the experiences, problems, and guidelines that had come out of earlier, smaller meetings.

In his keynote speech to that conference, Dr. Edward Zigler, then Director of the Office of Child Development, pointed out that the vast majority of foster children come into their new homes suffering from a
deep sense of rejection, and that, therefore, they have a far greater need for attention and affection than do other children. If they do not receive deep, true caring, they may continue to have such an insatiable need for attention and affection that this will remain their primary concern as they grow up. With little emotional or intellectual energy to spare for other pursuits, they may seem perverse or stupid even though they have good potential for intelligent, constructive learning and behavior.

"Another characteristic of the deprived foster child," as Dr. Zigler pointed out, "is a wariness of adults. The child is afraid that you are going to be like other grown-ups who have denied him affection or punished him." With a normal child, for example, you can praise his efforts when praise is due, or criticize when it is called for. But the slightest hint of criticism may cause a foster child to draw away from you and cut off the communication you have already established. Although tempering criticism with clear signs of love is important for any child, it is doubly so for a foster child, if he is to gain self-confidence and self-respect.

Also, foster parents must try extra hard to be consistent, to use praise as much as possible, and above all, to keep criticism free from both verbal and physical abuse. When we discipline a foster child we must tailor the discipline to the child as he is, not to what we think he should be.

A provocative point about the behavior of foster children was brought out at the national conference. Studies have shown that foster children who have been moved from home to home may well seem much better behaved than the child who has been in one home for a sustained period of time. But the cost to the child of such "good" behavior is terribly high, and the underlying meaning of the behavior may be sad, indeed.

Four-year-old Johnny, for example, who has lived in three foster homes since his mother succumbed to alcoholism and his father vanished, is likely to present far fewer behavior problems to his newest set of parents than six-year-old Steve, who has lived with only one set of foster parents for three years, and has just moved into his second foster home. Even at four, Johnny has figured out that if he finds out what his new caretakers want from him-brushes his teeth when they tell him to, eats the food they put in front of him, goes to bed quietly when they say so—his chances of staying with them are much better than if he is willful, assertive, and expresses his own desires. In the back of his mind he probably feels he must have done something wrong before, or he wouldn’t have had to leave his former homes. He hasn’t been anywhere long enough to understand what adults mean by right or wrong, or to develop any trust in himself. All he knows is that he must please the grown-ups around him or they may punish him by sending him away again.

Steve, on the other hand, has lived three years with one set of parents, gradually accepting for himself their standards of behavior. If his new foster parents set a different bedtime, restrict his play, or introduce new foods, he feels sure enough of what is fitting and proper behavior for him to put up the kind of fuss any child would under the circumstances. So, troublesome as his "insubordination" may seem to his new parents, it is more like the behavior of a normal, healthy child secure in his feelings of right and wrong, than is submissive or overly compliant behavior.
Foster parents not only have to try to give their children a home from which they can emerge with a set of values and a sense of identity and self-confidence, they must also learn to deal with the child’s natural parents (if they are in the picture) in a way that will benefit the child and not deepen his sense of rejection.

**THE CONNECTION BETWEEN A FOSTER CHILD AND HIS REAL MOTHER SHOULDN'T BE SEVERED IF IT IS POSSIBLE TO MAINTAIN IT. FOR THE CHILD'S NATURAL PARENT IS HIS CLAIM TO IDENTITY.**

This is one aspect of foster care that I'm sure a great many foster parents wish would just disappear. The natural parent is almost sure to be difficult. In our case, my daughter's visits to Mollie seemed to upset, even temporarily to destroy, the closeness between Mollie and me. Still the connection, however painful and confusing between a foster child and his real mother, shouldn't be severed if it is possible to maintain it. For the child's natural parent is his claim to identity. A child must have roots, or he will wither emotionally.

When a child cannot see his natural mother or father, it is likely he will develop all kinds of fantasies about the parent. Mollie, for example, began to envisage her mother as a sort of “fairy princess” being kept from her by “evil demons.”

We were able to dispel this idea only after a great deal of talking about what Mommy was like when she was a child, sometimes good and sometimes bad. We talked about how, when she grew up, she sometimes knew the right things to do and sometimes didn't, and finally she couldn't do the right things because of a kind of sickness she had. The talks helped to turn her into a real person again for Mollie. But then Mollie began to pretend that her mother was dead and that was the reason for the separation. She persisted in this explanation for her mother's absence until, after several months, her mother came back again to live with us for a short time.

**WHEN A CHILD CANNOT SEE HIS NATURAL MOTHER OR FATHER, IT IS LIKELY HE WILL DEVELOP ALL KINDS OF FANTASIES ABOUT THE PARENT.**

When the most recent, painful separation between Mollie and her mother occurred, I sat down and talked more frankly than before about the reasons Mollie is living with me instead of with her Mommy. I had spoken of “sickness” before; now I was more specific. I talked about drugs and alcohol and how they make Mommy not herself. Although I am as uncertain today as I was at the time that such things should be discussed with one so young, it has seemed to give Mollie an acceptance of her mother as someone who has problems which prevent her from taking care of a child, but who will certainly come back to live with her little girl again if she can overcome these problems. This has, for the time being, given Mollie a measure of peace that wasn't possible for her to have had before.

All of these problems, and others, must be met by foster parents. Surely it's a tall order, yet thousands of adults are willing to take it on. ... This must happen if needy, innocent children are to be given a second start in life that will enable them to develop into well-functioning adults and caring parents, themselves.

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Excerpts from: FACTORS IN FOSTER CARE PLACEMENT

Most persons choose to become foster parents with only a vague perception of what kind of child will be placed in their home or why the child might need foster care. Until the child arrives, they may have little information about his size, age, his family history, or the factors which brought him into foster care. They may hold some preconceived ideas about the foster child, but these ideas may or may not be accurate. Some preconceived ideas—such as “His life must have been awful until now,” “He must be really glad to be out of that family,” or “He must hate his family”—can even be detrimental to the foster care situation.

Obtaining an accurate perception of the factors involved in foster care placement is not only important to those making the decision to become foster parents but also to foster parents preparing to provide foster care services. One way of obtaining an accurate perception of the foster child and his need for foster care services is to explore the factors involved in his placement.

PERHAPS THE FIRST THING FOR FOSTER PARENTS TO REALIZE IS THAT THE FACTORS PROBABLY CANNOT BE PINPOINTED EASILY. THE CHILD USUALLY COMES INTO FOSTER CARE AFTER HIS FAMILY HAS HAD MANY STRESSFUL EXPERIENCES. ALTHOUGH ONE MAJOR STRESSFUL EXPERIENCE MAY STAND OUT AS THE MAIN REASON IN THE DECISION TO PLACE THE CHILD IN FOSTER CARE, AN INTERACTION OF STRESSES IS INVOLVED IN THE NEED FOR PLACEMENT. For example, financial burdens, illness, and marital conflicts may be factors that interact to cause or lead to a crisis that leaves the family unable and/or unwilling to care adequately for the child. It is often difficult to separate out the stress factors that lead to a family crisis: the mental illness of a parent may relate to his inability to keep a job or result in his abusiveness to spouse or child.

FOSTER PARENTS NEED AN AWARENESS OF THE VARIETY OF FACTORS THAT LEAD TO PLACEMENT DECISIONS. Some factors occur more commonly in the decision to place a child in foster care, but it is important to keep in mind that it is rare for only one factor to be the cause of the child’s need for placement. As said before, the need for foster care placement is the interaction of several stress factors present in the family situation. A helpful way to recognize the variety of factors is to look at them individually.

PHYSICAL ILLNESS IN THE FAMILY is often a factor in the decision to place a child in foster care. Physical illness of a parent or a member of the family may come, as it usually does, unexpectedly and at a time when the family is not able to deal effectively with the stress it brings. Quite often, doctor or hospital expenses place too great a burden on a family’s already exhausted budget. Physical illness that requires hospitalization of a parent may leave no one at home to care for the child. Even hospitalization of one child in the family may leave the other children without adequate care in the home. Such physical problems as a
stroke, multiple sclerosis, or a debilitating accident may leave a parent unable to care for the child for an extended period of time.

THE MENTAL ILLNESS OF A PARENT may cause him to behave in ways that are harmful to the health and safety of the child; for this reason the child may require foster care placement. Such behaviors as carelessness that causes the child to be exposed to serious accidents or violent conflicts with a spouse or neighbors which cause the child to be in physical, mental, or emotional danger may be manifestations of mental illness. Other manifestations could be such antisocial behaviors as alcoholism, drug addiction, child abuse, or criminal behavior. These manifestations may best be discussed as separate factors in the need for foster care placement, with the perspective that the parent manifesting these behaviors is in need of mental health.

A parent who is AN ALCOHOLIC OR DRUG ADDICT may neglect the needs of the child and even endanger the child’s health and safety. The alcoholic or drug addict parent may not be able to hold a job, and this may put the family under financial stress. Most of whatever family income there is may go for buying alcohol or drugs, leaving the child without adequate food, clothing, and housing. A drug addict parent is likely to become involved in such other criminal behavior as theft or prostitution in order to support the habit, and this can create an undesirable—if not dangerous—environment for the child.

When a parent is ARRESTED FOR CRIMINAL BEHAVIOR, his child may be placed in foster care. This is especially true if the other parent is no longer living, has deserted the family, or is unable to manage a family alone. Many times while his parent is in prison, the child remains in foster care until he reaches the age of majority.

MARITAL CONFLICT that results in physical violence and aggression can create an extremely dangerous environment for a child. Aggression may turn toward the child, or the child may become an accidental victim of the violence. Often a child will be removed from the home until the parents learn better methods of resolving conflicts. Marital conflict which results in the separation or divorce of parents or the desertion of one parent may be a factor in the decision to place a child in foster care. This is especially true if the remaining parent is unable to manage the family alone.

CHILD ABUSE AND NEGLECT rank high on the list of reasons for the decision to place a child in foster care. While “child neglect” is a rather broad term which probably results from many of the situations already described it is sometimes difficult to separate child neglect from child abuse. There are some clear-cut cases of physical abuse to the child, such as excessive beating, but the lines between the two are thin and frail and often tragically interwoven. Therefore, they are considered together in this discussion.

When discussing child abuse and neglect, it is best to recognize that there are three factors involved in each case: the child + the parent + the situation = child abuse and neglect. Research has shown that it is an interaction of these factors, rather than only one factor, that causes child abuse. That is, the characteristics of the child may elicit a set of responses (perhaps anger and frustration) from the parent within the confines of a particular situation that causes the parent to become violent and aggressive toward the child. With another child or in a different situation, the parent might respond in a more appropriate way.

Child abuse and neglect may occur when the parent is too emotionally immature to cope with the difficult tasks of childrearing, especially if the child is a particularly difficult child to manage. Some parents
may abuse and neglect their children simply because they lack knowledge and understanding of normal child development and lack the skills for dealing effectively with the developmental stages their child passes through. Or parents may abuse their child in an overzealous attempt to discipline the child and manage his behavior. Lack of knowledge, inability to cope, and overzealousness are characteristics which are particularly true of parents who are mentally deficient. A parent may have a neurotic or psychotic personality problem. The personality problem may be so severe that the act of child abuse or neglect may be considered sadistic or criminal.

Though any of the manifestations discussed above can lead to a child's being placed in foster care, a parent's mental illness is more likely to result in his child's placement when hospitalization or intensive treatment for the illness is required.

A CHILD ALSO MAY COME INTO FOSTER CARE BECAUSE OF HIS OWN BEHAVIOR PROBLEMS OR HIS CONFLICT WITH OTHER MEMBERS OF THE FAMILY. Often a child's behavior is so much in conflict with his parents' or other family members' that it seems best for all concerned that the child be placed in foster care. This in no way implies that the conflict is the child's fault or that he is "bad." It simply means that there does not seem to be resolution for the conflict within the family. In most cases, both parents and child need to learn better methods of communication and conflict resolution. However, there may be instances when the child needs therapy or counseling to change his behavior patterns.

Sometimes a child's behavior brings him into CONFLICT WITH THE LAW. When a child's behavior is antisocial to the extent of breaking the community's laws and regulations, the child may be placed in foster care. This could be the result if the child accumulates several misdemeanor charges, such as truancy or waywardness, within a short period of time. Such a child may be placed in foster care in another community in order to protect him from the judgments of other members of the community and from friends who may be involved in antisocial behavior. However, if the child is charged with a more serious offense, such as theft, he may be placed in a correctional institution or treatment center. Later he might be placed in foster care.

When a child has a MENTAL OR PHYSICAL HANDICAP that requires special care and treatment, the parents may not be able to care for him within the family. When there are several other children and the family is experiencing other stresses, the parents may not have the human or physical resources necessary to deal with the child's special needs. The child may be placed in a foster home in which the foster parents have the resources and special skills for dealing with the child's special needs or a group home centered around several children with similar needs may be helpful to the child.

A teenage girl who is PREGNANT OUT OF WEDLOCK may be placed in foster care if the pregnancy causes too much stress and anxiety in the family. Often the parents of a premaritally pregnant girl become so angry and hostile that the home is an undesirable—and even dangerous—environment for the girl and her unborn child. For the health and safety of all, the girl may be placed in foster care until the baby is born. A premaritally pregnant teenage girl also may be placed in foster care in another community to protect her from criticism and judgment.

If the baby is placed for adoption, the girl may return home, but in such cases special care is taken that for the girl the return is in the interest of her welfare. If the girl chooses to keep her baby, the infant and sometimes both the infant and the teenage girl may be placed in foster care. Foster parents can insure proper
care is given to the infant and can provide nurturance and child care training for the teenage girl. The girl may need this assistance until she can return home or is prepared to care for the child by herself.

Only a small number of children are in foster care because of the DEATHS OF BOTH PARENTS. But the death of one parent may be a factor in placement if the remaining parent is unable to support and care for the child. When there are several children in the family, it may be especially difficult for the remaining parent to meet the needs of the children.

Although a case of true ABANDONMENT of a child is rare today, a child still may be placed in foster care for this reason. Sometimes after a child is placed in foster care, his parents will disappear.

FINANCIAL BURDENS of the family are often a factor in the need to place a child in foster care. Although it is not usually the only reason, financial stresses are quite often an integral part of the situation that requires the child's being placed in foster care. Sometimes the family budget has been stretched to its maximum when an unexpected crisis makes it impossible to meet the needs of the child adequately. Because of the many kinds of financial assistance that are available to a family in times of crisis, the financial aspect of the crisis usually is not the only factor, nor is it usually the deciding factor. But sometimes the child may need to be placed in foster care because the parents do not use their financial resources to meet the child's needs.

"Introduction to Foster Parenting" by Pam Marr
INFORMATION ON
OBJECTIVES 4 & 5

To know all who are involved in foster parenting (especially the courts) and to know the options available to a prospective foster family.

KINDS OF FOSTER CARE PLACEMENT

Agency personnel use various terms in referring to their foster care caseloads—"voluntary" and "involuntary," "temporary" and "permanent," "short-term" and "long-term" and "emergency." These terms may seem confusing to the foster parent who is trying to understand the foster care system. But foster parents need to know what kinds of placements are made and perhaps which kinds they are most likely to experience or would prefer.

Foster care placements may be made voluntarily by a child's parents. VOLUNTARY PLACEMENT usually indicates that the parents have recognized that they are unable to care for the child at that time. The parents may place their child privately in the home of a friend or relative without the aid of the agency, but quite often the agency is consulted. Often the parents recognize that they are in a stressful situation and that they are in need of assistance and contact the agency for that assistance. In consulting with the agency worker, the parents may agree that the child could be cared for best by being placed in foster care. But the agency worker probably will try to reduce the stresses on the family by putting the parents in contact with such other services as day care, homemaker services, or those that provide financial aid before the foster care placement decision is made. Voluntary placement is advantageous because parental consent usually means that the parents will be cooperative and helpful to the child's adjustment to placement, that there will be more commitment to visiting the child and working with the foster parents, and that the parents will have more commitment to resolving stresses in their family so that the child can be returned to his own home.

A parent who is planning to relinquish parental rights may voluntarily place a child in foster care until legal action is completed. The child may be placed in temporary foster care until he is adopted or may be placed in permanent foster care. The case of the unwed mother who is not able to keep her child and places him for adoption is the primary application of this type of placement.

When a child is placed in foster care involuntarily, this implies that he is being placed without the consent of his parents. INVOLUNTARY PLACEMENT is a decision that is made through court action; the court removes legal custody or guardianship of the child from his parents and places it with the agency or with other persons. When CUSTODY is transferred to an agency, the legal guardianship or rights of the child remain with the parents. When the child is placed in foster care involuntarily, the agency maintains custody and delegates some of the responsibilities of care to the foster parents. This means that the parents must be informed of, and in some cases give consent for, the child's activities. When GUARDIANSHIP of the child is transferred, this means that the parents no longer have any legal rights to the child. Guardianship usually is transferred to the agency and later to adoptive parents by the court.
Custody of the child most often is removed from parents when the court feels there is evidence of neglect, abuse, or abandonment on the part of the parents. The custody also may be transferred if the parents are not able to manage or cope with the child's behavior. The testimony of caseworkers, school teachers, the police, physicians, counselors, and neighbors may be considered in the decision to transfer custody. The court often makes recommendations about whether the child should be placed in foster family care or in an institution and about the amount of time before the case should be reviewed.

Most courts hesitate to remove guardianship from the parents without their consent or agreement. In cases of extreme neglect, abuse, or abandonment, in which there is little hope of rehabilitation, the court will sever legal guardianship rights of parents. This severing of parental rights often occurs only after the child has been in foster care several years and is often the result of action taken by the agency or foster parents. When legal rights have been severed, the child may be placed in permanent foster care or may be placed for adoption.

Foster care placements often are classified as either temporary (short-term) or permanent (long-term). TEMPORARY FOSTER CARE PLACEMENT means that the goal of the placement is either to return the child to his family or relatives as soon as possible, to place the child in an adoptive home, or to place the child in another, permanent foster care situation. The unspoken and accepted goal of foster care often has been based on the belief that the child is cared for best within his own family. Therefore, it always has seemed that every effort should be made to return the child to his home as quickly as possible. This goal still is an important underlying preface to foster care placement decisions, but caseworkers now recognize that there are many situations in which it is impossible to return a child to his home.

When the goal of temporary placement is the return of the child to the home, implied in that goal is a change in the family situation. Changing the family situation implies that the agency needs to work with natural parents, child, foster parents, and other community agencies to bring about the change. Changing the family situation implies setting goals and timetables for change and providing regular evaluation of whether the goals are being achieved. If the reason for the temporary placement was the family's financial difficulties, financial assistance and counseling for parents may be necessary. If marital conflict was the reason for a placement, resolving the conflicts through marital counseling may be necessary. If child abuse or neglect was the reason, parents may need to learn effective parenting skills and be provided with supportive services in the home. If the child's behavior was the reason for placement, the child may need counseling to learn skills for living effectively within his family. If physical or mental illness was the reason, the family may need such health services as hospitals, physicians, therapists, and/or specialists.

Young children, especially infants, often are placed in temporary foster care until the agency can arrange for an adoptive or permanent foster home. Parents may have chosen to relinquish parental rights, or the courts may have severed parental rights so that the legal guardianship of the child is to be transferred to his adoptive parents. If the child is not adopted after the parental rights have been severed, the guardianship of the child remains with the state, and arrangements are made for permanent foster care.

PERMANENT FOSTER CARE PLACEMENT may be used when the agency determines that because of the needs of the child and his family, the child will remain in foster care until he reaches the age of majority. The agency may decide that the mental or physical health of the parent has not, and probably will not, improve sufficiently over time to allow the parent to care for the child. The agency may decide that the
marital conflicts between parents will not be resolved (and often one or both parents desert the child). The agency may decide that its attempts to change the family parenting methods enough to prevent neglect and abuse have been ineffective. The agency may decide that the child's behavior has not, and probably will not, change sufficiently to allow the child to live with his parents. The agency may decide that the child has a mental or physical handicap that cannot be cared for effectively within his family.

In some cases, the child is placed in permanent foster care while his parents maintain their parental rights. When the parents maintain their parental rights, the agency tries to establish a formal agreement between the agency, natural parents, foster parents, and the foster child (when possible). This formal agreement or contract not only plans for the long-term needs of the child but also specifically designates the rights and responsibilities of each of the parties. In other words, though the parents maintain legal guardianship, this formal agreement delegates some of the responsibilities to the agency—such as supervision and support of foster parents—and some responsibilities to the foster parents—such as authority to make decisions about the child's life without getting parental consent.

EMERGENCY FOSTER CARE HOMES maintain space for the care of children who may be placed at any time of day or night and who will remain for no more than thirty days. Emergency foster care is used when immediate removal of the child from his home is essential to his welfare. In emergency foster care the child is placed until thorough investigation of the family situation and of the needs of the child is made. If possible, the child is returned to his family. If he cannot return to his family, other foster care arrangements are made.

FOSTER FAMILY GROUP HOMES are becoming an increasingly useful form of foster care. A group home usually is based on six to twelve children with special mental, physical, emotional, or behavioral needs. The group home may be privately owned and operated by the foster parents in contract with the agency; the agency may own the home and hire foster parents (or "house parents"); or the foster parents may rent and operate an agency-owned group home in contract with the agency. The group home usually has foster parents or houseparents who have special training and/or experience in working with the special needs of these foster children.

"Introduction to Foster Parenting" by Pam Marr
INFORMATION ON

OBJECTIVE 6

To know what children are in the foster care system
and available for placement.

BEFORE YOU TELL YOUR SOCIAL WORKER
YOU DON'T WANT A HANDICAPPED CHILD

by Ann Chiles, Sonoma County Chapter of OURS

Stop and think—What is a “handicap”? Do you and your social worker mean the same thing when you say handicap?

We are finding there is a communications gap on the subject. Unless families explore within themselves what they consider a handicap and thoroughly discuss it with their social worker, they may be needlessly excluding children for consideration for their family. If you tell your social worker you don’t want a handicapped child, she may not present to you the child who is “just right” for your family but has a handicap you can easily accept but never thought of, or didn’t think of as a handicap.

A serious handicap in one family may be only an inconvenience in another. Has your family had experience with diabetes, hearing impairment, childhood heart problems, allergies, asthma . . . ? What about the child who is hyperactive, or a slow learner, or dyslexic?

One way to explore this subject is to make a list of every condition you can think of which might be considered a handicap. Then consider not the condition itself, but the child with this condition. How would he or she fit into your family life? How would this change your life? What things would not change? What are the advantages as well as disadvantages? How do you feel about all this? Be honest. The very process of exploring can be a creative and expanding experience for you. And sometimes families are surprised in discovering the number and kinds of handicaps they feel comfortable with.

Adoptalk, IV, 1978
OBJECTIVE 6

To know what children are in the foster care system and available for placement.

The following article was written by Ms. Joyce Jennings, a single foster parent in Texas. It was written several years ago during the Christmas season. It manages to convey some of the intangible rewards of foster care, yet it also relays some of the problems encountered.

LET ME PUT IT THIS WAY

Luke 2:6-7  "Mary wrapped Him round and laid Him in a manger, for there was no room for them to lodge at the house."

Mary was using all her motherly instincts to love and nurture a Child who had been entrusted to her care. As foster parents we can in a way relate to Mary. For we, too, have been entrusted with children to love and care for a little while, or a longer while, who need us and all that our motherly and fatherly instincts can give, be it diapers, bottles, kisses, a lullaby, kleenex, counseling, listening, "rapping," teaching, discipline, faith, understanding, spiritual guidance, love for as long as that infant, toddler, child, or teenager needs us.

Let me put it this way:

There is a T.V. soap opera whose title applies to me
It's called All My Children: girls 15, boys more than three.
My fair-skinned, blond-haired, brown-eyed Malcolm
Was the first foster baby I was privileged to welcome.
Melinda had T.B. and was socially retarded
But she could walk and talk when a week later she departed.
Michael at eighteen months was a real live wire.
From dawn to dusk he never seemed to tire.
Tammy came lost and frightened in the middle of the night.
With breakfast, bath, clean clothes, and nap she was a changed sight.
Shiela was a little bit older. We tried enjoying things together
But her 12 years were clouded with too much stormy weather.
Tina, that doll filled my heart with sunshine and cheer.
She was happily adopted after I'd had her one year.
Tricia was roly-poly with happy smile and dimpled cheek.
I cuddled her and loved her for exactly one week.
Paula had unusual beauty and a disposition so merry.
While her parents paid a debt to society her stay was temporary.
Tara was sickly, malnourished, and allergic to milk
But she had toothless grin, brown eyes, and hair the texture of silk.
Donna came to me with problems world without end
But I treated her kindly and 10 days later she knew I was her friend.
Gloria has a new brother and Mama and Daddy, too.
For a year and a day she was mine to love, but now M and L she belongs to you.
Michael, when he first came to me had lost the will to live.
But all that changed in 14 months and much pleasure to me he did give.
Teresa was an exact duplicate of Tina who I “thot” was her sister
She moved to another home 9 days later and oh how I have missed her.
Melvin’s throat had been burned so badly that for help he couldn’t call.
At 19 months he weighed 12 pounds. He finally learned to sit and crawl.
Tammy was a mixture of Mexican and Negro with pretty soft black curls
With a golden complexion at 5 weeks old she was a beautiful girl.
Leola was sickly and tiny and spit up most food that went down
But her friendly doll-like personality could win her a popularity crown.
Cynthia will be with me to celebrate Christmas this year.
Her good looks, intelligence, personality, and love emit year-round cheer.
Jani’s Mexican-Negro heritage made her dark of skin and black of eye
Her happy adopted parents are a mixture of Negro and Thai.
Carlos, bless his heart I thought had cancer of the face
But to deny him love, bottles, diapers would surely be a disgrace.
Glenda, my Gerber Baby, has blue eyes and reddish brown hair
I call her “Little Laughing Girl.” She has so much joy to share.

Yes, all my children have blessed my life. I hope I have blessed theirs.
All foster parents are appreciated. Every child needs some adult who cares.
At this point, I still want to be a foster parent.

1. What type of care could we give?
   - emergency foster care
   - licensed foster care
   - approved foster care
   - licensed foster and day care

2. I have had successful experiences with kids who are
   - babies
   - preschool and below
   - school-age
   - teenagers
   - teenage mothers with baby
   - handicapped, physically
   - handicapped, mentally

3. I would be able to parent foster kids who are
   - babies
   - preschool and below
   - school-age
   - teenagers
   - teenage mother with baby
   - handicapped, physically
   - handicapped, mentally
SESSION 2

"HOW TO BECOME A FOSTER PARENT"
"Foster parents need to obtain a clear idea of what they can expect in their role—the expectations to include negative as well as positive, know of the bad days and that care will not be easy or simple and not as it was in rearing one's own."

Miss Bessie Jones

"Each foster parent has an obligation to maintain and improve the practice of fostering, constantly to examine, use and increase the knowledge upon which fostering is based, and to perform the service of fostering with integrity and competence.

Code of Ethics for Foster Parents

OBJECTIVES

1. To understand why the child placing agency has to ask so many questions.

2. To understand some of the different motivations for being a foster parent and why this is important for the agency to know.

3. To know the application process.

4. To know the foster parent role and its close tie with the agency.

5. To know the role of the agency worker and how he can help.

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MOTIVATION

I want to be a foster parent because I have ____________________________________________

I want to be a foster parent because I am ____________________________________________

I want to be a foster parent in order to ____________________________________________

I see foster parenting as a way I can ____________________________________________

For me, the reward of foster parenting will be ____________________________________________

It is important for us to realize that we do something for a reason. The reason promises to be pleasurable for us or we wouldn’t expend the energy. The reason or motivation is important. Not because there is a right or a wrong one, but because we will get discouraged if we don’t get what we want or feel the pleasant feeling.

The agency worker will try to match you with a child who can best give you what you need while you are giving the child what he needs. This way the child will not have to be replaced and you won’t experience extreme discouragement or guilt or failure. A child is fragile. It is important to be honest with the agency worker and with yourself—so the best match can be achieved.

It is important to realize though that some motivations are unrealistic and thus will never be met. In these cases the child and you will both suffer. The agency worker can tell you when this is the case and can hopefully suggest other activities besides foster care with which to meet your needs.

Some common myths about foster care that lead to unrealistic expectations:

1. I want a child the same age as my son, so he won’t be so alone and will have a friend with whom to do things.

2. If we bring some poor children into our family who don’t have very much, our own children will not get into trouble (or will be grateful for what they have and will be easier to raise).

3. If we show the agency we can foster, we will get a baby to adopt much sooner.

4. All we need in our home are some children and then our marriage will be much better.

5. Foster parenting will be a good way to bring some extra income into our home.
Here's how:

1. Call the Agency.
   Let the child-placing agency in your community know that you are interested.

2. Fill Out Some Forms.
   You will need to fill out application forms and the top half of the medical form. The bottom half can be filled in by your doctor or the county health nurse.

3. Character References.
   You are asked to supply names of people who know you well and can attest to your good character and ability to be foster parents.

4. Police Check.*
   Your name will be fed through a police computer. After the computer search the police will OK or not OK the applicant. They will provide reasons why they are concerned in general terms. They do not release any detailed information.

   *Does not occur in all locales.

5. First Home Visit.
   After the references come back, the home finder will come to visit the entire family. She will thoroughly investigate physical aspects of the home with a home environment check list as a guide. She will also begin a social history by asking about your childhood, how you see parenting, why do you want to be foster parents. She will also answer your questions about foster care.
More Inspections.
If you are going to be licensed for four or more children, there will need to be a Fire Inspection by the Fire Marshall. If you have your own well or sanitation system, the county or state health inspector may come and certify that the water is safe.

Another Home Visit.
Two or three weeks after the first home visit, there will be a second home visit made. At this time any changes in the physical setting required (i.e., fire extinguisher, water heater safety valve, etc.) will be noted as done. There will be more questions about your expectations, the kind of child you want to parent, etc.

Evaluation Form Completed.
This evaluation form summarizes the information gained from the home visits, character references and inspections. It is sent along with the environment checklist and your $1.00 fee to the State Department of Public Welfare who will then issue the license if all is in order.

Orientation Course.
Some time before you receive your first foster child, you will need to take the orientation course. This could come at any time during the process of becoming a foster parent.

You Are Called!
This could happen very quickly or you may find yourself waiting and waiting. The agency matches you with a child who needs you and your home for awhile.
FOSTER PARENTING IS DIFFERENT FROM PARENTING BECAUSE:

<table>
<thead>
<tr>
<th>Child is Not Your Own</th>
<th>You Deal with the Birth Parent</th>
<th>You Are Acting for the Agency</th>
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<tr>
<td>Try to understand why he does not relate.</td>
<td>Accept and understand</td>
<td>Understand the worker’s pressures</td>
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<td>Accept that change will be slow, if at all</td>
<td>Try to involve in care of child</td>
<td>Keep records</td>
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<td>Try to understand his problems</td>
<td>Permit visitations</td>
<td>May testify in a hearing</td>
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<td>Encourage him to talk of his home</td>
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<td>Interpret child’s behavior to worker</td>
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<td>Love, but be able to release</td>
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<td>Coordinate services that promote child’s growth</td>
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<tr>
<td>Advocate for the child</td>
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<td>Help in developing plan</td>
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<td></td>
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<td>Notify about address change</td>
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<td>Notify about any change in family</td>
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<td>Notify before taking a long trip</td>
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<td></td>
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<td>Keep matters confidential</td>
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"SOMEONE ELSE'S CHILD" FILM NOTES

Ways the worker helped the adjustment:

1. 
2. 
3. 
4. 
5. 

If I had been them, I would have asked for some help with:

1. 
2. 
3. 
4. 
A PROBLEM CHECKLIST FOR FOSTER PARENTS

This problem checklist has been designed for your use. It is a tool to help you communicate with your social worker and make sure that your meetings together focus on things that are important to you. It lists problems and concerns sometimes mentioned by foster parents:

Go through the list and check those items that are of concern to you. Give or mail this list to your social worker, who then will have a better idea of your concerns or worries. These topics can be discussed in detail. Space is also provided for you to add items not found on the list. By sharing your concerns and problems, you are using a valuable part of your support system. We suggest you have several copies made and share your concerns at least every six weeks—more frequently in the beginning.

CONCERNS/PROBLEMS RELATED MOSTLY TO MY FOSTER CHILD

| Fighting and aggression | Upset by visits with parents |
| Argues, will not obey | Lacks friends or peer group |
| Poor personal hygiene | Friends are a bad influence |
| Eating problems | Destroys toys or property |
| Sleep or bedtime problems | Very sad or depressed |
| Isolation from others | Lying |
| Medical problem | Stealing |
| Dental problem | Bed-wetting |
| Unusual sexual behavior | Soiling |
| Speech problems | Runs away |
| Coordination problems (balance) | Poor school performance |
| Excessive dependency | Poor school attendance |
| Offensive language | Problem with other children in home |
| Religious conflict | Problem related to own parents |
| Stays out too late | Frequent illness |
| Temper tantrums | Talks of suicide |
| Drug or alcohol abuse | Self mutilation |
CONCERNS/PROBLEMS RELATED MOSTLY TO MY ROLE AS FOSTER PARENT

___ not making progress with foster child
___ not enough money to cover expenses
___ don't understand agency policy or regulations on ... (explain)
___ not getting enough help from my social worker
___ not sure how to handle medical and dental care of foster child
___ have doubts about wanting to continue as foster parent
___ not being treated fairly by agency
___ don't know how to deal with school personnel
___ foster child is very different than expected
___ foster care is having adverse affect on my marriage
___ foster care is having adverse affect on my other children
___ not sure how to handle visits by biological parents
___ not enough time away from stress and responsibilities
___ neighbors and/or relatives are creating problems
___ things are just not going well
___ need help in figuring out how to deal with child's problem
___ don't have enough information about child's background

OTHER CONCERNS
List here any other topics you want to discuss. Identify any questions you have.
Lesson 2
REACTION SHEET

What portion of the activities was most worthwhile to you? Why?
______________________________
______________________________
______________________________
______________________________

Least worthwhile? Why?
______________________________
______________________________
______________________________
______________________________

How can we as trainers better meet your needs?
______________________________
______________________________
______________________________
______________________________

Comments or suggestions:
______________________________
______________________________
______________________________
______________________________

PLEASE TEAR OUT THIS PAGE AND LEAVE IT WITH ONE OF THE LEADERS
INFORMATION ON

OBJECTIVE 4

To understand the foster parent role
and its close tie with the agency.

THREE WAY STREET — FOSTER FAMILY — AGENCY — CHILD
by Shirley Davis, Foster Parent in Texas

Sharing, helping, learning are all necessary ingredients for a good foster care system. They go hand in glove, much like the foster family, agency, and child go hand in glove. I would like to examine these three components of foster care.

Sharing is a vital part of the system. Foster families must share their homes with strangers; agencies must share information about these children to make them less of a stranger. Foster families must share many hours of many days explaining "WHY" to a heartsick child; agencies, in return, must share support. Foster families must share their hearts, knowing that they will ache when it is time to part; agencies must share a commitment to make that parting a meaningful one—not just another move in the life of a child, but rather, a move which means permanency. Foster families and agencies must share a mutual understanding of one another's needs and responsibilities. When these things are shared everyone's job will be easier, but most importantly—THE CHILD WILL REAP THE RESULTS.

"Helping others" is a phrase which is often heard. In foster care systems there are large webs of helping situations. The very nature of the job is one of helping. Foster families helping children; agencies helping children. Foster families helping other families; agencies helping families. Foster families helping the agencies; and the agencies helping foster families.

The foster families' first priority is the child in their homes. The foster family must help this child to heal, adjust, trust, learn not only to love other people, but himself as well. They must help this child learn to live with uncertainty, and must help this child try to accept himself. They must help this child by advocating for him.

The agencies' responsibilities are to all the children in foster care. Therefore, they must use the foster families as tools to help each individual child adjust and to develop his potential. It is the foster family that has the greater influence on the emotional development of the child. Hence, the agency must help the child develop and benefit from foster care by helping the foster families.

The agency must also help the child by making permanent plans for the child. The child should be included in the planning, and planning should begin soon after the child has been inducted into the system. The agency can help to alleviate much of the child's uncertainty and feelings of not having any control over his life by directly, consistently, and frequently involving him in any plans that pertain to his case.

Foster families and agencies must help each other by sharing experiences. Foster families and agency staff must help each other by cooperating. Foster families and agency staff must help each other by offering
support and being supportive. They should always remember to ask for help when it is needed. When there is mutual respect there is no shame in asking for help. And a job as awesome as making decisions that decide a child's future cannot be made without a great deal of help.

Lastly, we come to learning. Foster families must constantly be seeking new knowledge; agencies must constantly be seeking new knowledge. A great deal of information has been learned in the past two decades about foster care. Much more is waiting to be learned. Most of what has been learned has been based on experiences. We must continue to share experiences, we must continue to become as familiar with what motivates and regulates each other (foster families and agencies) as we possibly can. We must continue on this trend of open, honest relationships if we are to work in harmony, to complement each other, and in the end — PROVIDE THE BEST POSSIBLE SERVICE TO THE FOSTER CHILDREN IN TEXAS! (And in Nebraska!)

from Texas Progress Report published by Texas State Foster Parents, Inc.
INFORMATION ON
OBJECTIVE 4

To understand the foster parent role and its close tie with the agency.

ROLE ASSESSMENT IN FOSTER CARE
by Miss Bessie Mae Jones
Consultant to Foster Care Project, Louisiana State University

If we, in child welfare, consciously think about all that is involved for so many people, we should not be surprised if we had no applicants for foster parenting.

Foster parenting is an exceedingly difficult task where one is often in a “sink or swim” situation, in a position of providing a service without remuneration and of providing a service to many that is still viewed by many with suspicion.

We ask foster parents to accept a given youngster (or several) and to perform the following:

1. Provide physical care (and this means clothing, cooking, washing, mending, ironing, tending the ill, etc.).
2. Provide the opportunity for an appropriate religious experience.
3. Assure an ongoing educational plan (this includes study habits to assure promotion, joining the P.T.A.; attending school programs; and teacher conferences).
4. To accept this child and try to understand why he does not relate, does not fit, nor want to be a part of your family.
5. To expect little or no change in a child and to accept that when any change occurs it will be exceedingly slow.
6. To try to understand, try not to become too exasperated with a child’s problems (his enuresis, destructiveness, etc.).
7. To try to give special time and attention to each child.
8. To listen and encourage Johnny to talk of his mother and/or father and his own home and how he feels about this whenever he seems ready.
9. To accept and be understanding of the natural (birth) parents who visit, even if it is the parent who comes intoxicated and creates a scene.
10. To understand the pressures on the social worker who knows you have a problem but who cannot visit this week “so won’t you do the best you can.”
11. To love and care for, but not become too attached to, Johnny as he has a family and, hopefully, will return home.

The list of our expectations is endless so we need to think of ways to help foster parents clarify their roles during the study so they at least have a “head start.”
We need to know all the usual licensing factors in any home, i.e., space, income, physical health, etc., but it is not our knowledge of these facts that makes for a successful foster home.

We need to use our time in the study in more productive ways. We need to assist the (foster parent) applicants to clearly visualize and understand their role, the role of the worker and the role of the agency and its expectations of them as foster parents. Mr. Alfred Kadushin (in his book, *Child Welfare Services*) refers to the agency, foster parents, natural parents arrangement as a “triangle.” Foster parents as part of this triangle are also a part of an agency’s responsibility. We need to examine our attitudes toward foster parents and the little help we give them and the effect of this on our programs.

In our study process we often ask foster parents (in essence) to consider and treat the child “as they do their own.” This is not possible and you and I know this. We are gravely concerned when and if foster parents indicate they are investing too much of themselves and are not submitting accounts for clothing, resist parents’ or worker’s visits, etc.

**FOSTER PARENTS NEED TO KNOW THAT THEY WILL BE ACTING FOR THE AGENCY, WHO IS DELEGATED THE AUTHORITY TO CARE FOR THE CHILD BY THE COURTS AND/OR NATURAL PARENTS; THAT THIS CHILD DOES NOT BELONG TO THE AGENCY OR FOSTER PARENTS AND THAT, THEREFORE, RESPONSIBILITY IS TO THE COURTS AND TO THE PARENTS TO WHOM THE CHILD DOES BELONG.**

With your own child you decide every facet of his life and whether others agree or not is of no concern. This is not so with foster care where the agency pays the board and other expenses, decides methods of discipline, sleeping arrangements, expects foster parents to keep agency advised of illness, the child’s adjustment problems, etc. So we should begin on the true premise and help applicants understand they are not the parents but part of a team—a triangle, if you will.

Foster parents need to obtain a clear idea of what they can expect in their role—the expectations to include negative as well as positive, know of the bad days and that care will not be easy or simple and not as it was in rearing ones’ own. We seem to get “hungup” on our evaluation of “motives.” Somehow, in seeking and evaluating motivation of foster parents, it often seems we are looking for pathology. Foster parents must have a motive for their application. They must expect some personal need to be met or to derive some satisfaction because you and I know we cannot compensate them in other ways for their services.

Some workers and the community at large still view the motive of financial as negative and (if so) we become suspicious of the applicant and labor the points they will make no money, etc. This suspicion exists in spite of the fact everyone who works does so for financial gain. We need to know the applicant’s motivation but does it really matter if foster parents are “seeking status,” helping a “poor child,” or are lonely and missing own children now grown and wanting to replace or repeat their pleasurable experience. Our job is to find out what is their emotional need and then determine what child will meet need and give satisfaction.

**MOTIVATION IS A HUMAN FACTOR. WORKERS NEED TO VIEW IT AS SUCH AND TO EXPECT APPLICANTS TO BE SEEKING SOMETHING FOR THEMSELVES.**
I think it was Miss Irene Josselyn who indicated that most foster parents have some "neurotic" or self-seeking motivation in that they want the child to meet a need or problem whether it is a personal need or a social (community) one. Workers need to learn that needs are not negative. We all have needs and seek to meet them. Applicants with needs can make good foster parents if we make the "two needs" i.e., the child's and the foster parents' needs fit together.

If we are to be successful in our efforts we need to use the study (not only for analytical purposes but) to assure the applicants an understanding of their roles and of the role of the agency and worker.

Our role is not a checking process. We should emphasize our role is the sharing of an ultimate responsibility. We need to begin clarification and anticipate for applicants, assist them in understanding their own feelings about a strange child in their home who is to be a part of the family but who may well resent being there and who is suspicious of these people who want to replace his parents. Can they understand this? This naturally leads to a clarification of how foster parents will feel about such a child; what it will mean to try to handle this child and how they will cope and manage him in their routine; how to approach him; should they push him to talk; ignore his withdrawal; accept his statements about home, etc. On the other hand, if it is a young infant or toddler who clings and "steals your heart away," how will applicants feel about wanting this child for their own when he belongs to another; when he might leave and probably will, how will foster parents handle their grief; how will they handle feelings when the parents visit or fail to visit. We need to assist applicants to seriously consider how they will feel about parental visiting taking place in the home; that this is one of the agency expectations; especially parents who have seriously abused or neglected and child; and what about parents who criticize the care foster parents are giving, etc. We need to focus attention on foster parents' capacity to understand and accept their own negative feelings without anger and guilt when parents fail to visit, upset the child, etc. If they know why parents do this, they need not feel anger, etc.

Foster parents need to have an overall understanding of what parents and children mean to one another and how separation affects them all. We usually try to do this as we go along in the placement rather than in the study.

FOSTER PARENTS NEED SUPPORT AND HELP IN UNDERSTANDING THEIR OWN FEELINGS TOWARD THE CHILD WHO TALKS ABOUT AND WANTS TO BE WITH HIS OWN—TO ACCEPT AND UNDERSTAND THAT THIS DOES NOT MEAN HE DOES NOT LIKE THE FOSTER PARENTS OR THEIR HOME.

The same is true of negative feelings (at times) that they feel toward a child. Many workers do not want to hear complaints about a child's behavior—it seems to mean foster parents do not like or understand the child or that foster mother is angry with Johnny. We somehow seem to think if we help foster parents vent and accept their feelings that it means they are going to ask for his removal. They need this opportunity and it is their right. It is our responsibility to help them tell us just how they feel; how this child is behaving or adjusting in their home; how he is fitting in or disrupting the routine of family living. If foster parents are clear on the role of the worker in the study process, feel a responsibility to share their feelings, concerns and information with the agency, then everyone is more comfortable and can talk when problems arise.
Frequently staff cannot visit as regularly as they should to carry out the agency’s responsibility. The foster parents are left to do the best they can. When problems develop we often think the foster parents are failing.

**FOSTER PARENTS NEED TO KNOW DURING THE STUDY THAT WHATEVER THEY DO OR FAIL TO DO IT DOES NOT MEAN THEY HAVE FAILED.**

They need to know we, too, can make mistakes in placing a child who is too disturbed for foster care; or too tied to his own family to use this experience. If we make such a mistake, how will it affect the foster family; will they feel they should have succeeded or be angry with the agency but not express the anger for fear we will not place another child? Foster parents need approval to express feelings and to know from the outset that the agency expects them to tell us how they feel, etc.

Many foster parents do not feel comfortable telling the workers about the child’s failure to adjust; his behavioral problems, etc., for fear this is a reflection on them in their role. Workers frequently do not really know the child they place, his problems, etc., and we must depend on foster parents to provide this information.

**THE FOSTER PARENTS NEED TO KNOW DURING THE STUDY THAT WE OFTEN DO NOT KNOW THE CHILD AND WE EXPECT FOSTER PARENTS TO GIVE US THIS DATA.**

When we get negative reports we need to listen and offer support, professional expertise and humor.

Foster parents come to the agency asking for a child, but it is often, as someone said, “bargain day,” so to speak. They get the child, but also the agency, natural parents, nosey neighbors, unaccepting school, etc. Therefore, foster parents need to clarify their feelings about the triangle and also community attitudes and how to handle. Too, a child in placement means the agency will interfere with their family privacy, will interrupt their normal routines, and will be frequent visitors. If we visit only upon request or when a problem is serious, then our visits become threatening. Foster parents from the outset need to know that our visits are to find out about the placement, both the “good and bad”; they are for us to listen and to offer suggestions; that we do not expect foster parents to have all the answers, that they and we can expect some difficult days and that our visits or questions are not a reflection on agency or foster parents.

Foster parents (in a study process) need special time to discuss and understand how parents feel about loving a child and some of their possible reactions to separation; why parents might criticize or make rash promises to a child, etc. Knowing this beforehand helps one to be prepared to handle and to understand. Foster parents need to know of the parents (regular) visitation rights in their home and why it is necessary and so important in the child’s adjustment; that if he is feeling rejected by his folks he cannot adjust to foster parents. Foster parents need to project and talk about how they might handle a situation, i.e. parents who visit intoxicated or are demanding; how parents feel visiting on a schedule and in another’s home; how foster parents can feel sorry for children or parent and let them stay too long or come on unscheduled visits; foster parents need to understand why it is wise to maintain the limits set by the worker; how to handle parents who want to discuss their personal problems with foster parents, etc.

Foster parents everywhere are organizing into local and state associations, are joining their National Organization, are having monthly meetings, are attending local and national conferences and workshops. They...
are becoming vocal and pointing out to the field of social work its failures. They are demanding recognition and recompense for a heretofore thankless job. They went to learn, want to serve the community and to serve the children.

We need to do our part and to encourage their efforts. We need to look critically at our own attitudes and whether we have given these citizens their just due. Have we carried our share of the responsibility and have we used them and their service wisely? They are requesting we give them knowledge and skills in order to meet our needs and the needs of children. We cannot do less than assure that they know and understand their role, the role of the agency and of the workers and of the expectations of the agency.
In 1975, the National Foster Parent Association adopted an eleven-point Code of Ethics designed to provide a moral and ethical framework for foster parents. The social worker can use the code as a means of explaining the role of foster parents. By permission of the National Foster Parent Association, the code is presented below.

**CODE OF ETHICS FOR FOSTER PARENTS**

**PREAMBLE**

Foster family care for children is based on the theory that no unit in our society, other than the family, has ever been able to provide the special qualities needed to nurture children to their fullest mental, emotional and spiritual development. If, for a certain period, a family ceased to provide these special qualities, substitute care must be used. It is recognized that, ideally, foster care is temporary in nature. Parents who provide foster family care must have commitment, compassion and faith in the dignity and worth of children, recognize and respect the rights of natural parents, and be willing to work with the child placing agency to develop and carry out a plan of care for the child.

Foster care is a public trust that requires that the practitioners be dedicated to service for the welfare of children, that they utilize a recognized body of knowledge about human beings and their interactions, and that they be committed to gaining knowledge of community resources which promote the well-being of all without discrimination.

Each foster parent has an obligation to maintain and improve the practice of fostering, constantly to examine, use and increase the knowledge upon which fostering is based, and to perform the service of fostering with integrity and competence.

**PRINCIPLES**

1. I regard as my primary obligation the welfare of the child served.
2. I shall work objectively with the agency in effecting the plan for the child in my care.
3. I hold myself responsible for the quality and extent of the services I perform.
4. I accept the reluctance of the child to discuss his past.
5. I shall keep confidential from the community information pertaining to any child placed in my home.
6. I treat with respect the finding, views and actions of fellow foster parents, and use appropriate channels, such as a foster parent organization, to express my opinions.
7. I shall take advantage of available opportunities for educating and training designed to upgrade my performance as a foster parent.
8. I respect the worth of all individuals regardless of race, religion, sex or national ancestry in my capacity as a foster parent.
9. I accept the responsibility to work toward assuring that ethical standards are adhered to by any individual or organization providing foster care services.
10. I shall distinguish clearly in public between my statements and actions as an individual, and as a representative of a foster parent organization.
11. I accept responsibility for working toward the creation and maintenance of conditions within the field of foster family care which enable foster parents to uphold the principles of this code.
Foster parents work closely with agency workers: Agency workers inform you of why the child is in foster care, involve you in the assessing of the child, ask you to help develop and implement a plan for the child, ask you to keep records, and may ask you to testify at a child’s hearing. In all this communication that goes on between a foster parent and a worker, there are often terms used that are new and not understandable.

The “Definition of Terms” that follows has been designed as a handy reference for the foster parent to use when a new term is used by the worker.

It is probably best if the foster parent would just stop the worker in mid-sentence and ask for an explanation, but this is not always possible—time may be short; you may think you understand at the time but later on you don’t; the worker may not know how to explain the meaning; etc.

However you use these definitions, it is hoped that the child you foster will benefit.
DEFINITION OF TERMS

ACTING OUT
1. Aggressive or sexual behavior explained by some psychoanalytic theorists as carrying out fantasies or expressing unconscious feelings and conflicts.
2. Children's play or play therapy activities used as a means of expressing hitherto repressed feelings.

ADVOCACY
Interventive strategy in which a helping person assumes an active role in assisting or supporting a specific child and/or family or a cause on behalf of children and/or families. This could involve finding and facilitating services for specific cases or developing new services or promoting program coordination. The advocate uses his/her power to meet client needs or to promote causes.

ALLEGATION
Charge or complaint which is proven true or false at a hearing or trial. In a child abuse or neglect case, the allegation is a petition or statement containing charges of specific acts of cruelty or improper care which the petitioner hopes to prove at a trial.

BEST INTEREST OF THE CHILD
Standard for deciding among alternative plans for abused or neglected children. This is related to the least detrimental alternative principle. Usually it is assumed that it is in the child's best interest and least detrimental if the child remains in the home, provided that the parents can respond to treatment. However, this response may be difficult to assess and it may not be known whether the necessary resources are available. A few authorities believe that except where the child's life is in danger, it is always in the child's best interest to remain in the home. This view reflects the position that in evaluating the least detrimental alternative and the child's best interest, the child's psychological as well as physical well-being must be considered. In developing a plan, the best interest of the child may carry less weight than parental rights or agency policy and practice. However, if the least detrimental alternative principle is utilized, the child's best interest will be served. The best interest of the child and least detrimental alternative principles were articulated as a reaction to the overuse of child placement in cases of abuse and neglect. Whereas "best interest of the child" suggests that some placement may be justified, "least detrimental alternative" is stronger in suggesting that any placement or alternative should be monitored.

BONDING
The psychological attachment of mother to child which develops during and immediately following childbirth. Bonding, which appears to be crucial to the development of a healthy parent-child relationship, may be studied during and immediately following delivery to help identify potential families-at-risk. Bonding is normally a natural occurrence but it may be disrupted by separation of mother and baby or by situational or psychological factors causing the mother to reject the baby at birth.

CHILD ABUSE AND NEGLECT
All-inclusive term, as defined in the Child Abuse Prevention and Treatment Act, for "the physical or mental injury, sexual abuse, negligent treatment or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby." Further definitions of abuse and neglect vary according to state law. Child abuse and neglect can refer to: 1) a child or children in an individual family, 2) a group of children in an institution or group home, or 3) all children in society as a whole.

CHILD ABUSE refers specifically to an act of commission by a parent or caretaker which is not accidental and harms or threatens to harm a child's physical or mental health or welfare. All 50 states have a child abuse reporting law with varying definitions of child abuse and varying provisions as to who must and may report penalties for not reporting, and required agency action following the report. Factors such as the age of the child and the severity of injury are important in determining abuse.
Physical Abuse
Child abuse which results in physical injury, including fractures, burns, bruises, welts, cuts, and/or internal injuries. Physical abuse often occurs in the name of discipline or punishment, and ranges from a slap of the hand to use of objects such as straps, belts, kitchen utensils, pipes, etc.

Psychological/Emotional Abuse
Child abuse which results in impaired psychological growth and development. Frequently occurs as verbal abuse or excessive demands on a child’s performance and results in a negative self-image on the part of the child and disturbed child behavior. May occur with or without physical abuse.

Sexual Abuse
Child abuse which results in any act of a sexual nature upon or with a child. Most states define any sexual involvement of a parent or caretaker with a child as a sexual act and therefore abuse. The most common form is incest between fathers and daughters.

Verbal Abuse
A particular form of psychological/emotional abuse characterized by constant verbal harassment and denigration of a child. Many persons abused as children report feeling more permanently damaged by verbal abuse than by isolated or repeated experiences of physical abuse.

CHILD NEGLECT refers to an act of omission, specifically the failure of a parent or other person legally responsible for a child’s welfare to provide for the child’s basic needs and proper level of care with respect to food, clothing, shelter, hygiene, medical attention, or supervision. Most states have neglect and/or dependency statutes; however, not all states require the reporting of neglect. While there is agreement that some parental care and supervision is essential, there is disagreement as to how much is necessary for a minimally acceptable environment. Severe neglect sometimes occurs because a parent is apathetic, impulse-ridden, mentally retarded, depressed, or psychotic.

Educational Neglect
Failure to provide for a child’s cognitive development. This may include failure to conform to state legal requirements regarding school attendance.

Medical Neglect
Failure to seek medical or dental treatment for a health problem or condition which, if untreated, could become severe enough to represent a danger to the child. Except among religious sects prohibiting medical treatment, medical neglect is usually only one part of a larger family problem.

Moral Neglect
Failure to give a child adequate guidance in developing positive social values, such as parents who allow or teach their children to steal.

Physical Neglect
Failure to provide for a child’s basic survival needs, such as food, clothing, shelter, and supervision, to the extent that the failure represents a hazard to the child’s health or safety. Determining neglect for lack of supervision depends upon the child’s age and competence, the amount of unsupervised time, the time of day when the child is unsupervised, and the degree of parental planning for the unsupervised period.
Psychological/Emotional Neglect
Failure to provide the psychological nurturance necessary for a child's psychological growth and development. It is usually very difficult to prove the cause and effect relationship between the parent's unresponsiveness and lack of nurturance and the child's symptoms, and many states do not include psychological or emotional neglect in their reporting laws.

CHILD DEVELOPMENT
Pattern of sequential stages of interrelated physical, psychological, and social development in the process of maturation from infancy and total dependence to adulthood and relative independence. Parents need to understand the level of maturity consistent with each stage of development and should not expect a child to display a level of maturity of which the child is incapable at a particular stage. Abusive or neglectful parents frequently impair a child's healthy growth and development because they do not understand child development or are otherwise unable to meet the child's physical, social, and psychological needs at a given stage or stages of development.

CHILD IN NEED OF SUPERVISION
Juvenile who has committed a status offense and has been found by a children's court judge to require further court supervision, such as 1) probation, or 2) the transfer of custody of the child to a relative or public or private welfare agency for a period of time, usually not to exceed one year.

CHILD PROTECTIVE SERVICES or CHILD PROTECTION SERVICES
A specialized child welfare service, usually part of a county department of public welfare, legally responsible in most states for investigating suspected cases of child abuse and neglect and intervening in confirmed cases. Qualifications of CPS workers vary, with some counties employing CPS workers without prior human services training and others requiring at least a Bachelor's degree in social work. With over 3,000 counties in the U.S., there are many kinds of CPS programs of varying quality. Common to most is the problem of insufficient staff overburdened with excessive caseloads. This plus the pressure of CPS work creates stress for many CPS staff.

CHILD WELFARE AGENCY
A public or voluntary agency providing service to children in their own homes and/or in day care, and which may be licensed to place children in foster homes, group homes, or institutions or into permanent adoptive homes. The number of children served annually by child welfare agencies in the U.S. is estimated to be over one million, the majority being served by public agencies. Payments for foster care represent well over half the total of child welfare agencies' expenditures.

Child welfare agencies which meet certain standards, including Standards for Protective Services, are accredited by the Child Welfare League of America. It is estimated that the majority of social workers employed by these accredited agencies hold a Master's degree. In public child welfare agencies, Master's degree social workers are a minority, with specific educational requirements varying from state to state. However, unlike many other fields of social work which share responsibility with other professions, child welfare is a domain for which social work has been accorded major responsibility. Believing that child protection is a public child welfare agency responsibility, few private agencies provide it.

CHILDREN-AT-RISK
May refer to the possibility that children in the custody of a state or county will get lost in a series of placements or for other reasons not be returned to their natural homes when these homes are no longer threatening to the children's welfare. May also refer to children in potentially abusive institutions, but usually refers to children in families-at-risk.

CHILDREN'S RIGHTS
Rights of children as individuals to the protections provided in the Constitution as well as to the care and protection necessary for normal growth and development. Children's rights are actually exercised through adult representatives and advocates. The extent to which children's rights are protected varies according to the individual state laws providing for the identification and treatment of child abuse and neglect. An unresolved issue is the conflict between children's rights and parents' rights or rights to privacy.
COMPLAINT
1. An oral statement, usually made to the police, charging criminal, abusive, or neglectful conduct.
2. A district attorney's document which starts a criminal prosecution.
3. A petitioner's document which starts a civil proceeding. In juvenile or family court, the complaint is usually called a petition.
4. In some states, term used for a report of suspected abuse or neglect.

COMPREHENSIVE EMERGENCY SERVICES
A community system of coordinated services available on a 24-hour basis to meet emergency needs of children and/or families in crisis. Components of a CES system can include 24-hour protective services, homemaker services, crisis nurseries, family shelters, emergency foster care, outreach, and follow-up services.

COURTS
Juvenile Court
Juvenile court, which has jurisdiction over minors, usually handles cases of suspected delinquency as well as cases of suspected abuse or neglect. In many states, terminations of parental rights occur in juvenile court proceedings, but that is generally the limit of juvenile court's power over adults.

CUSTODY
The right to care and control of a child and the duty to provide food, clothing, shelter, ordinary medical care, education, and discipline for a child. Permanent legal custody may be taken from a parent or given up by a parent in court action. Temporary custody of a child may be granted for a limited time only, usually pending further action or review by the court. Temporary custody may be granted for a period of months, or in the case of protective or emergency custody, for a period of hours or several days.

Emergency Custody
The ability of a law enforcement officer, pursuant to the criminal code, to take temporary custody of a child who is in immediate danger and place him in the control of child protective services. A custody hearing must usually be held within 48 hours of such action. Also known as police custody.

Protective Custody
Emergency measure taken to detain a child, often in a hospital, until a written detention request can be filed. In some states, telephone communication with a judge is required to authorize protective custody. In other states, police, social workers, or doctors have statutory authority to detain minors who are in imminent danger.

CUSTODY HEARING
Hearing, usually held in children's court, to determine who has the rights of legal custody of a minor. It may involve one parent against the other or the parents vs. a social service agency.

DELINQUENCY
Behavior of a minor which would, in the case of an adult, constitute criminal conduct. In some states, delinquency also includes "waywardness" or disobedient behavior on the part of the child. In contrast to dependency cases, where the parent(s) rather than the minor is assumed responsible, delinquency cases assume that the minor has some responsibility for his behavior.

DEPENDENCY
A child's need for care and supervision from a parent or caretaker. Often a legal term referring to cases of children whose natural parent(s) cannot or will not properly care for them or supervise them so that the state must assume this responsibility. Many states distinguish findings of dependency, for which the juvenile is assumed to have little or no responsibility, from findings of delinquency, in which the juvenile is deemed to be at least partially responsible for his behavior.
**DETENTION**
The temporary confinement of a person by a public authority. In a case of child abuse or neglect, a child may be detained pending a trial when a detention hearing indicates that it is unsafe for the child to remain in his own home. This is often called protective custody or emergency custody. The child may be detained in a foster home, group home, hospital, or other facility.

**DISPOSITION**
The order of a juvenile or family court issued at a dispositional hearing which determines whether a minor, already found to be a dependent or delinquent child, should continue in or return to the parental home, and under what kind of supervision, or whether the minor should be placed out-of-home, and in what kind of setting: a relative's home, foster home, or institution. Disposition in a civil case parallels sentencing in a criminal case.

**DUE PROCESS**
The rights of persons involved in legal proceedings to be treated with fairness. These rights include the right to adequate notice in advance of hearings, the right to notice of allegations of misconduct, the right to assistance of a lawyer, the right to confront and cross-examine witnesses, and the right to refuse to give self-incriminating testimony.

In child abuse or neglect cases, courts are granting more and more due process to parents in recognition of the fact that loss of parental rights, temporarily or permanently, is as serious as loss of liberty. However, jury trials and presumptions of innocence are still afforded in very few juvenile or family court cases.

**EVIDENCE**
Any sort of proof submitted to the court for the purpose of influencing the court's decision. Some special kinds of evidence are:

- **Circumstantial**
  
  Proof of circumstances which may imply another fact. For example, proof that a parent kept a broken appliance cord may connect the parent to infliction of unique marks on a child's body.

- **Direct**
  
  Generally consisting of testimony of the type such as a neighbor stating that he saw the parent strike the child with an appliance cord.

- **Hearsay**
  
  Second-hand evidence, generally consisting of testimony of the type such as, “I heard him say...” Except in certain cases, such evidence is usually excluded because it is considered unreliable and because the person making the original statement cannot be cross-examined.

- **Opinion**
  
  Although witnesses are ordinarily not permitted to testify to their beliefs or opinions, being restricted instead to reporting what they actually saw or heard, when a witness can be qualified as an expert on a given subject, he can report his conclusions, for example, “Based upon these marks, it is my opinion as a doctor that the child must have been struck with a flexible instrument very much like this appliance cord.” Lawyers are sometimes allowed to ask qualified experts “hypothetical questions,” in which the witness is asked to assume the truth of certain facts and to express an opinion based on those “facts.”

- **Physical**
  
  Any tangible piece of proof such as a document, X-ray, photograph, or weapon used to inflict an injury. Physical evidence must usually be authenticated by a witness who testifies to the connection of the evidence (also called an exhibit) with other facts in the case.
EVIDENTIARY STANDARDS
Guidelines used when examining evidence presented in order to determine if that evidence is factual and legally proves the case being tried. Various standards of proof are:

Beyond a Reasonable Doubt (criminal court standard)
The evidence presented fully satisfies the court as being factual.

Clear and Convincing Evidence
Evidence which is fully convincing; equivalent to beyond a reasonable doubt.

Preponderance of Evidence (civil court standard)
Evidence which leaves the court with the strongest impression of credibility and is determined to be fact.

FAILURE TO THRIVE SYNDROME (FTT)
A serious medical condition most often seen in children under one year of age. An FTT child's height, weight, and motor development fall significantly short of the average growth rates of normal children. In about 10% of FTT cases, there is an organic cause such as serious heart, kidney, or intestinal disease, a genetic error of metabolism, or brain damage. All other cases are a result of a disturbed parent-child relationship manifested in severe physical and emotional neglect of the child. In diagnosing FTT as child neglect, certain criteria should be considered:

1. The child's weight is below the third percentile, but substantial weight gain occurs when the child is properly nurtured, such as when hospitalized.
2. The child exhibits developmental retardation which decreases when there is adequate feeding and appropriate stimulation.
3. Medical investigation provides no evidence that disease or medical abnormality is causing the symptoms.
4. The child exhibits clinical signs of deprivation which decrease in a more nurturing environment.
5. There appears to be a significant environmental psychosocial disruption in the child's family.

FOSTER CARE
A form of substitute care for children who need to be removed from their own homes. Usually this is a temporary placement in which a child lives with a licensed foster family or caretaker until he can return to his own home or until reaching the age of majority. Foster care all too often becomes a permanent method of treatment for abused or neglected children. Effective foster care ideally includes service to the child, service to the natural parents, service to the foster parents, and periodic review of the placement.

FOSTER HOME STUDY
A process designed to select those foster home applicants likely to succeed. It consists of individual interviews that focus on the applicant's personal stability, motivation, past experience with children, etc., and discussions that help prepare applicants for foster parenting.

FOSTER HOME STUDY REPORT
A written agency report that summarizes the information gathered during the foster home study and offers conclusions and recommendations as to the appropriateness of using the home.

GUARDIAN
An adult charged lawfully with the responsibility for a child. A guardian has almost all the rights and powers of a natural parent, but the relationship is subject to termination or change. A guardian may or may not also have custody and therefore actual care and supervision of the child.
GUARDIAN AD LITEM (GAL)
Adult appointed by the court to represent the child in a judicial proceeding. The guardian ad litem may be, but is not necessarily, an attorney. Under the Child Abuse Prevention and Treatment Act, a state cannot qualify for federal assistance unless it provides by statute “that in every case involving an abused or neglected child which results in a judicial proceeding a guardian ad litem shall be appointed to represent the child in such proceedings.” Some states have begun to allow a GAL for children in divorce cases.

HEARING
Judicial proceeding where issues of fact or law are tried and in which both parties have a right to be heard. A hearing is synonymous with a trial.

IN CAMERA
Any closed hearing before a judge in his chambers is said to be in camera.

IN LOCO PARENTIS
“In the place of a parent.” Refers to actions of a guardian or other non-parental custodian.

INCEST
Sexual intercourse between persons who are closely related by blood. While incest between father and daughter, mother and son, or sister and brother is almost universally forbidden, various cultures may extend the boundaries to prohibit intercourse with other relatives. In the U.S., the prohibition against incest is specified by many states’ laws as well as by cultural tradition, with state laws usually defining incest as marriage or sexual relationships between relatives who are closer than second, or sometimes even more distant, cousins. While incest and sexual abuse are sometimes thought to be synonymous, it should be realized that incest is only one aspect of sexual abuse. Incest can occur within families between members of the same sex, but the most common form of incest is between fathers and daughters. It is generally agreed that incest is much more common than the number of reported cases indicates. Also, because society has not until the present done much about this problem, professionals have generally not had adequate training to deal with it, and the way the problem is handled may prove more traumatic for a child victim of incest than the incest experience itself.

INTAKE
Process by which cases are introduced into an agency. Workers are usually assigned to interview persons seeking help in order to determine the nature and extent of the problem(s).

INVOLUNTARY PLACEMENT
Court-ordered assignment of custody to an agency and placement of a child, often against the parents’ wishes, after a formal court proceeding, or the taking of emergency or protective custody against the parents’ wishes preceding a custody hearing.

JUVENILE JUDGE
Presiding officer of a juvenile court. Often in a juvenile court there are several other hearing officers of lesser rank, usually called referees or commissioners.

MATCHING
The process of decision making related to the selection of a particular foster home for a particular foster child.

NETWORKING
Formal or informal linkages of individuals, families, or other groups with similar social, education, medical, or other service needs with the public or private agencies, organizations, and/or individuals who can provide such services in their locale. Formal agreements are usually written and spell out under what circumstances a particular agency, group, or individual will provide certain services. Informal agreements are apt to be verbal and relate to a particular family or case.
PARENS PATRIAE
"The power of the sovereign." Refers to the state's power to act for or on behalf of persons who cannot act in their own behalf; such as minors, incompetents, or some developmentally disabled.

PARENTS' RIGHTS
Besides the rights protected by the Constitution for all adults, society accords parents the right to custody and supervision of their own children, including, among others, parents' rights to make decisions about their children's health care. This plus parents' rights to privacy may complicate investigations of suspected child abuse and neglect and treatment of confirmed cases. Parents' rights may be cited in court in order to prevent the state from taking custody of a child who is in danger in his own home.

PERIODIC REVIEW
There are two types:
1. Periodic administrative review is an internal agency procedure.
2. Court or judicial review is external to the agency and involves a court hearing.
Both have the goal to review on a regular basis each foster care case to determine whether or not a child should continue in foster care, be returned to birth parents, freed for adoption, or placed in adoptive home.

PETITION
Document filed in juvenile or family court at the beginning of a neglect, abuse, and/or delinquency case. The petition states the allegations which, if true, form the basis for court intervention.

PETITIONER
Person who files a petition. In juvenile and family court practice, a petitioner may be a probation officer, social worker, or prosecutor, as variously defined by state laws.

Plea Bargaining
Settlement of a criminal prosecution, usually by the reduction of the charge and/or the penalty, in return for a plea of guilty. Plea bargains are sometimes justified by congested court calendars. They are attacked as devices which weaken the intended effect of penal statutes and which reduce the dignity of the criminal justice system. Far more than half of all criminal prosecutions in this country are resolved by plea bargains.

PRE-PLACEMENT VISITS
Opportunities for foster parents and the foster child to visit with each other before placement is finalized.

PRE-TRIAL DIVERSION
Decision of the district attorney not to issue charges in a criminal case where those charges would be provable. The decision is usually made on the condition that the defendant agrees to participate in rehabilitative services.

PROBABLE CAUSE
Legal standard indicating a reasonable ground for belief in the existence of facts supporting a complaint that has been made.

PROBATION
Allowing a convicted criminal defendant or a juvenile found to be delinquent to remain at liberty, under a suspended sentence of imprisonment, generally under the supervision of a probation officer and under certain conditions. Violation of a condition is grounds for revocation of the probation. In a case of child abuse or neglect, a parent or caretaker who is convicted of the offense may be required, as part of his probation, to make certain promises to undergo treatment and/or to improve the home situation. These promises are made as a condition of the probation in which the child is returned home and are enforced with the threat of revocation of parental rights.
**PSYCHOLOGICAL PARENT**
Adult who, on a continuing day-to-day basis, fulfills a child's emotional needs for nurturance through interaction, companionship, and mutuality. May be the natural parent or another person who fulfills these functions.

**PURCHASE OF SERVICE**
Provision for diagnosis and/or treatment of a child by an agency other than the mandated agency using mandated agency funds. The mandated agency subcontracts with the provider agency for specific services with specific clients, but the mandated agency retains statutory responsibility for the case.

**RECEIVING HOME**
A family or group home for temporary placement of a child pending more permanent plans such as return to his own home, foster care, or adoption.

**RECRUITMENT**
A process of reaching out to the public, explaining the need for foster homes, and enlisting new foster parents into the system. The purpose of recruitment is to enlarge the resource pool from which a particular foster home can be selected to care for a specific foster child. The larger the pool, the greater the opportunity to select a foster home that will meet the unique needs of each child.

**REPLACEMENT (or disruption)**
The movement of a foster child from his current foster home to another foster home. While replacement is sometimes necessary and unavoidable, professionals agree that it is undesirable and should be avoided if possible.

**SEALING**
In juvenile court or criminal court practice, the closing of records to inspection by all but the defendant or minor involved. Sealing is provided by statute in some states and may be done after proof is made that the defendant or minor has behaved lawfully for a specified period of years. Note that juvenile court records are never public, as are the records of most other courts; access to juvenile court records is theoretically very restricted, even before sealing.

**SENTENCING**
The last stage of criminal prosecution in which a convicted defendant is ordered imprisoned, fined, or granted probation. This is equivalent in a criminal case to the disposition in a juvenile court case.

**STAFF BURNOUT**
Apathy and frustration felt by protective service workers who are overworked, undertrained, and lacking agency or supervisory support. This is a common problem, and workers who do not leave protective services or who do not have supervisory support often lose sensitivity to client needs. Burnout can also occur with foster parents.

**STATUS OFFENSE**
An act which is considered criminal only because it is committed by a person of a particular status, such as a minor. If an adult did the same thing, it would not be an offense. For example, a minor staying out after curfew, running away, being truant from school.

**TEMPORARY PLACEMENT**
Voluntary or involuntary short term removal of a child from his own home, primarily when a child's safety or well-being is threatened or endangered, or when a family crisis can be averted by such action. Temporary placement may be in a relative's home, receiving home or shelter, foster home, or institution. Temporary placement should be considered only if service to the child and family within the home, such as
use of a homemaker or day care, is determined to be insufficient to protect or provide for the child or if it is unavailable. If the home situation does not improve while the child is in temporary placement, long term placement may be warranted. However, authorities agree that too many temporary placements unnecessarily become permanent placements.

**TERMINATION OF PARENTAL RIGHTS (TPR)**
A legal proceeding freeing a child from his parents' claims so that the child can be adopted by others without the parents' written consent. The legal bases for termination differ from state to state, but most statutes include abandonment as a ground for TPR.

**TESTIMONY**
A declaration or statement made to establish a fact, especially one made under oath in court.

**VOLUNTARY PLACEMENT**
Act of a parent in which custody of his child is relinquished without a formal court proceeding. Sometimes called voluntary relinquishment.
At this point, I still want to be a foster parent.

1. I am able and willing to be honest
   ... about my motivation and
   ... about my expectations ...
   and will share these with my spouse ...
   and with my caseworker

2. I am willing to take on the many responsibilities of being a foster parent
   ... to welcome the worker into my home and life
   ... to work towards a good relationship with the worker
   ... to take the time to keep records
   ... to keep the worker informed about the good changes that occur
     in the child
   ... to keep the worker informed and to ask for help when the
     situation gets bad
   ... to understand when the worker doesn’t have as much time to
     give me as I would like
   ... to keep matters concerning the foster child confidential
SESSION 3

"HOW TO FOSTER A CHILD"
"HOW TO FOSTER A CHILD"

"My early experiences in foster care were no different from those of anyone else. I wanted to protect children, hang onto them and avoid working with their parents, because I didn't know how."

Donna Strong, a foster parent

"It is surprising how many legitimate excuses you can come up with to avoid visiting your children in foster homes. Sometimes a failure to visit frequently on the part of the natural parent is not an indication that they don't care, but that they care too much."

Phyllis McAdams, a birth parent

"My Mother Frances is a sweet, innocent, kind and important woman in my life. She cared for me when nobody else would and until this day she is still caring and loving me which I think about alot."

A foster child

OBJECTIVES

1. To understand how foster parents are matched with a child.

2. To know what information to ask for when the child is placed that will be helpful in fostering the child and what records to keep during the placement.

3. To understand how a foster child feels when being placed and the importance of his parents to him.

4. To understand that adjustments within the family are necessary when fostering.

5. To understand the necessity of a support system when foster parenting.

IN CLASS

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<td>from Claudia Jewett and Linda Biggert.</td>
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<td>Excerpts from “As Foster Children See It: Former Foster Children Talk About</td>
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<td>Foster Family Care,” by Elinor Jacobson and Joanne Cookerum in Children Today.</td>
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<td>“Some Do’s and Don’ts for Foster Parents” adapted from an article with the</td>
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<td>same title by Janiel Jarrett, Department of Human Resources, Atlanta, Georgia,</td>
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</table>
THREE CONSIDERATIONS USED IN MATCHING

When an agency is trying to match a child with the foster family that can help the child and his family the most, they consider:

1. The family's ability to meet the child's needs and the willingness to accept the child;

2. The degree of freedom from unusual stresses within the living environment; and

3. The accessibility of the home to appropriate schools and community resources.
IN CLASS

OBJECTIVE 2

To know what information to ask for and what records to keep.

INFORMATION TO GET AND RECORDS TO KEEP

Foster children are grappling with four questions:
    Who am I?
    Where am I?
    Why am I here?
    What is going to happen to me?

You can help your foster child deal with these questions if you have some information. The following pages give you a form for asking for information about each foster child that enters your family. You will want to have the pages duplicated and ready for each child. (It is important to note that there are times when the case worker will know little, but then you can help him by filling in the blanks gradually as you learn daily from the child.)

With information filled in about the child, you can know what health problems to expect, if he had chicken pox, if the placement was voluntary or court ordered, etc.

The records you keep are important also. They give meaning to a child's life; they help the agency plan for the future of the child and his family; and they are better than memory when one needs to go to court.
INFORMATION ABOUT YOUR FOSTER CHILD

BACKGROUND INFORMATION

Name of Child __________________________ (Nicknames) __________________________

Birthdate __________ Where Born __________ Social Security No. __________

Name of Mother __________ Father __________ or Guardian __________

Are Parents: Married ___ Single ___ Divorced ___

Address of Parents/Guardian __________________________________________ Telephone Number ______

Names and Ages of Brothers & Sisters: __________________________________________

MEDICAL HISTORY

Name of Doctor __________________________

Address __________________________ Telephone Number ______

When was the last physical? __________________________

Special health problems __________________________________

Blood type _______ Allergies __________________________

Any medication needed __________________________________

In case of sickness or illness, what procedures do I follow? __________________________

If there is a medical emergency, procedures to follow: __________________________

__________________________

__________________________

__________________________

__________________________

63
How are medical and dental expenses paid?  

If the child is handicapped:  

Is there any special equipment needed?  

What about therapy?  

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<th>DTP (Diphtheria-Tetanus-Pertussis)</th>
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**SCHOOL**

Name and Address of School Child is to Attend  

Special education needed?  

Speech therapy needed?  

Have the records been sent?  

Who will enroll him and when?  

How is the child to get to school?  

**BIRTH FAMILY**

Major reason why child is in foster care  

What are their visiting rights?  

Situations that may arise during and after visits  

Where should visits be held?  

---

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BEHAVIOR I Can Expect from Child

What has worked before?

PERSONAL LIKES AND DISLIKES

Food

Games

Others

REASON FOR PLACEMENT

Expected Length of Placement

Plan for the Child

Supervisory Agency

Address

Telephone Number

Case Worker

Home Telephone Number

Supervisor

Home Telephone Number

FINANCIAL ARRANGEMENTS

How much will I be paid?

When?

Reimbursable Expenses?

Clothing Allowance?
# Records to Keep

## Medical Updates

### Shots or Vaccinations During Placement

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### Hospitalizations During Placement

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### Doctor Visits

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ACCIDENT REPORT

Child's Name

Home Address

Time of Accident: A.M. ___ P.M. ___ Date ______ Phone ___________________________

Place of Accident: ________________________________

DESCRIPTION OF ACCIDENT

________________________________________________________________________

Evidence of Injury

Name of Person in Charge When Accident Occurred

Present at Scene of Accident: Yes ______ No ______

Who Was Notified? ________________________________

At What Time? ________________________________

By Whom Notified? ________________________________

Response Received

ACTION TAKEN

First Aid Treatment: By: ________________________________

Sent to Physician: By: ________________________________

Sent to Hospital: ________________________________ By: ________________________________

Witnesses: Name __________________________ Address __________________________

(if any)

Name __________________________ Address __________________________

Signature: ________________________________
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CHANGES

Every family must make some changes when a new member is added; this is also true in foster care.

You will want to think ahead about the changes you and your spouse and children will be making and list them below.

1. 

2. 

3. 

4. 

5. 

6. 

7. 

8. 

9. 

10. 

MY SUPPORT SYSTEM

Identify at least three people who are somehow important to you. These could be relatives, friends, neighbors, employers, teachers, and loved ones. Write their names or initials in the boxes provided on the left, using one name per box.

In each box describe briefly how each person could/does provide support; what do you need from each?

In class discuss ways you can get the additional support you will need as a foster parent and fill in the boxes on the right.
Lesson 3
REACTION SHEET

What portion of the activities was most worthwhile to you? Why?

__________________________________________

__________________________________________

__________________________________________

Least worthwhile? Why?

__________________________________________

__________________________________________

__________________________________________

How can we as trainers better meet your needs?

__________________________________________

__________________________________________

__________________________________________

Comments or suggestions:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

PLEASE TEAR OUT THIS PAGE AND LEAVE IT WITH ONE OF THE LEADERS
INFORMATION ON
OBJECTIVE 2

To know what records to keep during placement.

THE “LIFE STORY BOOK”: A RECORD YOU CREATE WITH YOUR FOSTER CHILD

1. The life story book helps the child put pieces together in one place—visually—that shows them who they are.
2. This information helps them to achieve an identity—a real sense of who they are.
3. It is a good place for the child to begin to understand what has happened to him and why and to resolve any previously unasked problems.
4. Most children will resist working on it because it can be painful to remember the past.
5. You can introduce the subject of doing the life book by showing your child other life books, or baby books—“Why don’t we start a book?”
6. Child will start to remember things as he is working with the book.
7. The book can be made from easily available materials, such as scrapbooks, folders tied together with yarn, crayons, construction paper, glue, and felt-tip pens.
8. The book begins and ends with “I was born on . . . in . . .” and continues with events listed in order of occurrence. Pictures of birth parents, ex-foster parents and current foster parents, siblings and foster siblings, and of the child all contribute to a child’s eventual sense of self. If pictures of persons are not available, photographs of the hospital the child was born in, schools attended, and houses lived in can be substituted, but one should at least contact ex-foster parents for pictures. Often a treasured photo will be found buried in an old family album. Report cards, examples of schoolwork, pictures of the child’s former social workers, birth and baptismal certificates, maps, and magazine pictures can be used.
9. You can start with the present good stuff—then work backward to the old stuff which may be painful.
10. Each reviewed step in the child’s life provides an opportunity to correct an erroneous view of past separations from loved ones and to put the past into proper perspective.
11. All the information needed can be found in the case record. No matter how painful, information is to be presented simply and factually without value judgments.
12. There must be a trusting relationship between the child and whoever is sharing the data with the child.

The “life story book” can be used with children from preschool through adolescence. It provides each child with a permanent visual record of his life in care and of those who shared it with him. It can be used equally well with those children who are returning to birth parents, those who are joining adoptive parents, and those who are leaving foster care due to age.

Claudia Jewett
Under Pin Hill Road
Harvard, Mass. 01451

Linda R. Biggert
Adoption Report
Vol. 3, Spring, 1977
GRIEF IN FOSTER CHILDREN

Foster children separated from their parents and familiar surroundings and placed with a strange family frequently experience a reaction that some authors refer to as grieving or mourning and others describe as a separation reaction. While the child's age, circumstances surrounding the placement and other factors affect how he/she reacts to separation, it is possible to offer a few generalizations.

First, it must be recognized that separation from familiar people and places is difficult for most people, adults and children. People find security in that which is familiar. Even in cases of severe child abuse, most children would rather remain with their abusing parents than move to a physically safe but new and different environment. In such cases, losing the emotional or psychological security that comes from being in a familiar and predictable situation is more fearsome than occasional physical pain.

When the children are separated from parents, their reactions often resemble those of persons who have lost a loved one through death. Sometimes the reaction occurs in stages such as shock, denial, anger and protest, despair and depression and, finally, resolution or adjustment. These reactions, long observed in foster children, are similar to those described in recent books on dying (Kubler-Ross, 1969).

SHOCK is a typical first reaction to separation and placement. The child shows little emotion and appears docile. Shock may explain the honeymoon phase frequently observed early in the placement. A period of DENIAL is also typical. The child may talk as if his return home is imminent and as if the placement has not really happened or is a mistake soon to be corrected. When the reality of the situation is finally acknowledged by the youngster, he may react with ANGER toward the foster parents, natural parents, social worker and anyone else associated with the painful situation. As the child tries to fight his way out of the placement, temper outbursts, crying and running away may occur. When the child realizes that he cannot return home and that anger and protest do not change the situation, he may enter a phase of depression or DESPAIR accompanied by a loss of interest in friends, hobbies, play and school. Some children experience disturbances in patterns of sleeping and eating. Regression back to an earlier stage of development also may be apparent.

In time, most children begin to PUT THE SEPARATION INTO PERSPECTIVE and understand why the placement was necessary. The placement—while not a happy situation—is at least something that can be lived with, and he picks up on previous interests and reaches out to others, resuming his former pattern of behavior.

Even though some of these common reactions have been described as if they progressed through definite phases, the reader should be aware that they are not predictable. The stages may overlap and/or deviate from the order presented. Some stages may not be evident at all. Also, some children move through the
reactions within a matter of days, while others may struggle with these conflicting feelings for several weeks or even months. Ordinarily, however, one would expect to see the initial turmoil of placement decrease gradually and reach resolution and acceptance within two to three months. If the adjustment reactions continue longer, it may signal the existence of psychological problems calling for psychological or psychiatric consultation. The continuation of adjustment problems also may indicate that the match between foster child and foster family is contributing to the difficulty.

In the vast majority of cases, visits by the child's parents help the adjustment. If a parent has been hospitalized, for example, a visit to the parent helps the child understand the reasons behind the separation and placement. Even disruptive visits by drunk or mentally ill parents help the child to more accurately see reality and understand that his or her parent is not able to provide a home at this particular time. If the child is not given an opportunity to confront and struggle with the reality related to placement in foster care, fantasy may delay or distort the adjustment process.

Adapted from “What Is the Mourning Reaction in Foster Children?” FOSTER FAMILY CARE, by Charles Horejsi.
INFORMATION ON

OBJECTIVE 3

To understand how a foster child feels when being placed.

Excerpts from: AS FOSTER CHILDREN SEE IT: FORMER FOSTER CHILDREN TALK ABOUT FOSTER FAMILY CARE

Entering Foster Care

Throughout the meetings, a recurring theme was the lack of information given to the children concerning the reasons for their placement. The young people felt that all concerned adults (biological parents, foster parents and social workers) were reluctant to "level" with them about this very important change in their lives. One young woman recalled coming home from school with her younger sisters to find several police cars in front of their home. The children were bundled into the back of one of the cars and whisked off to foster homes. She described her experience:

"The police never did explain anything. 'Oh, we're just taking you to a home,' they said. For little kids it is really something to get thrown in the back seat of a police car and just be taken off to somebody's home without explanation.

PEOPLE JUST TAKE IT FOR GRANTED--IF YOU'RE IN A FOSTER HOME, THERE'S GOT TO BE SOMETHING THE MATTER WITH YOU.

... I was eight years old, the oldest of three. Trying to explain to two younger girls what was going on when you don't know is something else... They said we'd only be there over a weekend and then they'd send us home. The weekend turned into a long time."

A child's most important contacts as he or she enters foster care are those with the foster parent and the social worker, who are primarily responsible for shaping the child's first impressions and determining his or her attitudes toward foster care. However, the panelists placed the greatest responsibility for determining the success or failure of the placement on the foster parents. It was interesting to note that to these former foster children, the foster mother was always seen as the dominant parent. The foster father was a shadowy figure, seemingly unconcerned and unconsulted about his wife's decisions.

The young people had all formed ideas about the "ideal" foster parent: one who sincerely cared for children and demonstrated this caring, who accepted the foster child as a regular member of the family, and was trusting, honest, firm but fair and had a sense of humor. It is hardly surprising that such "perfect" foster parents were never encountered by any of the panelists.

Although a love for children and an ability to demonstrate this love were felt to be the most important prerequisites for foster parents, the motives which actually prompt persons to become foster parents were very much suspected. In retrospect, the panelists felt the foster parents with whom they had been placed too often took in children for the money they were paid, for the work the children could perform—or for the status foster parenthood bestowed. "Mrs. C. let it be known that she had 13 poor souls living with her,"
one group member explained. "As a result, I think her standing in the community and with her friends was a lot higher."

Memories of Foster Care

Many distasteful memories originated from treatment they considered to be unfair. One of the panelists felt that he had been removed from one foster home because he had excelled athletically over one of the biological children, and another claimed that a foster parent had used the clothing allowance for her biological children while the foster children received used or inferior clothing. They felt that many foster parents set "double standards" for foster children and biological children regarding rules, discipline and chores.

Some homes were remembered as unnecessarily "stingy" for setting unrealistic limitations on use of the telephone (no calls over three minutes long and no incoming calls at all) or food (never any second helpings, peanut butter sandwiches every day).

All of the young people on the panel had experienced the trauma of being moved suddenly, without warning or proper explanation. One remarked, "If you came home from school and found your things on the doorstep, you figured you were going to another foster home."

The fact that the children were never informed about what was going to happen to them, or why, was one aspect of a larger problem: lack of planning and preparation. Most of the placements were made on a crisis basis; no attempt was made to match children and parents and there were no preplacement visits. Placements or replacements might be made at a moment's notice, even in the middle of the night.

Although the advantages of preplacement visits were recognized as valuable and desirable, only seldom had this practice been a reality for the panelists—and those instances had been late in their foster care experiences. Although all of the young people said that they were given choices in foster care, many indicated that their only real choice was to accept a plan or to veto it. One young man remarked that his choice had been between the foster home picked for him or "St. A's"—the state youth training school.

The former foster children recalled the first few days in a new home as particularly difficult. "If they will leave you alone and let you adjust for a while—I think that is important," one panelist pointed out. They did not like to enter homes which suspended normal routine when they arrived, and preferred a "business as usual" approach from the family, which enabled them to find their own niche as quickly as possible.

Another problem which they found painful was deciding what to call the new set of foster parents. For some, the words "Mom" and "Dad" never felt right—and they resented being required to use names with which they did not feel comfortable.
The panelists shared the view that the term “foster child” has negative connotations within our society and they preferred not to be so labeled, believing it created artificial difficulties for them within the school and the community. “A foster child is believed to be responsible in some way for being in a foster home,” one young person said. “He must be ‘bad’ or he wouldn’t be where he is.” The boys felt that they were looked upon as “hoods” or “delinquents,” the girls as “tramps” and “trashy.” Some believed they were regarded as crazy, bad, weird or different because they were foster children.

The panelists recalled a variety of ruses they had employed to explain their status to acquaintances. One recalled that he told elaborate stories to friends to account for his parents’ absence, “I said Dad was overseas and my mother was dead. Nobody wanted me at home, so why not kill them?”

The panelists did have some positive memories of their foster care experiences. Some remembered as particularly pleasant those homes which had adopted children or had no children at all, for they felt that the need to compete for the affections and attention of the foster parents was eliminated in such a setting.

Others recalled happy experiences in homes where several other foster children were living, usually with biological children also present. Such large households presented both problems and advantages. The fun of association with other children, division of household chores, and increased freedom for the individual because the parents’ attention had to be divided were all cited as advantages. At the same time, it was recognized that certain disadvantages, particularly a lack of privacy, accompany this type of placement. The risks of mixing unrelated teenage boys and girls in the same household led to dilemmas which they all had confronted at some time during their adolescence. “The only thing... separating my bedroom from his was a curtain,” a young woman recalled. “Here we were, sophomores in high school... and I had to ask him ‘Are you decent?’ so I could walk through his part of the bedroom to get to the stairs.” Some of the women related that they had had to repel sexual advances by boys living in the same home; boys told of curbing normal emotional attachments to attractive foster sisters.

The children who already are living in a foster home were felt to be an important factor in the success or failure of a new placement. Incidents were related which illustrate that when a new foster child is placed in a large household, he can encounter antagonism from other children so severe that the placement fails in spite of the efforts of conscientious foster parents. “Usually if the other foster kids don’t like a new person, he won’t make it,” one panelist said.

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ANYBODY THAT WOULD COME IN NEW, WE KIND OF SIZED THEM UP AND IF WE DIDN’T LIKE THEM, HEAVEN HELP THEM... THAT WAS ONE WAY OF GETTING AT THE FOSTER PARENTS. ... THIS KID JUST WOULDN’T FIT IN. WE WERE THE ONES WHO WERE GOING TO MAKE IT AND NO ONE ELSE. THE FOSTER PARENTS COULD NOT FIGURE OUT WHAT THEY’D DONE WRONG.

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Fear, the panelists felt, was the strongest emotion they had experienced in foster care—fear of what was going to happen, fear of the unknown. They also experienced resentment toward foster parents who denigrated their biological parents—“They told me my parents were creeps,” one young person recalled—and who they felt had “used” them for what the foster parents could get from the situation—money, extra help in the home, etc. Much of their anger was also directed toward their biological parents. Those with younger brothers or sisters felt responsible for them and most, in fact, were more attached to siblings than to parents. They also suffered from feelings of guilt, both for having to go into foster care and for being a burden to foster parents.
In view of the bitterness expressed by panel members, they were asked to speculate on what would have happened to them if they had not gone into foster care. The answers were unequivocal:

"I would have been killed or killed someone else."

"We would probably have starved to death."

"I'd have gotten pregnant and married to get away."

"I'd be in prison—we stole everything to get food."

"I'd be dead. I tried to kill myself with a butter knife. It was all I had. I was 11 at the time."

Foster Children's Suggestions

Panel members agreed that foster care is needed and that it has the potential for being a good system—but that many changes and reforms are necessary. Although their suggestions for improvement may be obvious, no one with experience in the field would deny their validity.

The young people were well aware that foster homes, especially good ones, were in short supply, and they suggested more vigorous recruitment of foster parents—even advertising for them. They also felt that there should be more effective methods of checking on existing foster homes, especially those about which complaints had been made.

The key to upgrading foster care, they felt, was emphasis on training—for social workers, for foster parents prior to the first placement, and continuing training for foster parents who already have children in their homes. They felt that if those involved are able to make the first placement of a foster child more successful, the child will perhaps be less likely to build up the shell of distrust and resentment which can become almost impossible to penetrate.

They would like to see social workers make themselves more readily available to the foster child, and suggested joint meetings with the child, foster parents and social worker. The young people also thought that social workers should check on the foster homes regularly—and without warning. "Surprise them," one suggested. "If the worker calls to say 'I'm coming out,' they have time to clean up any mess."

As both foster parents and professional workers alike discovered, there is much to be learned from the experiences of foster children, as they remember them. While not always objective, their views can nevertheless point to several areas where improvement within the system is necessary.

INFORMATION ON

OBJECTIVE 3

To understand how a foster child feels when being placed.

The love of a child is beyond calculation. The case for foster care was stated best by a child of eleven. She and her sister were placed when their mother was made an invalid by a brain tumor. What's the worth of a poem like this that she wrote for her foster mother?

MY MOTHER FRANCES

My Mother Frances is a sweet, innocent, kind and important woman in my life. She cared for me when nobody else would and until this day she is still caring and loving me which I think about a lot of times. She really wants to get to know my mother and I'm sure my mother would like to be a good friend of hers. She likes to work problems out by talking and understanding which is the best way. Most of the time she is doing something for us or trying to make us happy. I try to be good so she can trust me but sometimes I slip and she seems to always forgive me.

My Mother Frances who laughs and giggles a lot. It makes me happy to see her pretty smile. She tries to keep that pretty smile but sometimes we make her angry. She is not the kind of lady who likes to fuss all the time. She is a lady of LOVE. So all of the rest of you should be ladies of love and I'm sure you'll make a beautiful Mother.

from Paul Fine, M.D.
Imagine what it would be like to be without your children— to have a home that doesn’t need so much picking-up, to hear peace and quiet, to sleep later in the morning because school lunches don’t need to be made. Some of you probably are enjoying that peaceful scene, but imagine that your children have been placed in foster care. The home may be quiet, but how do you feel inside? You may know that foster care is best for everyone in your family, but you feel guilty just the same—guilty that you are deserting them—guilty because you are in some way an inadequate parent.

Your feeling of inadequacy and failure increases when you visit with your children in the foster parents’ home. (Imagine being a visitor in your own child’s home.) You are aware that this home’s standards are different than yours (and “everyone” says they are better). You try not to listen to your children exclaim about all the things they have to play with, or about the good food they eat. You find it hard to hear the foster parent tell you that your children are doing so well and are so happy and are eating well. (It subtly implies that your care was not good enough.) It is hard to talk to your children when you only see them infrequently and are not kept informed of their activities. Visiting can hurt because it reminds you of your failure as a parent and as it reminds you of all you have lost. It is surprising how many “legitimate” excuses you can find to avoid visiting your children in foster homes.

When you are allowed to take your children away from the foster home for a short visit, you are glad the foster parent has enough sensitivity to avoid giving you orders and instructions in front of your children. Your fragile ego is also helped when you are consulted on some of the decisions regarding your children, such as the color of a soon-to-be-purchased coat, or the style of haircut.

As a parent with children in foster care, you live in fear that the children will stop loving you and will only love the foster parents. Because of that fear you promise your children all sorts of things you know you can’t deliver... but you wish you could.

Imagine how it feels to be a parent without your children. Let the feelings of fear... guilt... hurt pride... and sorrow gather inside of you.

Now imagine how you would feel as you get the help and support you need through the social services agency... you have begun to rebuild your life... and now your children will soon be home. Don’t you still feel fear—fear that you won’t be up to the task, that you will fail again, and the children will again be taken away. No one knows for sure if it will work out okay. But your children are worth the struggle with fear.
WAYS TO BUILD A RELATIONSHIP WITH THE FOSTER CHILD'S PARENTS
AND INVOLVE THEM IN THE CARE OF THEIR CHILD

Below are examples of what the foster parents can do to help create and maintain a working relationship with their foster child's parents, depending upon distances and circumstances. It is best that you do these things with the knowledge and consent of the foster child's case worker.

1. Give praise and recognition to the parents for any behaviors relating to positive parenting. Reinforce all such behaviors regardless of how small or insignificant they may seem.

2. Work with the parents to construct a scrapbook or photo album containing mementoes for child.

3. Help the parents construct a family tree or life book so the child can understand his/her roots.

4. Invite the parents to dinner, picnic or other outing.

5. Help the parents locate and use needed resources for housing, clothing, transportation, training, etc.

6. Invite the parents to accompany you to parent education class, adult education classes or other community activities.

Below are some activities that may help to keep the birth parents involved in the care of their child. These activities would increase as the child neared the projected date of return. Again, first consult with your child's case worker before initiating any of these activities.

1. Involve the parents in school conferences, school functions and PTA meetings.

2. Involve the parents in decisions about child’s clothing and include them in shopping trips.

3. Involve the parents in plans aimed at helping child with health, behavior or school problems.

4. Involve the parents in holidays special to the child, e.g., birthday parties, graduations, Christmas celebrations, Thanksgiving dinner, etc.

5. Involve the parents in child’s visits to the doctor and dentist.

6. Write or telephone the parents on a regular basis with progress report on how child is doing.

7. Take photographs of child with parents and give prints to parents and to foster child.
I'm thoughtful today—thinking about making room for a foster child. Having his own bed isn't enough. Everything doesn't just fall into place after he arrives. You have to share, make room, create space in your mind, in your heart. Your family does too.

So, I am thinking.

Each time we consider taking a new foster child, if we are not sure of our own children's reactions, John (my husband) and I talk with them before we make our decision. We talk as a family group or with the individual children, whichever seems best.

It is an important way to determine if our children can make room for another child, allow him all he needs of our attention as parents and their attention and sharing.

Another aspect of the "room" or space we will need to create concerns clothing, medicine, school books, visits to the doctor, tutoring contacts, etc. John and I decided between us if we have the energy, time and money to take care of extra needs.

Then there are even more special needs. The worker approached us about this child because of his need to experience the particular kinds of relationships our family members have with one another.

In our talking together, John and I wondered if we could extend our love, concern, and time to another child without spreading it too thin, cheating our own children, each other, and the foster child. Could we give—not just the least the child needs—but enough for him to do well? We decided we could.

We decided that the first day he arrives we will tell him (and show him) what he has a right to expect from us: to be loved; to be provided with his needs (food, clothes, bed, medicine, books, etc.); and to be guided and supervised. John and I will tell him we promise to do these things for him, and he can expect them from us.

In turn, we expect some things from him, too. We expect him to take care of his heart, to love himself, his own family and our family in his own way and his own time. He is expected to take care of his body (by eating well, taking baths, brushing his teeth, taking prescribed medicine and avoiding anything that could be harmful). We expect him to take care of his clothes (with my help) and of his mind by doing his best in school.
We also expect him to take care of others in the family by being considerate of their feelings. In our family that means—to come when called for meals, with clean hands and face, hair combed, and to be home 30 minutes after school is out. Other arrangements can be made after school, playing with friends or participating in special activities, but the plan must be made with us first. He must ask permission before he uses someone else's things. And he is told that fighting is the worst way to settle anything; to try talking it out first.

We reward good behavior in our own children with recognition and with encouragement as they continue to achieve.

Occasional, not habitual, minor slips we ignore. Bad behavior we try to prevent by discussing the reason for it and working to change that reason and also, by making clear what results will follow—usually loss of privileges. When bad behavior does occur, we find out what happened, and, if the behavior was truly unacceptable, we take corrective action to the degree that seems appropriate.

We make clear to the child what our promises, expectations and practices are—briefly, with words, at first. He will later learn by what he sees happening, with more brief explanation given as he needs it. Our own children know what we have promised them and what is expected of them. They will remind a new child of what John and I have told him about the agreements that family members keep to be happy as we live, work and play together.

We not only have to make room for the child, but also for his parents. Our care giving has to include working and, in a way, living with them. We feel the parents' presence in the way the youngster lives his life—through their current and past effects on his ideas of himself and his world. The parents may also be present physically in our home, visiting with their child. His visits to their home will always bring their influence back into our own family.

We have thought of some ways to deal with feelings about his parents—our feelings, those of our children, and the foster child's feelings. We must deal with the parent's feelings about their child, themselves, about us and our family. Making room for the child's parents is probably the hardest task in getting ready. Perhaps it is most difficult because of the feeling of anger that lurks in my heart and clouds my thoughts. "They should have done better things for this child," I sometimes think. But, I remind myself that I am not their judge, remembering the times others did not understand what they thought they saw me doing.

I know that what I feel toward the parents will surely be seen in my actions. The child will see and be hurt again because he loves those parents no matter what they have or have not done to and for him. If I judged them, I would add another hurt to the foster child's mistaken feelings of guilt and his incorrect feeling of responsibility for breaking up his family, for causing himself to be separated from them.

Temporary or permanent loss, separation from loved ones—that common factor of our human experience—is the painful lot of every foster child. So that we can understand and help, we try to remember similar times in our own lives, first days at school, summer camp away from home, broken friendships, or a death in the family.
Remember? At first we insisted it wasn’t so. It couldn’t happen to us. Then we felt angry. By the force of our anger we hoped to change the situation back to what it was, to put ourselves back in time, to be with the person we loved.

Finally we knew it was true and, to digest the terrible truth, we withdrew into ourselves. We ignored the world until we could find the strength to deal with it in the absence of the person we had lost.

John and I look at the one small child, the adolescent boy or girl exploding inwardly with conflicting feelings of guilt, worthlessness, anger, shame and helplessness.

It will be no surprise to us when he arrives if he is shy, rejecting, and unresponsive to our affectionate warmth. If he bounces in, bubbling, happy, and fits himself into our family without one stumble, we will know he’s hidden his feelings from himself, feelings he’ll have to deal with soon, before he can get on with his business of living.

So, we talk together, my husband and I, about accepting him and his family, trying to understand both, to include them in the life we have built for ourselves and our children. We think gratefully about our own happiness and are glad to share.

By now, it’s time for another family conference. Earlier we decided whether we wanted, and could make room for—a foster child. Now, we include the children in specific preparations for the child’s coming. Who wants to make his bed, to clear a drawer and closet spaces for him, get hangers, set another place at the table and create a welcome card to put at that place? What do the children recommend as a good place for the new child’s privacy and thinking and who wants to tell him about it?

Everyone wants to conduct the grand tour of the house, pointing out items of major importance like the cookie jar and the refrigerator’s snack shelf. John announces the chore assignment for the new child and I give one of our children the job of showing him where tools are and helping with the job the first time. We ask all the children to offer to include him in fun activities.

But much of our conference entails talking together about ideas and feelings we have. Differences in people, how each of us is different, is one thing we talk about. From their own experiences the children can tell of the importance of being accepted as one really is, of the hurt that comes from comparisons with other children. What each child wants to do and actually does is what counts. Like each of us, this foster child is special too. He will be welcomed with warm voices, warm words, and smiles. I’ll scale down my welcome hug to merely taking his hand, so that he can give and accept physical affection when and as he wants. Our children understand without much explanation. Their spontaneous welcome often is the most comforting part of an uncomfortable time for a new foster child. We announce what his time with John and me will be, a special time to provide opportunities for closeness and special talks as he needs them.

One more subject we need to think about together is that the foster child will leave us someday. From memories of other times when foster children left, we know it will not be easy. Our sadness in seeing them go was balanced by happiness in seeing them rejoin their families. We had the chance to know them and to love them. They knew and loved us. That stays with us.
Now, before he comes, we must deal with the thought that he will leave. We will want to help him leave with new strength, with less pain in separation than he felt when he came to us.

Each of us thinks of new situations we face, the new grade in school or the move to a different place. We leave our old friends but because we knew them, loved them and shared their lives, we have learned that it is good to be loved and to give love and it will always be.

In the same way, we hope sharing our lives and love today will make it easier for him to go back home to new situations, strengthened by sharing with us and able to share with others.

We have been working hard. Now we have made room for our foster child. It does not guarantee success, but it should help.

We are ready.

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INFORMATION ON

OBJECTIVE 5

To understand the necessity of a support system when foster parenting.

EXCERPTS FROM "A HOUSE FULL OF CHILDREN/A HOUSE FULL OF LOVE"

by Pamela Bujarski-Greene

A foster child herself, Donna Strong has grown up to help care for many foster children—some of them deeply troubled kids who have never had a normal home life.

...She wanted to know why she herself couldn't help foster children because "I have something very special to offer them." So Donna talked to Phil (her husband), who agreed. "He didn't know what he was getting into!" she laughs today. "Just like a typical foster parent."

Yet Donna had seen only one side of the foster parenting business, the child's side. She, too, was in for a surprise. A woman with great love for children but only ordinary parenting skills, she found she was at a loss dealing with her first foster child, a 12-year-old who was destructive, angry all the time and a bed wetter. "What do you do?" she asked. She also wondered, "How do you work with the natural parents? They may have abused the child, and now you've got the result. You're angry at them, but they're still the child's parents. My early experiences in foster care were no different from those of anyone else. I wanted to protect children, hang onto them and avoid working with their parents, because I didn't know how."

"We ask the near impossible of foster parents," explains Charles Solomon, director of foster homes for the Jewish Child Care Association of New York. "Something on the order of, 'We'd like you to take this child and love him like he's yours—which foster parents can do, because they are very special people. Only remember, he is not yours, and the day may come when he will leave you—which some foster parents cannot face.'"

Fortunately, the Strong's experience with Karen, an Indian child who came to live with Donna and Phil when she was an infant, forced them to adjust their perspectives and help them to better understand what foster care really should provide.

When Karen started to walk, Donna observed that something was wrong with the child, but the pediatrician brushed aside her worries, and soon the baby left Donna's care to live with an aunt. However, two years later the Lutheran Social Services of Michigan, the agency which contracts with the state to care for children by passing them on to families like the Strongs, informed Donna that Karen was back in the system—a recognized victim of cerebral palsy. She could not—or would not—walk.

Donna brought her back home and immediately began to help her. Donna remembers Karen struggling from tree to tree on her crutches, with Denise, Donna's own little girl, toddling beside her, encouraging her along. By the time Karen was five, she had improved so dramatically the agency was able to arrange for her permanent adoption.
"I tried to make her separation as gradual as possible," Donna recalls, "but the adoptive mother was not cooperative. One day, after Karen spent a carefully arranged weekend with her new family, her adoptive mother called to say, 'Oh, haven't you heard? We're not bringing Karen back.'"

Donna and Phil were distraught, but they learned from what had happened. An inexperienced social worker had maneuvered Karen's abrupt departure. Donna decided from that moment on that she and the agency would work on a new basis—one of mutual respect. And she did some careful thinking about what a foster mother should be. Not like Mrs. Oleander, or indeed like any of Donna's remote, untrained caretakers, but not like the foster mother Donna herself had become, pouring every ounce of love into each child, then collapsing when the child left.

There have been many children, many partings since Karen's, "and they always hurt," Donna says. But she knows her own children, Denise and Mark, and now Terry, whom she and Phil adopted as a teenager, will always be with her. As for the rest, Donna understands that the best gift she can give them is to patch them up, and then gently send them away.

Donna's job is as emotionally draining, demanding and complex as a professional job, but she is now up to it. She has years of experience and study behind her (she holds a certificate in foster parenting from Eastern Michigan University, where she also teaches the craft), and she has forged a close relationship with the social workers at Lutheran Social Services of Michigan, Barbara Lynch and Richard Fracker. "I live off their education and they live off my experience," says Donna. "We're a team."

Every child who comes to live with the Strongs has the benefit of a pre-placement visit, usually a weekend stay. "I don't think it's fair or wise to drop a kid off on my doorstep and say, 'Here's home.'" That's the kind of treatment Donna experienced, and the kind she will not tolerate.

Donna tries to stay in the background during the first weeks after a child arrives. Sometimes children have had all they can take of overbearing adults; sometimes they are grief-stricken at the loss of their natural families. She also tries never to divide a child's loyalty to a parent, no matter how unsuitable or inept that person has been. "I tell every child, 'I'm not your mother, but I can be your special friend. I love you my way and your mother loves you her way and you can love all of us your way.'"

"Donna has a rare skill there," observes Barbara Lynch. "The competent way she deals with the natural family is one reason why she and Phil are so good at this work."

For instance, 12-year-old Joey will soon be going home. Every week Donna drives him and his mother, who lives nearby, to family counseling sessions. When she can, she helps Joey see his siblings. He spends some weekends and holidays at home. The family, Donna feels, is almost ready to begin again. When that happens, Donna will prepare to say good-bye, clean out Joey's room and go on to help others.

Donna believes the toughest times with her children come late at night when they feel they belong to no one and don't deserve to. One black evening, when Christopher sobbed that in all his life no one had ever touched or loved him, Donna remembered her own yearnings at Mrs. Oleander's. It took until 4 A.M. for the boy to express all his inner turmoil. Donna was there listening, holding and telling him she loved him.
"I always tell them the truth. I love my children differently—my biological children, my foster children and my adoptive daughter. I love them all for the individuals they are. Yet I want them to know that love is not all there is. It can heal them as it healed me, but there's more—being a good person, taking responsibility for yourself.

"The good feeling I get watching a child struggle with that idea and finally understanding it is as wonderful as watching him smile when the lights go on on the Christmas tree."

This year as Donna prepares for the holidays, she knows she already has what she wants, what she's always wanted for Christmas and the rest of the year—her house is full of happy children; her house is full of love.
INFORMATION ON
“HOW TO FOSTER A CHILD”

SOME DO’S AND DON’TS FOR FOSTER PARENTS

1. Ask the social worker for background information on the child being considered for placement in your home. If, on the basis of this information, you doubt seriously that the placement will work out, don’t accept the placement. A placement that blows up or breaks down is traumatic for all concerned, especially the foster child. Replacements (i.e., the movement of the child from one foster home to another) are painful and damaging to the foster child.

2. Ask the social worker to arrange a preplacement visit. Try to have more than one such visit with the child being considered for placement. When the child is in your home, only the immediate family members should be present. Do not dilute this visit by allowing neighbors or friends to be present.

3. Offer food to a visiting child and to the just-placed foster child. Show the child his private living quarters right away. Children want to know exactly where their room is and where they will sleep. they want to know the whereabouts of their private space in the home.

4. Allow the foster child to select the name you will be called (e.g., mom, Mrs. Brown, Betty, John, etc.). If the foster child cannot decide on a name, offer some suggestions. Don’t insist that the child call you whatever he calls his biological parents.

5. Obtain information from the social worker as to why the child is in foster care. Many foster children are confused about why they are being placed in a foster home. From the very beginning, try to help the child deal with his questions and insecurities.

6. If the child is old enough to use and understand language, speak in a way that can be understood. Don’t underestimate the ability of small or mentally handicapped children to understand and express their concerns and worries.

7. Don’t be afraid to let the foster child express feelings. Talk straight and don’t be afraid to show your feelings. Don’t try to hide reality from the child. Chances are he knows as much about his situation as you do.

8. Don’t judge or be critical of the foster child’s parents. The child probably loves them regardless of what they may have done or failed to do in the past. It is possible to discuss why the child is in foster care and the negative behavior of the parents without judging or criticizing.

9. Allow the foster child to talk freely and openly about his birth family. Permit the child to talk about both the “good” and the “bad.” If the child wants to talk about concerns and worries, encourage him to do this. Don’t push the child; wait until the child is ready. If what the child says bothers you, discuss this with your social worker.
10. Allow the child to grieve for his parents. The child separated from his parents experiences a great sense of loss regardless of the parents' past behavior or the circumstances that led to foster care placement.

11. Allow your foster child to be upset after he visits with his birth parents. Such visits often are upsetting. Saying goodbye is difficult. Such realities are hard to take but necessary and important to the child's adjustment. The child must not be shielded from harsh realities. In the end, the child will be better off if he faces the painful realities.

12. Don’t conclude that it is bad for the foster child to visit with his birth family. Even if they are upsetting, there are more advantages than disadvantages to such visits.

13. If outrageous things happen during visits by the birth parents, report this to the social worker. Also, report any physical abuse. But remember that visits—even emotionally upsetting visits—facilitate the child's adjustment by helping him come to grips with reality.

14. Most foster children feel that they somehow caused the breakup of their family. They may feel as if foster care is a punishment for some real or imagined bad deed. Recognize that such feelings are common to foster children and gently help them to verbalize these feelings and to understand the real reasons for their placement.

15. Never attempt to discipline or punish a foster child by threatening his expulsion from the foster home. Given the worries and fears common to foster children, such a tactic can be traumatic and counterproductive. It is likely to create more problems.

16. Don’t attempt to discipline or control the foster child by threatening to tell the social worker. That tactic also creates more problems than it solves.

17. Do suggest that the foster child talk to the social worker about problems and concerns, especially those with which you have been unable to help.

18. Don’t insist that the foster child tell you what he discussed with the social worker, counselor, or other professional (e.g., doctor). Everyone needs to have confidential relationships. Don’t be threatened by the fact that your foster child may want to exercise this right to privacy.

19. Don’t punish the foster child the first time he does something wrong in your home. Every family has its own rules and ways of doing things. It takes a while for the foster child to learn what is expected in your home. When the child does something wrong, tell him exactly what he did wrong and explain why the right way is important in your family. Try to prevent discipline problems by praising and rewarding all good behavior. Compliment the child whenever he does well, including ordinary and expected tasks. When punishment is necessary, accompany it with a clear explanation of what the child did wrong. Avoid physical punishment. Instead, withhold a privilege for a specific period. When unusual disciplinary problems arise, consult your social worker.
20. Allow the child to have privacy and his personal property. Do not open the child's mail or search his room.

21. Do not discuss the foster child's history or circumstances with anyone outside the immediate family. Inform friends and neighbors that the youngster is a foster child but explain that foster parents are expected to maintain confidentiality and respect the child and his birth parents' right to privacy.

Adapted from "Some Do's and Don'ts for Foster Parents," by Janiel Jarrett, Department of Human Resources, Atlanta, Georgia, 1977.
1. I will be able to help a foster child adjust.

2. I am willing to make the adjustments I will have to make.

3. My children will be able to adjust.

4. My parents will be able to adjust.

5. I have a good support system.

6. I will strengthen my support system.

7. I am willing to work with birth parents.

8. I am willing to accept the negative effects of visiting so the child will benefit.

9. I am willing to take the time and care needed to keep records.

10. I am ready to continue learning.

11. I am ready to help a foster child.

12. I am ready to help a foster child's family.

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MORE INFORMATION ON

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FOSTER PARENTING


PARENTING, IN GENERAL


PARENTING, SPECIAL CONCERNS


