DOCUMENT RESUME

ED 339 494 PS 020 100

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TITLE	Foster Care and the Placement Process. Fostering Families.
INSTITUTION	Colorado State Univ., Ft. Collins. Dept. of Social Work.
SPONS AGENCY	Colorado State Dept. of Social Services, Boulder.
PUB DATE	Feb 91
CONTRACT	CDSS-C-950405; CDSS-C-951209
NOTE	46p.; For other documents in the Fostering Families: A Specialized Training Program Designed for Foster Care Workers & Foster Care Parents series, see PS 020 098-108. The survey form, which is printed on dark colored stock, may not reproduce well.
PUB TYPE	Guides - Classroom Use - Instructional Materials (For Learner) (051) -- Guides - Classroom Use - Teaching Guides (For Teacher) (052) -- Tests/Evaluation Instruments (160)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Adoption; *At Risk Persons; Biological Parents; *Caseworkers; Course Descriptions; *Family Environment; Feedback; *Foster Care; Foster Children; *Foster Family; Higher Education; Postsecondary Education; Questionnaires; Social Services; Training Objectives
IDENTIFIERS	Case Management; Caseworker Client Relationship; Colorado State University; *Placement (Foster Care)

ABSTRACT

This module is part of a training program for foster parents and foster care workers offered at Colorado State University. The module's learning objectives include: (1) identifying the needs of those involved in the foster care process; (2) examining the decisions involved in placing a child in foster care; (3) focusing on the family in which the child was born; and (4) addressing the factors relevant to placement in foster care. This module consists of four lectures. Each lecture includes reading material and exercises for individuals or groups. Lecture 1 considers the population of families and children served by foster care. A reprint of a 1988 "Newsweek" article on the topic is included. Lecture 2 considers the characteristics of at-risk families and the services available to them. Lecture 3 considers placement options for children, and the factors that must be assessed when a child is placed in foster care. Lecture 4 describes the process of drawing up a case plan, client-caseworker agreement, or treatment plan. A checklist of the characteristics of a case plan and a sample case plan are included. Two references are cited. A five-page form for evaluating the module is included. (BC)

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FOSTERING FAMILIES

Foster Care and the Placement Process

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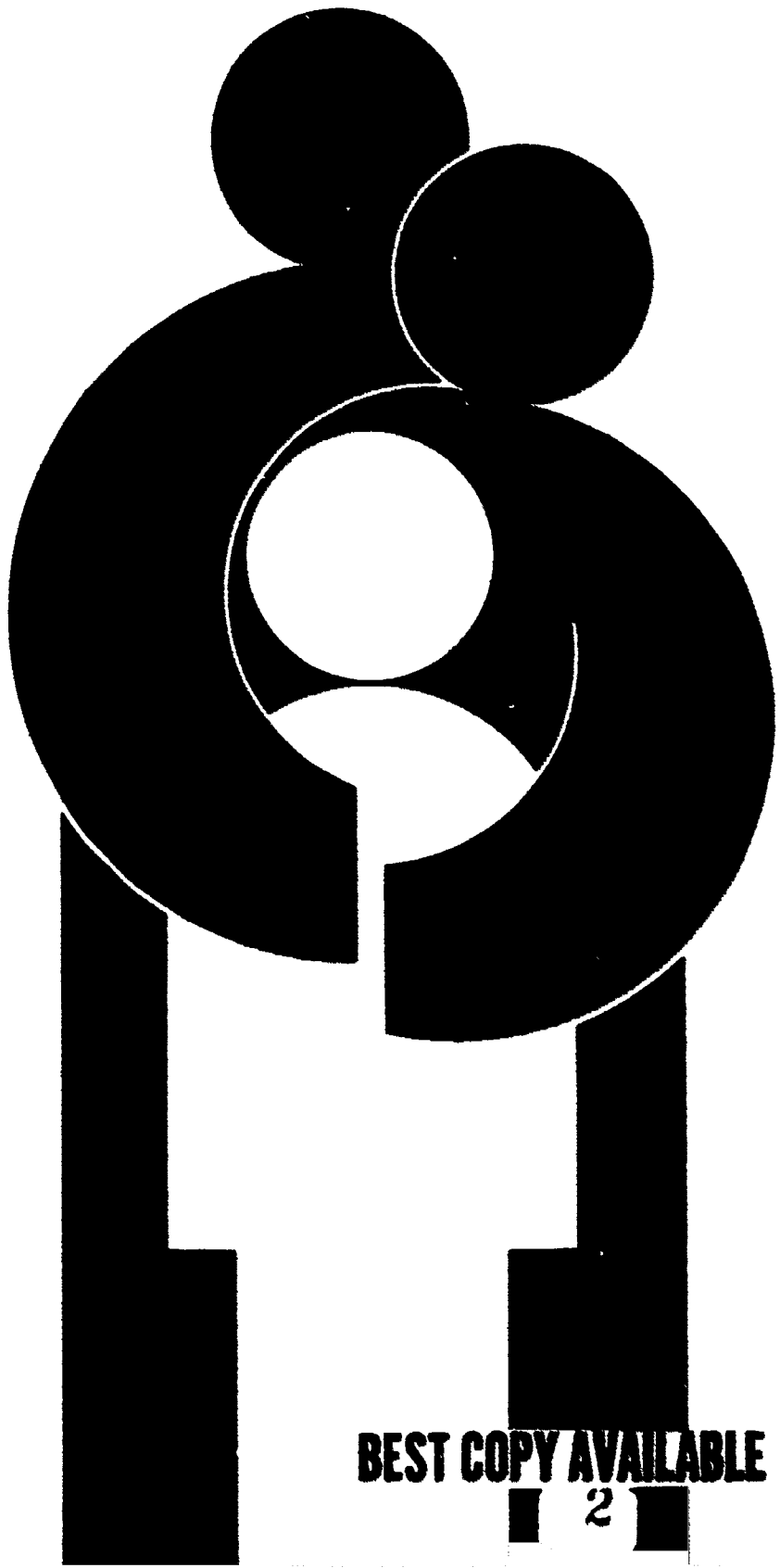

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Designed in Consultation with the Colorado Department of Social Services
Under Grant Number C950405

FOSTERING FAMILIES

A Specialized Training Program
Designed for
Foster Care Workers & Foster Care Parents

FOSTER CARE AND THE PLACEMENT PROCESS

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Designed in consultation with
The Colorado Department of Social Services
Under Grant No. C 951209

2/91

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FOSTERING FAMILIES

is a unique opportunity for foster care parents and foster care workers to explore the many complex aspects of the foster care delivery system.

is a training program designed to be comprehensive in its approach to educating those people most important to the success of foster care.

is specially designed 3 hour sessions to meet the varying learning and educational needs of foster care providers.

is designed to foster "a partnership of skill" to effect quality care for families and children in distress.

is offered, in specific levels, as upper-division college classwork in the Social Work Department done in concert with the Division of Continuing Education at Colorado State University.

is a collaborative project with the Colorado Department of Social Services and supported with funds from Title IV-E and Colorado State University.

FOSTERING FAMILIES

TABLE OF CONTENTS

Page

Table of Contents.....i

Instructions for Module.....1

Glossary of Terms.....2

Learning Objectives.....4

Lecturette #1: Who Does Foster Care Serve?.....5

"Will You Be My Mother?".....7

Lecturette #2: Families at Risk.....11

Chart #1: A Representation of Serving Families-at-Risk.....13

Chart #2: Services to Children and Their Families.....14

Chart #3: Support Service Options for Families-at-Risk.....15

Building a System of Care.....16

Lecturette #3: Elements of Placement.....17

Chart #4: Ecological Approach to Assessing Children's Functioning.....20

Out-of-Home Placement Criteria.....21

Lecturette #4: Case Plan/Treatment Planning.....22

Chart #5: What are the Characteristics of a Good Service Agreement?.....23

Box 2: Case Plan/Client Agreement.....25

Example: Treatment/Case Plan.....27

Key Points in this Module.....30

Suggested Resources.....31

Application for Credit.....32

Assignment for Credit.....33

Evaluation of Learning.....34

FOSTERING FAMILIES

INSTRUCTIONS FOR THIS MODULE

FOSTERING FAMILIES offers a unique educational and learning opportunity for foster care workers and foster care parents. Unique because this program was designed to meet the identified needs of those in the foster care system. For example, modules of training were designed to be available for shorter in-service sessions, possibly held in the evenings or on weekend mornings when parents are most able to attend! The design of each module promotes a process of understanding and learning concept(s) having an opportunity to then "experience" what that concept represents, and then, integrating that learning through sharing of ideas with group members.

Foster Care and the Placement Process is a training session designed to introduce basic issues related to foster care. Who does foster care serve? How are decisions made to place children in foster care? How do the attitudes we hold influence our perception of foster care? These types of questions are explored in the next several hours.

The written materials in this module are developed as a series of lecturettes. By this, it is meant that the substance of concepts or ideas are presented for reading. The trainers elaborate on the lecturette as necessary.

Accompanying each section are individual and/or groups exercises interspersed throughout this manual. Some exercises are intended for individual exploration while other exercises may be group-oriented. These practice exercises enhance understanding of the lecturette material.

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* Participants seeking partial university credit for this module must complete a written assignment; see module section titled "Assignment For Partial Credit."

FOSTERING FAMILIES

GLOSSARY OF KEY TERMS

ADOPTION	A legal process of taking a child into a family on a permanent basis. Adoption affords the child emotional security and the rights of inheritance.
BIRTH FAMILY	The foster child's family or close relatives including his/her bio-parents, brother, sisters, grandparents, aunts, uncles, etc. The term may also refer to non-relatives with whom the child has had a meaningful relationship (e.g., long time friend of bio-family).
BIRTH PARENT	The foster child's biological parent. This term is used interchangeably with the term "natural parent" and "birth parent."
CASE PLAN/ CLIENT AGREEMENT	Offer referred to as a service plan. This case plan is a contract (formal, written agreement) developed by the foster care worker in consultation with the family parent(s) whose child(ren) is placed out of the home. Client involvement in the development of the case plan helps the client know what is expected of them toward regaining custody of their child(ren). (Also see treatment plan.)
COPING	Behavioral and personality patterns employed by a person to adjust to environmental (i.e. social, physical, etc.) pressures. This adjustment process does not alter one's generally functioning level, but rather allows a person's functioning to continue with little or no distress or dis-ease.
ECOLOGICAL APPROACH	A way to understand how people fit in their world; a helping approach that examines social and institutional systems and those conditions in the surrounding environment that influence or impinge on one's personal functioning.
FAMILIES AT RISK	A social group who are highly vulnerable to, or likely to be harmed by social, economic, physical or environmental circumstance. This group is more vulnerable because they generally experience multiple stresses simultaneously.

FOSTERING FAMILIES

GLOSSARY CONT'D

FOSTER FAMILY CARE	A temporary out-of-home placement program for children who are unable, for a time, to live with their natural (biological or guardian) parents. Physical care and a family environment are inferred in this term, even when foster care takes the form of group and residential treatment programs. This placement program is state legislated and county operated. There is no income requirement for this service.
FAMILY REUNIFICA-TION	The process of returning the foster child(ren) to their natural (biological or guardian) parent(s). This process includes the casework that will move the family to the level of appropriate functioning that assesses the child's natural health, growth and development.
PLACEMENT	The assignment and locating of the child(ren) to a suitable foster family home.
PRE-PLACEMENT ACTIVITIES	Those foster care worker actions on behalf of a family and the child(ren) that assure that foster care placement is not a first response to family troubles. These activities include use of community social services such as employment programs, family recreation programs, counseling, parenting classes, financial counseling programs, and youth-related services.
SENATE BILL 26	A Colorado law (citation) that mandates the permanency planning for foster care. This bill requires pre-placement services for foster families.
TREATMENT PLAN	More in-depth written plans describing how the foster care worker will work with the client(s) toward a successful outcome. This plan specifies the "how to's" of the care plan.

FOSTERING FAMILIES

LEARNING OBJECTIVES

1. Identify the different populations whose needs are addressed through foster care.

2. Identify the variations in needs of those involved in the foster care process.

3. Show how foster care is a component of supportive family services.

4. Examine the decision-making process in foster care relating to pre-placement and placement.

5. Direct beginning focus on the birth family of the foster child.

6. Discuss the assessment factors considered prior to placement, during, and following placement.

FOSTERING FAMILIES

LECTURETTE #1

Who Does Foster Care Serve?

Foster family care serves those families and children where the normal parenting process breaks down. This breakdown occurs from external sources such as accidents, major illnesses, death, or incarceration. Internal sources of breakdown are often multiple problem situations which might indicate problems such as mental illness, substance abuse, chronic illness, or long-term economic instability. We do know families experience some of these external or internal problems yet generally the basic parenting process remains intact. However, other families experience such stress that the parent(s) can no longer fulfill their basic parenting role adequately enough to sustain care of their children. Experts often suggest that families who are not able to provide the basic parenting are experiencing problems coping and adapting to the stresses in their lives. Other experts identify the causes of these problems for families as societal problems such as economic inequality, inadequate social services to meet family needs, and social disorganization and alienation.

Foster family care serves parents, their children, and society because foster care addresses the implicit expectations that parents will regain their parenting role. Generally, it should be understood that the family or origin and the foster child(ren) understand that this service is a temporary response for meeting their family distress. In cases where parenting remains inadequate, children are not likely to return to their birth parent, and, adoption or long-term foster care are sought.

Group or Individual Activity:

Discuss how children and youth get into foster care and other out-of-home placement options. Identify specific social, familial, and economic problems, if possible.

Activity for in Your Community: Find out

1) the number of children
2) the number of families served, and
3) the number of foster families available in the county.

FOSTERING FAMILIES

LECTURETTE #1
Continued

Placement of children in foster families does not initially imply adoption or long-term, out-of-home placement. The determination for long-term, out-of-home care, whether adoption is a decision or not, is made only after significant attempts at resolving family disease.

Birth families are served in this foster care process by identifying family strengths and rebuilding the family unit.

National data from 1985 indicates approximately 274,000 children were in some type of out-of-home placement on the reporting date. More current statistics are unavailable though some experts believe there is a rise of children in foster care due to better reporting of child abuse and neglect.

Data maintained by the Colorado State Department of Social Services indicates that approximately 4,400 children were in out-of-home placements in Colorado as of February, 1988. Approximately 45 percent of these children were in a foster home setting; others were in group care arrangements.

It appears that foster care serves another function that is less clearly identified. This is the function of absorbing newly emerging social problems experienced by families and their children. For example, foster care became a vehicle for a child-in-need while the courts decided on the facts of Baby M in New York. Another difficult issue facing foster care divisions is the care of AIDS infants. The key issue here is that foster care is a system continually responding to a changing society and a changing family.

See the article that follows, "Will You Be My Mother?" from Newsweek, May 9, 1988.

FOSTERING FAMILIES

Will You Be My Mother?

The nearly 50 foster children who have passed through JoAnn and Jim Miller's home were the walking wounded: victims of neglect or abuse by their families and sometimes also of a child-welfare system that can seem worse than the ills it tries to cure. Eight-year-old Elizabeth's previous foster family had given up on her after she killed a kitten. A victim of sexual abuse by her father, she refused to wear underwear and exposed herself on the school bus. Chris was a precociously independent six-year-old used to looking after himself and his brother when his mother left the house for days at a time: he had a hard time being part of a family. An inexperienced caseworker insisted that 13-year-old Tammy be taken away from the Millers and returned to her stepfather, who then sexually abused her.

The Millers have seen shocking things in the 15 years that they have been foster parents but the doors of their Elkhart, Indiana home have remained open to youngsters who need help. "I want the children to feel they are loved no matter what." says JoAnn, 35. She and her husband, a 37-year-old aircraft mechanic are among the approximately 200,000 foster families in this country. They form a vital link in the foster-care system. Children end up in foster care for a variety of reasons: the most common is abuse or neglect. Social-service agencies place them with the foster families or in institutions and group homes. While the larger facilities may be appropriate for children with particular problems, most kids want to feel they are still part of a family even if it isn't their own. "You want to be able to call someone 'Mom' and 'Dad'," says Eric Brettschneider, a consultant and former New York City deputy commissioner for human resources. "You don't want to feel like you're Little Orphan Annie."

In the last few years the job of the foster parent has become increasingly difficult. Spurred by changes in federal law and a widespread movement for reform of the foster-care system, child-welfare agencies in many parts of the country have made a greater effort to help natural families stay together. The theory is that children should be separated from their parents only in severe cases of neglect or abuse. As a result children who do end up in foster care often come from the very worst home situations. In some cities, there has been an increase in the number of children who are separated from their families because the parents abuse drugs or alcohol. These children can have serious emotional and physical problems. A shortage of foster families has meant that many foster parents are overburdened. The last several years have seen increased reports of abuse by foster parents who are either unqualified or unable to handle children's special needs. Marcia Robinson Lowry, director of the American Civil Liberties Union's

Children's Rights Project, says too many foster children go from being "neglected by their parents to being neglected by strangers."

Even under the best of circumstances, foster parents must maintain a precarious balance between providing love and yet not becoming so deeply attached that letting go becomes unbearable. Foster care is supposed to be a temporary solution. In recent years, according to Toshio Tatara of the American Public Welfare Association, over half of the more than 250,000 children annually in foster care have been eventually reunited with their natural families; an additional 10 percent were adopted. In general, a child's chances of being returned to his parents diminish with each year that he is in foster care, says Lowry.

Holding on: In many cases, that natural parents still maintain some contact and good foster parents are sensitive to the children's need to feel connected to their families during the separation. JoAnn Miller remembers one pitifully abused 18-month-old baby who weighed only 14 pounds and had a broken arm and a bruised body. Yet the baby reached out to her mother when she came to visit although she held on to JoAnn tightly as well. JoAnn tries to work with the natural parent although she often feels angry about the way they treat the children. On four-year-old boy refused to turn five because his mother hadn't given him a party. JoAnn finally gave his mother a cake mix so his life could go on. Another child fell asleep with his chin on the windowsill waiting for his father-who showed up three days later. The success stories make it worthwhile. One drug-addicted couple spent four years kicking their habit before they got their children back. Says JoAnn: "Four years is nothing if it works."

Foster parents have recently suffered from a generally negative public perception the many of them are in it only for the money. But social workers say that although there are some people who take in kids just to get the stipends (which generally run from about $5 to $12 a day for children without special needs), the money is usually barely enough to cover the cost of feeding and clothing a child. More often, people become foster parents out of altruism. "The vase majority of foster parents see this as part of their life's work," says Jim Lardie, president of the Association of Child Advocates. "They say that this is what they were put on earth to do."

The Millers became foster parents when they thought they wouldn't be able to have children. Although they now have five children of

their own and have adopted two former foster children, they have never stopped taking in foster children and the household now includes three. Jim says that the guiding principle of the disparate clan is: "Treat the foster children like you own." The rules are the same for everybody, and all the children have regular chores and responsibilities. Larry Mandt, a psychologist who has worked with two of the Millers' foster children, says living in a solid family setting was more therapeutic that weekly counseling sessions. After three years with the Millers, Elizabeth, the little girl who had been so unmanageable when she first arrived, had become an integral part of the Millers' extended family. It wasn't easy; there were many angry confrontations and tears and hugs afterward. But the combination of love and structure worked. There were tears in everyone's eyes when she left for an adoptive home where she could be with her older brothers.

For many foster parents, getting through the complex child-welfare system can be as daunting as handling troubled children. Understaffed agencies often don't have the resources to provide the support services and training programs that parents need. Some experts think that more specialized foster care would help; parents could be trained to handle children with specific emotional or physical problems. A multilayered system is another approach, says Theodore Stein, a professor of social policy at the State University of New York. Certain foster parents could be targeted to receive children for short-term stays; other parents would receive only youngsters who were likely candidates for eventual adoption.

Staying Together: Keeping children out of foster care in the first place is the long-term goal of many children's advocates. A number of innovative programs aimed at family preservation have been started in the last few years. At Kingsley House in New Orleans, for example, families receive intensive counseling for six to eight weeks in an effort to get them through an immediate crisis--such as loss of housing--that might have split up the family. Maudelle Davis, the assistant executive director, says that of the 90 families served by the program since late 1985, 94 percent are still together.

FOSTERING FAMILIES

WILL YOU BE MY MOTHER? Continued

Even with such programs, there is still a great demand for foster care. Reports of child abuse and neglect have increased dramatically in the past decade; not all of those cases can be solved through crisis counseling. The children's cries for help are what keep JoAnn Miller in the foster-care system despite all the problems. She remembers a visit to a huge residential institution. One girl, a 10-year-old named Kathy, still haunts her. Kathy stood at the door and asked all the women who entered: "Are you a mother? I had a mother once. Will you be my mother?" As hard as it is to say yes to a troubled child, sometimes it hurts more to say no.

Barbara Kantrowitz with Patricia King in Elkhart, Indiana.
NEWSWEEK: MAY 9, 1988

FOSTERING FAMILIES

LECTURETTE #2
Families At Risk

The problems of children and their families have many responses in society. Prior to the placement of a child(ren) out of the home, the family has probably been involved in a wide array of support service options. The term "families at risk" has been adopted to identify this group.

Chart #1 illustrates housing, health, income and economic, and remediation service options along with socialization, counseling, and parenting support service options for these "families at risk." Many community organizations have set up programs for "families at risk" as a preventative measure to further deterioration.

Individual Activity:

Using Chart #1, identify which services actually exist in your community. You can use your telephone directory to help you.

Removing children from their homes, the fostering process, has often been a first response to a family's problem where children are seen at risk. Significant research in the 50s, 60s, and 70s showed this to be generally true. With the enactment of more recent legislation involving families and children including Colorado's Senate Bill 26, the focus has shifted to a community-based or in-home first response, with out-of-home placements reserved for imminent danger, emergencies, and a response only after significant pre-placement activities have occurred.

Individual Activity:

See chart on next page, also, see chart entitled "Support Service Options for Families at Risk" by Sr. Mary Paul Janchill.

FOSTERING FAMILIES

LECTURETTE #2
Families at Risk

Permanency planning, as mandated by the federal government in the Child Welfare and Adoption Assistance Act of 1980, says that reasonable efforts must be made by the State to prevent out-of-home placement of a child by offering other services. Once a placement has been made, efforts must be directed towards reunification of the family. If attempts at reunification are unsuccessful, then the State must develop a permanency plan for the child often involving long-term foster care or termination of parental rights and adoption.

Group or Individual Activity:

Consider what feelings might arise when a child does not know where s/he will be living the next day.

A REPRESENTATION OF SERVING FAMILIES-AT-RISK

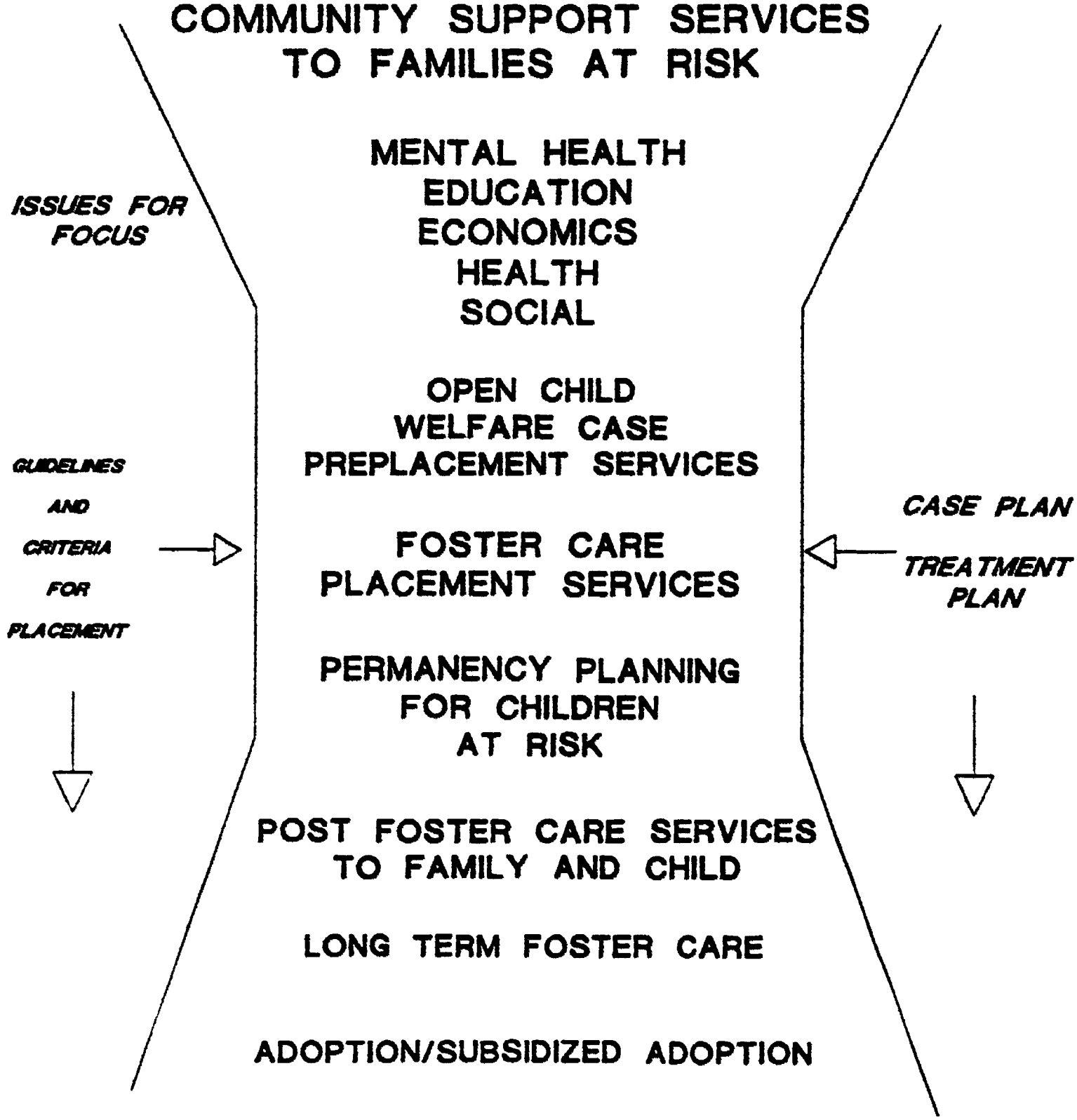
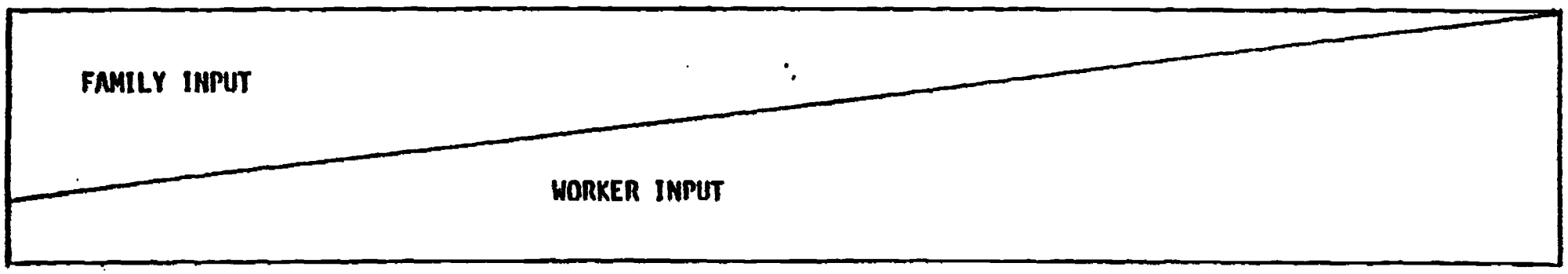


CHART #2

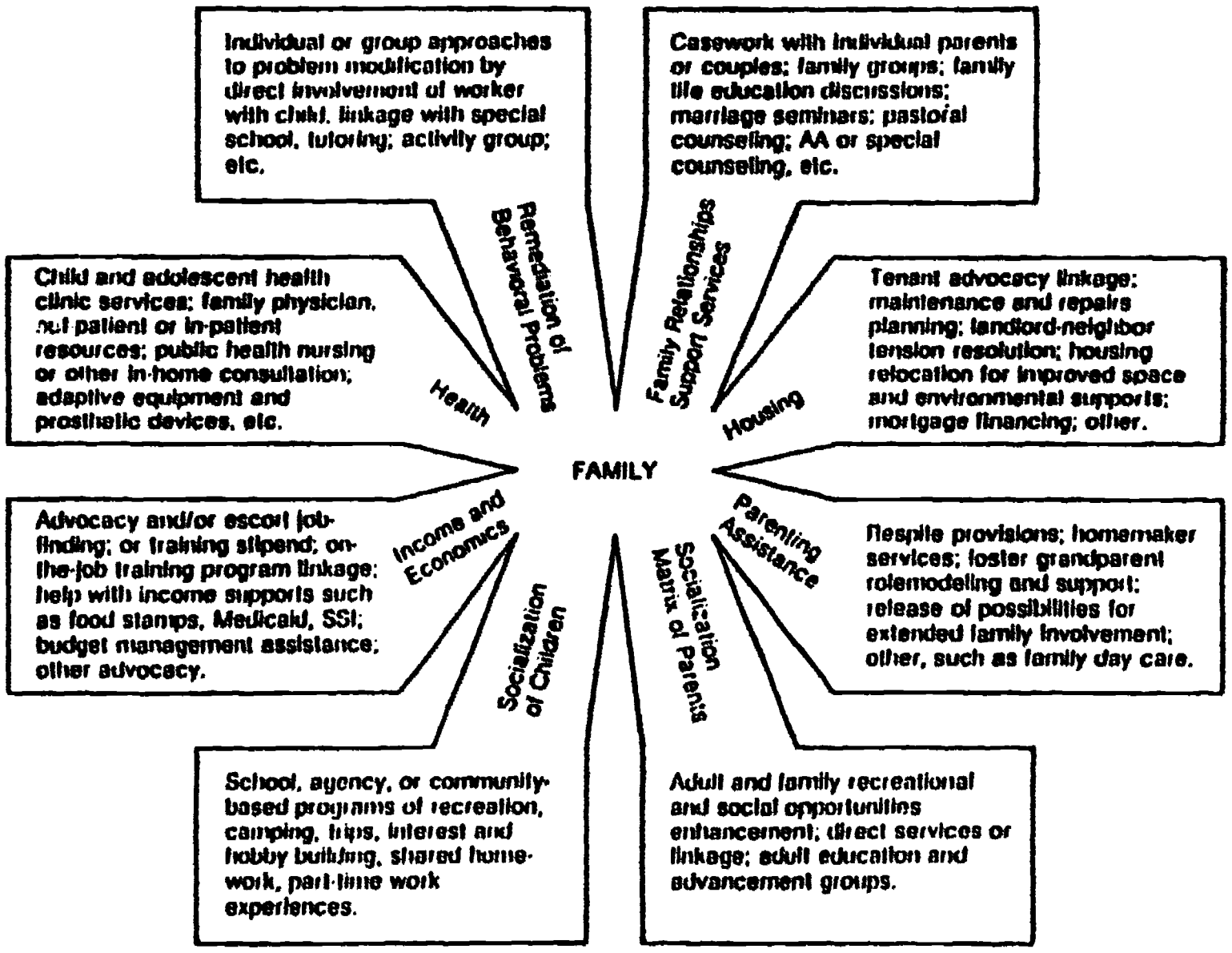
Services to Children and Their Families

Least Intrusive — **Most Intrusive**

Teaching Parenting Skills	Protective Services Counseling Services	Day Care Services	Emergency Foster Care	Foster Family Care Group Home Care	Institutional Care	Termination of Parental Rights Adoption



Support Service Options for Families at Risk



Source: Sr. Mary Paul Janchill, *Guidelines for Decision-Making in Child Welfare*. New York: Human Services Workshops, 1981, p. 13.

FOSTERING FAMILIES

Building a System of Care
for Children, Youth, and
Families-at-Risk in
Your Communities

Instructions for Group Activity

Divide into groups of 4-6 people. Spend 10-15 minutes in the group exercise. Have one group work on Activity A and a different grouop work on Activity B. When in the large group again, describe what the group developed.

A. Design below a system that utilizes the existing resources of your community toward supporting a family with children-at-risk. Use the Janchill chart to help you.

B. Design another system to support older youth (14-18) who lack supportive systems using the Janchill chart if helpful.

FOSTERING FAMILIES

LECTURETTE #3

Elements of Placement

Some children are placed in foster care due to an emergency that has no alternative but temporary, out-of-home placement. Other children are removed from their home after determination of need.

Each state in the US has specific laws and governing regulations that describe the requirements for removing a child from their home.

Assessment for Placement of a Child*

The goal of assessment is to provide information about the situation which can lead to the formulation of a treatment or case plan. In performing an assessment, it is necessary to identify and rate the severity of different problems. Important factors (both assets and detriments) which are related to each of these problem areas should be included in the assessment.

The process of assessment should answer the following three questions:

10 What specific action is needed in order for the parents to resume care of their child or assist in developing a permanency plan for the child?
2) What barriers (susceptible to modification by a social worker, the parents, or others) are preventing such action?
3) What specific services or interventions would prove effective in overcoming those barriers?

Group or Individual Activity:

Examine Chart #4, "Ecological Approach to Assessing Children's Difficulties in Psychosocial Functioning."

Caseworker Individual Activity:

Supportive material to this section can be found in the Colorado State Manual, Volume 7, Section 7.802.42.

FOSTERING FAMILIES

LECTURETTE #3
Elements of Placement

Criteria for Out-of-Home Placement

Each state enacts the basic criteria for protecting children. In order for children to be removed from their home of origin, the child(ren) must be either without caretakers, in need of medical care, out-of-control of their parent(s), or in danger or hurting themselves or others. The Colorado Out-of-Home Placement Criteria is presented in Box 1.

Placement Options

When the decision to remove a child has been made, the next step is to identify the type of placement for the child(ren) in need. These options include:

1) Family foster care or relative care.

This type of placement is considered least detrimental because the child(ren) is placed in the home of wither a relative or a licensed foster home family. Foster homes are limited in the numbers of children they can have at any one time.

2) Day treatment.

This type of placement promotes a connectedness to the biological family by placing the child(ren) in a specialized 6-8 hour program of the home. Day treatment may be used with seriously disabled infants and children or medically ill children.

Group or Individual Activity:

Box 1, "Out-of-Home Placement Criteria" is the current criterion for eligibility into foster care in the State of Colorado. Read through these carefully.

3) Group home placement.

Usually a placement option for pre-teens or teenagers. Group homes are specialized homes that house usually no more than 6-8 youth in a residence. Often, youth placed in group homes are seen as less likely to succeed in a foster home setting.

4) Residential child care facility (RCCF).

This setting incorporates group living with a psycho-social treatment model. Youth in these settings have emotional and behavioral problems where professionally trained health, mental health, and social work providers are required.

* Summarized from Horejsi, C.R., A.V. Bertsche, and F.W. Clark. Social Work Practice with parents of Children in Foster Care, IL: Charles C. Thomas, 1981, pp. 127-128.

FOSTERING FAMILIES

CHART #4

Ecological Approach to Assessing
Children's Functioning

I. Assessment of Current Problem/Crisis Situation

- What facilitated current breakdown of system?
- Why now?

II. Exploration of Current Environment Including Available Resources (Eco-Map Type Process)

- Are these resources in community?
- What social systems does family/child relate with?

III. Assessment of Family Functioning and Family Resources

- What resources exist in family?
- What are communication patterns?
- Is there congruence in family roles, relationships, and responsibilities?

IV. Indepth Psychosocial Assessment of Child or Children in Problem/Crisis Situation

- Psychological strengths
- Social skills
- Relationship skills
- Physical development
- Institutional involvement

V. Extrapolation and summarization of Parts I through V

VI. Projected plan of action

FOSTERING FAMILIES

OUT-OF-HOME PLACEMENT CRITERIA

In order for a child to be provided service in an alternative program and/or in foster care, the following out-of-home placement criteria and her/his Target Group eligibility must be met.

CRITERION #1: Dysfunction of the child and/or the family is within at least one of the following conditions that bring about the issue of out-of-home placement:

A. The child has no parent or guardian, and the child has no appropriate and willing relatives with whom he may live; or

B. The child is in need of protection: The child is in need of protection when there has been actual abuse or neglect, or her/his continued presence in the home is likely to result imminently in physical or emotional injury; or

C. The child has medical, physical, or nursing care needs to the degree that 24 hour out-of-home care is required; or

D. There is a finding of mental illness as provided in CRS 1973, 27-10-101, as amended, or the child has severe psychological problems of such a nature that requires 24 hour out-of-home care as documented by a certified psychologist or licensed psychiatrist, or preferably by a certified public Mental Health Center; or

E. The child's behavior constitutes danger to the community as demonstrated by commission of an act which would have been a class I, II, or III felony if commited by an adult, or by other repeated felonious acts; and

CRITERION #2: Community resources which are appropriate and necessary to maintain the child in his/her own home must be absent or exhausted; and

CRITERION #3: Out-of-home placement is most likely to remedy the dysfunction that is raising the issue of placement of the child out of her/his home.

Source: The Practice Handbook for Volume VII. Social Services Rules, Colorado Department of Social Services, undated.

FOSTERING FAMILIES

LECTURETTE #4

Formulation of Case Plan/Client Agreement/Treatment Plan

Case plans/client agreements are formalized Activity: documents that:

1. Identify the problems which have brought the child/family into the placement system.

2. Assign and coordinating resources to address the identified problems.

3. Establish criteria to measure resolution of the problems.

4. Establish time frames for accomplishing these goals for both the parents and child. In addition, the plan provides the framework for decisions relating to treatment needs and agency-policy requirements.

Treatment plans are different from case plans in that they are more in-depth, written documents that specify the methods the worker will employ to actually meet the case plan/client agreement.

Modifications in treatment plans are necessary and often frequent in order to recognize new issues which arise in serving families in distress or refocus services to different problem areas, and/or adjust treatment processes to both positive and negative case progress.

Group or Individual

Examine Chart 5, "What are the Characteristics of a Good Service Agreement?"

Group Exercise:

Examine Box 2. This is an excerpt from the Colorado regulations. Then review "Case Plan for Management."

FOSTERING FAMILIES

CHART #5

What are the Characteristics of a Good Service Agreement?

A checklist is a useful method of evaluating the quality of a service agreement or contract used with the parents of a child in foster care. If the contract is a good one, yes will be the answer to the following questions:

____ Was the agreement negotiated at the time of placement?
____ Is the agreement in writing?
____ Has the agreement been dated and signed by all persons affected by the agreement (e.g. parents, child, social worker, foster parents)?
____ Does everyone affected by the plan have a copy of the agreement?
____ Was the agreement mutually negotiated and did the parents actively contribute to the process of deciding what went into the agreement?
____ Was the negotiation process open and honest and free of coercion?
____ Is the language clear and simple; can two or more people agree on the meaning of all words and statements?
____ Do the target problems selected for resolution have a clear and direct relationship to the achievement of permanency for the child in foster care?
____ Does the agreement explain the need for permanency?
____ Do the parents understand how the target problem(s) is related to permanency and why the problem(s) stands in the way of restoration?
____ Were the parents involved in the definition and selection of the target problem(s)?
____ Is the target problem(s) so serious that restoration will be impossible unless the problem(s) is resolved?
____ If the target problem(s) is not resolved, would the child be harmed if returned to the parents?
____ Does the agreement encourage and facilitate visitation?
____ Does the agreement provide for ongoing assessment and renegotiation, if necessary?
____ Are the expectations of and objectives for the parents realistic and achievable within the time frame?
____ Do parents and the worker agree not only on what the problem(s) is but on how the problem(s) can be resolved?
____ Do the expectations and objectives identified in the agreement reflect an awareness of and a respect for the parents' cultural and religious values and family tradition?

FOSTERING FAMILIES

CHART #5
continued

____ Do the expectations and objectives identified in the agreement reflect and awareness of and a respect for basic parental rights and responsibilities?
____ Are the objectives for and expectations of the child, foster parents, social workers, and others affected by the agreement clearly described and realistic?
____ Does the agreement call for small step-by-step movement toward a desired outcome rather than a large, dramatic, or complete change in behavior or situation?
____ Are the expectations of other agencies, professionals, and community resources clearly described and realistic?
____ Does the agreement build upon the parents' assets and strengths?
____ Is there a clear time limit and time line for the achievement of each task and objective?
____ Is there provision for a team review of progress toward the objective?
____ Is there a clear statement of the consequences if objectives are not met?
____ Do the parents understand that court action or the termination of parental rights is a possible consequence if failure to reach the goals and objectives outlined in the service agreement?
____ Is the service agreement positive in the sense of what the parents should do rather that what they should not do?
____ Does the service agreement include, where possible, the utilization and participation of informal resources and natural helpers form the parents' own network of family, friends, groups, or organizations?
____ Has the parents' attorney had an opportunity to participate in the development of the service agreement?
____ Does the research and professional literature indicate that the specific methods of intervention described in the agreement are the ones most likely to succeed?
____ Is there an agreed upon and objective method of measuring the parents' progress toward the goals and objectives?
____ Does the agreement reflect and attitude of hopefulness, encouragement, and helpfulness rather than pessimism and an expectation of failure?

Source: Horejsi, C.R., A.V. Bertsche, and F.W. Clark. Social Work Practice with Parents of Children in Foster Care, IL: Charles C. Thomas Publisher, 1981, pp. 131-133.

FOSTERING FAMILIES

BOX 2

THE CONTRACT BETWEEN COUNTY AND CLIENT:

The county social service staff shall assure that services provided and/or purchased on behalf of an eligible recipient are in accordance with a current, individualized written case plan/client agreement. The case plan shall be recorded on the state prescribed client agreement form (contract) for all clients except for protection cases where lack of cooperation may preclude client participation. In those instances where there is no worker/client agreement, there shall be documentation to support the absence of an agreement, and case plan content as applicable to the program area involved.

CLIENT AGREEMENT:
The individual, family, and provider of services shall in all instances where applicable, be involved in the development of the case plan to assure an understanding of what is expected of all parties.

FOSTERING FAMILIES

BOX 2 (Continued)

The Case Plan/Client Agreement shall include the following:

A. Specific problems to be addressed.
B. Goals to be achieved.
C. Short term objectives (reasonable attainable during agreement period).
D. What the client is expected to do.
E. What the agency is expected to do.
F. Time frame for achieved goals and objectives.
G. Provision that client contact shall occur at minimum once per month.
H. Agency's action in the event of non-performance of the client.
I. Client/worker signature of the Agreement/Contract.
J. Shall contain the termination date of the Agreement/Contract.

IMPLEMENTATION OF THE CASE PLAN

The worker shall assure fulfillment of all agency responsibilities as outlined in the Case Plan/Client Agreement.

The caseworker shall intervene when it appears that any party is having problems in meeting the case plan objectives by:

A. Helping resolve or reduce the problems
B. Modifying the case plan, or
C. Terminating services

Source: The Practice Handbook for Volume VII. Social Services Rules, Colorado Department of Social Services, undated

FOSTERING FAMILIES

EXAMPLE: TREATMENT/CASE PLAN
PRE-DISPOSITIONAL PLAN*

Instructions: Using this case plan, examine the general organization of the plan, its clarity, the types of tasks that need to be understood for the parent(s), to achieve reunification.

TO: DISTRICT COURT

RE: CLIENT NAME: JOHN COLLINS (SPOUSE WHEREABOUTS UNKNOWN)
RESIDENCE: 15 1ST PLACE, TOWN, COLORADO

CHILDREN: PAUL (12/1/83) 3 1/2
ALEX (1/4/84) 2 1/2

RESIDENCE: CHILDREN IN CUSTODY COUNTY SOCIAL SERVICES
FAMILY FOSTER CARE

This plan should be considered a pre-dispositional plan. As of this date, the family has not been evaluated to determine specific problem areas requiring attention. Current information is related to allegations only.

Area One: <u>MENTAL HEALTH ASSESSMENT</u>

1. The family should be evaluated for treatment and expected to follow through on treatment if determined necessary.

   County Mental Health can provide this service on a sliding scale. Medicaid will cover the costs of evaluation for the children.

   Results of the evaluation will determine treatment needs of family. Modifications will be made to plan based on results.

Area Two: <u>DRUG AND ALCOHOL EVALUATION</u>

1. A drug and alcohol evaluation will be required due to allegations of substance abuse. Parent expected to follow through on treatment if determined necessary.

   The A/C Center can provide evaluation and treatment. Parent is responsible for making necessary arrangements.

   Results of the evaluation will determine treatment needs. Modifications will be made to plan based on results.

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* Prior to family evaluation to determine specific problem areas.

FOSTERING FAMILIES

EXAMPLE Cont'd

Area Three: PARENT EDUCATION GROUP

1. Based on allegations of neglect to children, parent must demonstrate commitment to these children by participating in parenting education classes.

   Parent will attend a minimum of 12-weeks of parent education classes. The Fostering Families program is a local program though others exist in the area. The children will be present for these classes.

   At the end of the twelve weeks, a written evaluation of parenting competence will be made by program staff.

   Criteria for Success: A favorable written evaluation from program that indicates significant improvement in parenting and that attendance is no longer required.

Area Four: VISITATION WITH CHILDREN

1. Because of allegations of neglect of children, family visitation initially will be limited and controlled.

Visits must be weekly.
Parent must notify the caseworker 24 hours in advance to set up weekly visits.
Parent must notify the caseworker 24 hours in advance for cancellations.
Parent must be responsible for calling caseworker if going to be more than 15 minutes late for a visit.

Criteria for Increased Visits: Continuation and increase of visits will depend upon: 1) the children's physical and emotional responses on visits, 2) the parent's ability to demonstrate better care and nurturance of children on visits, and 3) the parent's physical and emotional responses on visits.

Criteria for Success: Parent will provide nurturance to children, demonstrate an ability to respond to the children's expressed needs, and demonstrate readiness to provide the appropriate housing to move toward reunifying the family, and demonstrate the ability to provide adequate care and safety for the children.

Area Five: CHILD PROTECTION CASEWORK RELATIONSHIP

1. The parent is responsible for maintaining at lease monthly contact with the caseworker. This involves scheduling monthly appointments with the caseworker and cooperating with the caseworker around any home and office visits initiated by the caseworker.

   Parent is responsible to notify the caseworker ten (10) days in advance of changes in residency, employment, telephone numbers, etc.

   The parent must provide information releases as requested by the caseworker for the purpose of monitoring the case.

   The parent is responsible for demonstrating a willingness and motivation to work toward the successful reunification with the children. This can be demonstrated through 1) the initiative made by the parent to seek information regarding possible resources that may help, 2) asking questions that help the parent better understand what needs to be done, 3) building an adequate communication process with the caseworker.

   Criteria for Success: Parent will demonstrate motivation and a willingness to progress through the treatment plan, demonstration the responsibilities as a parent to the children through cooperation and contact with the caseworker.

This plan will be modified and further formalized after evaluations by mental health and the alcohol and substance abuse professionals.

This matter should be set for further review in ninety (90) days.

Respectfully submitted,

Caseworker

FOSTERING FAMILIES

KEY POINTS

1. Foster family care serves those families where the normal parenting process breaks down.

2. Foster family care serves parents and children because the parents of foster child(ren) are generally expected to regain their parenting role.

3. Society expects parent to be responsible for their family members. Foster care is a community response to times when parents cannot fulfill this responsibility.

4. Removing children from their homes, the foster process, has often been a first response to a family's problem where children are seen at risk. Now removing children is seen as a response to family problems only after other local community resources and personal resources have been exhausted. This shift emphasized the use of foster care as part of a problem solving process instead of an initial and final approach.

5. Foster care responds to society's changing social needs. There fore, foster care is a constantly changing system.

6. The problems of children and their families have many responses in society. Prior to becoming a foster child, the family has probably been involved in a wide array of support service options.

7. The assessment of families-at-risk involves studying the many environmental familial and personal factors contributing to family disruption. State guidelines provide a general criteria for placing children out-of-the-home.

8. Developing case plans involves identifying problems, setting goals, and establishing the criteria that measures success.

FOSTERING FAMILIES

SUGGESTED RESOURCES

On foster care pre-placement activities:

"Social Work Practice and Foster Care: Pre-placement Activities," written by Shirley Fish located in Child Welfare: A Source Book of Knowledge and Practice, edited by Frank Maidmen. NY: Child Welfare League of America, 1984.

On preparing written case plan/service contracts:

"Written Service Contracts," in Techniques and Guidelines for Social Work Practice by Bradford W. Sheafor, Charles and Gloria Hoerjsi. MS: Allyn and Bacon, 1988, pp. 310-315.

FOSTERING FAMILIES

Colorado State University
Application for Partial Credit

Module No.: SW ___-___

Name: _____ Soc. Sec. #: _____

Address: _____ Phone: _____

_____
(city) (state) (zip)

Grading: Pass/Fail (unless otherwise requested)

The Social Work Department at Colorado State University will grant university credit for each six different modules of training completed. Applications for credit must be made at the Time of Each Module Training ONLY. All work carried out in the modules must meet general academic standards of Colorado State. Written materials must be submitted and receive satisfactory grading for credit to be awarded. These applications will be held until the applicant completes his/her sixth module training. At this point, s/he will be able to formally register through the Division of Continuing Education for 1 credit hour. One credit hour of these modules costs $90.

FOSTERING FAMILIES

ACTIVITY FOR PARTIAL CREDIT

Creating a Case Plan

Instructions:

Using the format of the case treatment plan on page 24, create a similar case plan for a young person you know. Change the name(s) to protect the identity of the people.

When completed, mail to:

Mona S. Schatz, DSW
Colorado State University
Social Work Department
FOSTERING FAMILIES
202 Eddy Building
Fort Collins, CO 80523

FOSTERING FAMILIES

FOSTER CARE AND THE PLACEMENT PROCESS

EVALUATION BY PARTICIPANTS

The following items are designed to assess your satisfaction with the training as well as the effectiveness of the training design and materials. Please use the following scale and circle your response.

1 - not well addressed in the training
2 - not as adequately addressed as necessary
3 - adequate; given sufficient attention
4 - well addressed in the training
5 - very well addressed in the training

	Not Well Addressed				Very Well Addressed
1. Identify the different populations whose needs are addressed through foster care.....	1	2	3	4	5
2. Identify the variations in needs of those involved in the foster care process.....	1	2	3	4	5
3. Show how foster care is a component of supportive family services.....	1	2	3	4	5
4. Examine the decision-making process in foster care relating to pre-placement and placement.....	1	2	3	4	5
5. Direct beginning focus on the birth family of the foster child.....	1	2	3	4	5
6. Discuss the assessment factors considered prior to placement, during, and following placement.....	1	2	3	4	5

B. The following items relate to program aspects of the training module. Please rate these items on the following scale. Any additional comments are welcome in the space provided after the question.

1 - Very Poor
2 - Poor
3 - Adequate
4 - Good
5 - Very Good

	Very Poor	Poor	Adequate	Good	Very Good
1. The length of the training..... (Was the material covered in the time allotted?)	1	2	3	4	5
2. Usefulness of training manual.....	1	2	3	4	5
3. Participant responsiveness.....	1	2	3	4	5
4. Your ability to participate expressing your ideas, feelings, and concerns.....	1	2	3	4	5
5. Your interest in the training session.....	1	2	3	4	5
6. Your comprehension of the material presented.....	1	2	3	4	5

COMMENTS: Please be specific:_____

C. We are interested in your feedback about our trainer, co-trainer(s). With this feedback we can continue to improve our sessions.

1 - Totally inadequate and ineffective
2 - Generally inadequate and ineffective
3 - About half and half
4 - Usually adequate and effective
5 - Highly adequate and effective

	Totally Ineffective/ Inadequate		0		Highly Effective/ Adequate
1. Knowledge/mastery of the subject matter.....	1	2	3	4	5
2. Preparation.....	1	2	3	4	5
3. Ability to communicate.....	1	2	3	4	5
4. Style of presentation.....	1	2	3	4	5
5. Enthusiasm/interest in subject matter.....	1	2	3	4	5
6. Overall performance.....	1	2	3	4	5
7. Ability to facilitate.....	1	2	3	4	5

8. In general, what would you identify as the strengths of trainer(s)?

9. In general, what would you identify as the deficiencies of trainer(s)?

D. The training setting is obviously an important aspect of a sessions success. We are interested in your feedback regarding the location, room, etc., and again welcome any comments or suggestions.

	Very Poor	Poor	Adequate	Good	Very Good
1. Setting appropriate for concentration, i.e., distraction, noise, temperature.	1	2	3	4	5
2. Setting conducive for participation.	1	2	3	4	5

COMMENTS: Please be specific:_____

E. Overall Comment: What could have been done differently to make the training sessions more beneficial or helpful to you? (Please use back of page if necessary).

I.D. #__ __ __ __

FOSTER CARE DEMOGRAPHICS

E. DIRECTIONS: Please fill in all blanks with information where needed or circle the correct number where several choices are provided on the next two pages.

1. Last 4 #'s of Social Security # __ __ __ __

2. Circle correct role: 1. worker 2. foster parent
3. Other_____(please specify)

3. Date __ __ - __ __ - __ __

4. County _____

5. Circle gender: 1. Male 2. Female

6. Circle racial background:
1. Hispanic
2. Black, not of Hispanic origin
3. Asian-American
4. American Indian
5. White, not of Hispanic origin
6. Other:_____

7. Age_____

8. Are you (please circle one): 1. Married 2. Separated 3. Single

9. Number of birth & adopted female children_____

10. Number of birth & adopted male children_____

11. Circle age group of birth & adopted children:
1. all under 5
2. all under 10
3. all under 15
4. all under 18
5. all over 18
6. some under 18 & others over 18
7. none

12. Highest level of formal education: (please circle one)

1. some high school
2. high school graduate
3. some college
4. college graduate
5. Master's degree or higher

13. Within the past year, have you participated in any other foster care training other than Colorado State's Fostering Families?

1. yes 2. no

Thank you for your help! Your feedback is important for our continuing improvement of the Fostering Families project.

PLEASE CONTINUE TO THE NEXT PAGE

F. DIRECTIONS: Finally! Complete only the section which refers to you as either a Foster Care Parent or Foster Care Worker.

FOSTER CARE PARENT SECTION

14. What type of agency are you employed or licensed through?

1. County Department of Social Services
2. Private Child Placing Agency (please specify)_____
3. Both County Department of Social Services and Private.
4. Indian/Tribal
5. Other (please specify) _____

15. Total # of children presently in home_____

16. Number of foster female children_____

17. Number of foster male children_____

18. Circle age group of foster children:

1. all under 5
2. all under 10
3. all under 15
4. all under 18
5. all over 18
6. some under 18 & some over 18
7. no children now
8. not yet foster parents
9. other_____

19. Is at least one parent in the home providing parenting and supervision?
1. Yes 2. No, Parent(s) have work responsibilities outside of the home.

20. Length of involvement as foster family: _____years

21. Number of foster children for which licensed_____

22. Total number of foster children since being a foster parent_____

23. Circle general age groups of foster children you have served:

1. 0 - 24 mos.
2. 1 - 6 years
3. 0 - 12 years
4. 0 - 18 years
5. 0 - 21 years
6. short term/emergency

FOSTER CARE WORKER SECTION

24. What type of agency are you employed or licensed through?

1. County Department of Social Services
2. Private Child Placing Agency (please specify) _____
3. Indian/Tribal
4. Other _____ (please specify)

25. Are you currently employed as a foster care worker? 1. Yes 2. No

26. Length of time in current agency _____years

27. Current title:

1. Caseworker I
2. Caseworker II
3. Caseworker III
4. Supervisor I
5. Supervisor II
6. Foster Case Trainer
7. Other (specify) _____

28. Length of time in current position _____years

29. Length of time in protective services/foster care unit _____years