



Foster   
**VC Kids**

Ventura County Children & Family Services  
[fosterVCkids.org](http://fosterVCkids.org)

**DAY**  
*Three*

# Day Three At-a-Glance

Section	Time	Materials	Activities
Review, Ice Breaker and Introduction to Day 2	30 Minutes	<ul style="list-style-type: none"> <li>PPT 3.1-3.3</li> <li>Participant Guide</li> </ul>	
Partnership in Foster Care	1 Hour 15 Minutes	<ul style="list-style-type: none"> <li>PPT 3.4-3.27</li> <li>Participant Guide</li> <li>Handout: <i>What Would Solomon Do?</i></li> <li>Handout: Partnership for Children in Out-of-Home Placement</li> <li>Point-Counterpoint</li> <li>Laser pointer</li> <li>Five slips of paper</li> </ul>	<ul style="list-style-type: none"> <li>In My Experience: Partnerships</li> <li>Point-Counterpoint Demonstration</li> <li>Five Connections</li> </ul>
Co-Parenting, Connections and Attachment	1 Hours 15 Minutes	<ul style="list-style-type: none"> <li>PPT 3.28-3.45</li> <li>Participant Guide</li> <li>Point-Counterpoint</li> <li>Ball of string or yarn.</li> </ul>	<ul style="list-style-type: none"> <li>Weaving Through a Web of Attachment</li> <li>The Dialogue of Co-parenting</li> <li>Supporting Family Connections During and Between Visits</li> <li>Case Study: Mentoring a Family: Working with the Family to Support Children</li> </ul>
Homework Assignments	10 Minutes	<ul style="list-style-type: none"> <li>Participant Guide</li> </ul>	
Wrap-up	5 Minutes	<ul style="list-style-type: none"> <li>PPT 3.46</li> <li>Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Complete Evaluations</li> </ul>

# About Day Three

## Overview

Day Three of the 21st Century Caregiving: Foster VC Kids Resource Family Training will serve as a continuation of the learning about how children can successfully navigate through their early and ongoing developmental years when they have experienced child abuse and neglect. This session is also an introduction to partnership. As a Resource Family, participants will be asked to partner with many people and agencies to ensure a child's safety, permanency and well-being, so it is of critical importance that they understand the dynamics of a successful partnership as well as their role as a partner within the system of care. The tasks for team members are laid out in the case plan, which forms a roadmap to permanency for children and families within the system. As team members, the participants need to understand the context of the work, first through understanding the case plan, and then through understanding the losses and needs for children in care. Within the 'team', the Resource Family will be constantly focused on the nature of the child's experience, while forming partnerships across many different professional and family supports to successfully nurture the child in her/his care.

Perhaps the most important partnership is the co-parenting relationship between the Resource Family and the Biological Parent. Understanding more about attachment and loss will give the Resource Family and the team tools for how to individualize support for children in the Ventura County system of care. Today's session will also serve as an introduction to the concept of co-parenting and the Resource Family's role as a family mentor. As we progress through the remainder of the training, participants will apply and build on the skills, knowledge and tools they develop today.

**Case Studies:** You will be utilizing case studies throughout the remainder of the training so that participants may have the opportunity to apply their learning. *Real Cases:* You will want to make it clear to the participants that all of the case studies used in this curriculum are de-identified families with any identifying information altered or removed.

## Learning Objectives

- ✓ Describe the characteristics of an effective partnership.
- ✓ Identify the primary partnerships and describe their roles within the system of care.
- ✓ Explain how the case plan forms a roadmap to permanency for children and families.
- ✓ Define the Resource Family's role within the context of the case plan.
- ✓ Explain how attachments are formed and their importance for a child's mental health and define the Resource Family's role in helping a child form and transfer attachments.
- ✓ Define the Resource Family's role as a co-parent & family mentor and identify strategies for nurturing and promoting family connections and attachments.

## Trainer Preparation

In addition to the Trainer's Guide, Participants' Guides, and PowerPoint Slides, Day Three will require the trainer to locate and prepare the following supplemental materials:

### **System of Care Case Flow Review:**

- Laser pointer.

### **'Five Connections' Slips of Paper:**

- Prepare five slips of paper that can be folded (if you need to, you can use file cards) per participant and place them in the middle of each table so that there are plenty for everyone. You will use these slips of paper for the 'five connections' activity.

### **Point-Counterpoint Scripts:**

- Print out copies of the *Point-Counterpoint* scripts for volunteers to read aloud. See appendix for these scripts.

### **Building a Web of Support: Attachment and Partnership:**

- Be prepared with a ball of string or yarn that can be unwound and be passed from person –to-person for the Attachment activity.

### **Handouts:**

- What Would Solomon Do?*
- Partnership Agreement*

### **Evaluation Form:**

- See appendix for the evaluation form to be completed by the participant.

### **Attendance Form:**

- See appendix for the attendance form.

## Resources

### ***Familyconnect: Making Family Visits Work for Children in Foster Care (2008)***

<http://www.familyalternatives.org/>

Family Alternatives, a private foster care agency in Minneapolis, MN conducted a 3-year research initiative to identify best practices in family visiting in response to the growing research on the topic as well as their own experience with children living in the foster homes they serve. They put together the Family connect guides to provide a hands on, practical tool for Resource Families, children, and birth parents.

### ***Handbook of Infant Mental Health, 3rd Edition (2009)***

<http://www.amazon.com/Handbook-Infant-Mental-Health-Third/dp/1606233157>

This handbook, by Charles H. Zeanah Jr. MD, is widely regarded as the standard reference in the field. This state-of-the-art handbook offers a comprehensive analysis of developmental, clinical, and social aspects of mental health from birth to the preschool years. Leading authorities explore models of development; biological, family, and sociocultural risk and protective factors; and frequently encountered disorders and disabilities. Evidence-based approaches to assessment and treatment are presented, with an emphasis on ways to support strong parent–child relationships. The volume reviews the well-documented benefits of early intervention and prevention and describes applications in mental health, primary care, childcare, and child welfare settings.

### ***Relationship Between Public Child Welfare Workers, Resource Families and Birth Families: Preventing the Triangulation of the Triangle of Support. (2005)***

[http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/triangle\\_of\\_support.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/triangle_of_support.pdf)

This document provides perspectives from different points of view (Child Welfare Workers, Resource Families, Birth Families) and provides suggestions for building these relationships.

### ***The Science of Attachment: Implications for Foster Care in Early Childhood. (2010)***

<http://centerforchildwelfare.fmhi.usf.edu/videos/Pages/rebrand.aspx#science>

Throughout his career, Dr. Zeanah's clinical and research focus has been on early experiences and their effects. On the *Quality Parenting Initiative* website, he has a series of lecture videos on attachment for foster care. In these videos, Dr. Zeanah speaks of the critical importance of early attachment and how substitute caregivers can help in this critical process.

### ***Weaving Through a Web of Attachment.***

This activity, by Tricia Mosher of AK Consulting Group and used in her own training, focuses on the dynamics of attachment.

# Review and Introduction to Day Three

## Materials

PPT 3.1-3.3

Participant Guide



30 Minutes

Flipchart Paper/Markers

## Presentation –Review

- **Review** *Day Two of training. Briefly cover the following:*
  - *Trauma-sensitive care.*
- ▶ Last week we explored what trauma is, how trauma impacts the "lens" through which a child sees life, love, family and relationships, and how trauma affects his/her behaviors, reactions, and attitudes.
- ▶ We also discussed how you can provide an emotionally safe environment so that a child can heal and build resiliency.

### ASK

Based on what you learned this last week:

- ? **What excites you most?**
- ? **What worries you most?**
- ? **What questions do you have?**

- **Elicit** answers. *Briefly discuss.*
- **Review** *Day Two Homework.*

### Say:

- ▶ Today, we will further explore the roles and relationships of the foster care professional team. Again, this is a very important day in our training because so much of what we do to make a positive impact on children and families revolves around the successful partnerships. Let's begin.



## PowerPoint Presentation – Day Three Learning Objectives (SLIDES 3.1-3.3)

### SLIDE 3.1

**PowerPoint Title Slide: 21st Century Caregiving: Foster VC Kids Resource Family Training. (Day 3)**

21<sup>st</sup> Century Resource Familying :  
Foster VC Kids Professional Resource Family  
Training Day 3



### SLIDE 3.2

PowerPoint Slide: Day Three Learning Objectives

- ▶ The learning objectives for Day Three of the **21st Century Caregiving: Foster VC Kids Resource Family Training** include the following:
  - ▶ Describe the characteristics of an **effective partnership**.
  - ▶ Identify the **primary partnerships** and describe their roles within the Ventura County system of care.
  - ▶ Explain how the **case plan forms a roadmap to permanency** for children and families.
  - ▶ Define the **Resource Family's role within the context of the case plan**.
  - ▶ Explain **how attachments are formed** and their **importance for a child's mental health** and define the **Resource Family's role in helping a child form and transfer attachments**.
  - ▶ Define the **Resource Family's role as a family mentor** and identify strategies for **nurturing and promoting family connections and attachments**.



### SLIDE 3.3

#### PowerPoint Slide: Vince Lombardi Quote

- **Ask** for a volunteer to read the quote aloud.
  - “Individual commitment to a group effort -- that is what makes a team work, a company work, a society work, a civilization work.”



### TRANSITION

- ▶ For the best interest of the children and families we serve, it is each of our responsibility to develop the skills, knowledge and attitudes necessary to work in an effective partnership with each other and to meet our individual commitments.
- ▶ Let's begin our discussion by reviewing the characteristics of good partnership, why partnership is so important in child welfare and foster care.



# Partnership in Foster Care

## Materials

PPT 3.4-3.27

PARTICIPANT GUIDE

Flipchart Paper/Markers

Handouts:  
*What Would  
Solomon Do*

*Partnership for Children  
in Out-of-Home Care*

*Case Plan Template*

Laser Pointer

*Point-Counterpoint  
Scripts*

Five Slips of Paper



1 Hour  
15 Minutes

## Presentation –Introduction to Topic

- ▶ Resource Families are valued and respected partners within our community.
- ▶ Becoming a Resource Family comes with a great deal of public trust and responsibility. This vast responsibility requires a strong partnership among the Resource Families, Foster VC Kids and its partner agencies. Each team member must work in collaboration to resolve any issues and maintain a child- centered focus.
- ▶ Fostering means nurturing a child and mentoring and supporting the entire family, teaching them to be healthy, so this partnership must include the biological parents. Research shows that reunification is more successful when there are continued and regular visitations and the biological parents are involved in the child's life. Resource Families willingness to support the co-parenting model is critical to meeting our mission.



## Activity – In My Experience: Partnerships INTRODUCE the Activity



- *Post Slide 3.4 as you introduce this activity.*
- ▶ Let's step into our own shoes for a moment, and explore our own positive and negative experience with partnerships.

### PURPOSE of Activity

- *Honor the experience and knowledge of the participants.*
- *Begin the important discussion about partnership.*

## DIRECTIONS for Activity

- **Conduct** this activity as a large group.

### Say:

- ▶ There is a great deal of experience in this room and with all of this experience, I am certain each one of us has formed both successful and unsuccessful partnerships. Because partnership is critical to achieving successful outcomes for children and families with many needs in a complex system of care, we must begin to address how successful partnerships work and the pitfalls we must avoid.
- ▶ I would like you to think about a partnership you have formed in order to reach a specific goal/outcome. This partnership can be personal or professional.

### Ask:

- ? **What contributed to your partnership's success?**
- ? **What contributed to your partnership's failure?**



### SAMPLE RESPONSES for Positive Partnership Experiences.

- It was well planned and organized.
- We all understood the purpose.
- We respected each other.
- Everyone contributed to the process.
- We each had specific roles that played to our strengths.
- We communicated with each other.



### SAMPLE RESPONSES for Negative Partnership Experiences.

- It was poorly planned and poorly organized.
- Not everybody contributed.
- People spoke negatively about other members of the team.
- The goals were not clearly defined.
- There was a lack of communication.
- We didn't have all the skills we needed to do the job properly.



### SUMMARIZE

- ▶ In order for a partnership to thrive and to achieve its purpose, some advanced planning needs to take place. A partnership needs to be well-defined, organized and must include the right people for the right jobs.
- ▶ Let's see what the research says about the subject.



## PowerPoint Presentation – (SLIDES 3.5-3.11) Characteristics of an Effective Partnership

Characteristics of an Effective Partnership

### SLIDE 3.5

Common  
Perceived  
Needs



PowerPoint Slide: Characteristics of an Effective Partnership:  
Common Perceived Needs

- ▶ As we know, partnerships can thrive or fail. Research shows that most successful partnerships:
  - ▶ **Grow out of commonly perceived needs**, address those needs and seek to serve and yield benefits beyond the partners themselves. Our commonly perceived needs involve strengthening families. We are all here because we care and want to make a difference in the lives of children and their families.

## Characteristics of an Effective Partnership



## SLIDE 3.6

PowerPoint Slide: Characteristics of an Effective Partnership: Clear Mission and Outcomes

- ▶ **Include partners who understand the mission and anticipated outcomes.** We are all here to serve the vulnerable children and families of our community. By understanding and embracing the overarching outcomes of safety, permanency and well-being and respecting that reunification is the ultimate goal for our families, we can all be on the same page.

## Characteristics of an Effective Partnership



## SLIDE 3.7

PowerPoint Slide: Characteristics of an Effective Partnership: Supported by Leadership

- ▶ **Are supported by leadership** including allocated resources, proper guidance and empowerment of partners. For example, by respecting the ability of Resource Families to use proper judgment when parenting foster children, by allowing Resource Families to truly treat the foster child as their own child thereby creating a sense of normalcy for the child, leadership is helping to pave the way towards successful outcomes for this child.

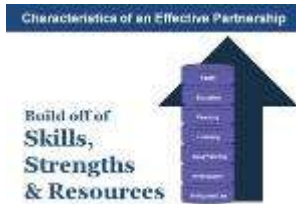
## Characteristics of an Effective Partnership



## SLIDE 3.8

PowerPoint Slide: Characteristics of an Effective Partnership: Clearly Defined Roles and Responsibilities

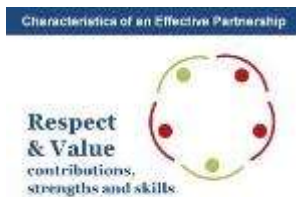
- ▶ **Clearly define the roles and responsibilities.** ASFA and the Welfare & Institution Code provide the guidance, laws, policies and procedures we must follow. Foster VC Kids and its partners have built off of these requirements to form our system of care. We began this discussion during week one and will continue as we progress through the training. The *Partnership Agreement* is a tool we use to help clearly define each of our roles and responsibilities.



### SLIDE 3.9

PowerPoint Slide: Characteristics of an Effective Partnership: Build off of Skills, Strengths and Resources

- ▶ **Build off the skills, strengths and resources of partners.** The concept, "It takes a village to raise a child," couldn't be more accurate to describe how a child welfare partnership is formed. Child welfare is very complicated. By delegating the responsibility to community-based care agencies across the state, Foster VC Kids recognized the value in local community resources to address the needs of our children. Each of us has brings something to the table. Resource Families see the child on a daily basis so the team must rely on the Resource Family to provide guidance, support and nurturing to the child as well as act as a mentor to the child's family. Biological parents have known the child since birth and can help identify the child's preferences, help address concerns about the child including behaviors and needs, and help determine what is best for the child.



### SLIDE 3.10

PowerPoint Slide: Characteristics of an Effective Partnership: Respect and Value Contributions, Strengths and Skills

- ▶ **Include partners who respect and value the contributions, strength and skills of the other partners.** This includes talking positively about other partners and when conflicts arise, resolve them in an appropriate manner without blaming. This is critical for what we do. If we all remember that we are in this for the child and can look to the ultimate goals, differences of opinion that will certainly arise can be dealt with in a professional and respectful manner. By respecting the contributions, strengths and skills of the Biological Parents, we are building a relationship, helping the family build on their strengths and modeling this behavior for the child and family. If a child sees that we are all working together, and involving him/her in the decision-making, he/she will feel less divided loyalty and less conflict and his/her road to healing will be a little easier to navigate.

## Characteristics of an Effective Partnership

Effective  
Communication  
Systems**SLIDE 3.11**

PowerPoint Slide: Characteristics of an Effective Partnership:  
Effective Communication Systems

- ▶ **Include effective communication systems and open lines of communication.** Communication is important for so many aspects what we do. There are so many people involved in this child's life and so many requirements to meet, an effective communication system is essential to our success. In addition to using your common sense to determine if you need support, there are policies that dictate when notifications must be made. For example, a Resource Family must notify the social worker if the child needs emergency medical care. Also, Resource Families and social workers should share information and always plan to transition children from one placement to another. Also, effective communication should be established with the biological family so that connections between the child and family are maintained and supported. Everyone must be aware that different communication styles exist, resist the urge to assume others understand and always be clear and concise when communicating with others.

**DISTRIBUTE Handout**

- *Distribute **What Would Solomon Do?** which can be found in the appendix. Explain that this activity is designed to give us insight into what is helpful for children when they are being co-parented as we will spend the rest of class talking about this relationship.*
- ***Allow** the participants 2 minutes to read the handout.*

**Briefly discuss.**

**Trainer 's Note:** You may wish to have this handout laminated so that participants can post it somewhere in their home as a daily reminder.



## PowerPoint Presentation – (SLIDES 3.12-3.21) Responsibilities in the Foster Care System

### REFER to Handout Distributed from Day One

- Ask participants to locate their **Partnership Agreement**.



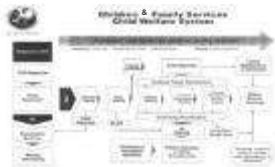
### SLIDE 3.12

#### PowerPoint Slide: Partnership Agreement

- ▶ During our first session, I introduced you to the **Partnership Agreement**, which is an agreement between the Resource Families and the agency that establishes the groundwork for successfully caring for the child as a professional team.
- ▶ In addition to you, the Resource Family, the members of the professional team include minimally:
  - **Foster VC Kids Social Workers,**
  - **Foster VC Kids Resource Family Approval Workers**
  - **Foster VC Kids Recruitment, Development, & Support,**
  - **Foster VC Kids Placement Unit,**
  - **Foster VC Kids Eligibility Worker**
  - **Biological Family** (parents and relatives).
  - **Court Appointed Special Advocate (CASA)**
  - **Child Welfare Legal Services Attorneys,**
  - **Judges,**
  - **Networking groups & other Resource Family support teams**
- ▶ Again, the roles and responsibilities for the professional foster care team includes:

- ▶ Respectful partnership,
- ▶ Professional behavior,
- ▶ Case planning,
- ▶ Excellent parenting,
- ▶ Responsible placement,
- ▶ Professional development,
- ▶ Services and support,
- ▶ Avoiding disruption for child,
- ▶ Smooth transitions,
- ▶ Family mentoring and continuity for child,
- ▶ Respect for child's connections,
- ▶ Obtaining and maintaining records,
- ▶ Child advocacy,
- ▶ Full participation in child's mental and physical well-being, and
- ▶ Supporting school success.

Snapshot of a Case



SLIDE 3.13

PowerPoint Slide: Case Flow as the Roadmap

- ▶ **You can see how the roles and responsibilities fit within the case flow for the child.** We walked through this map in our first session, and now we will be identifying how you play a partnership role in achieving permanency for children.

Slide 3.14

PowerPoint Slide: The Case Plan

- ▶ **There is a road map for children and families from start to finish. *This road map is the case plan.*** The case plan in all court involved families involves some major components that are important guidance for parents, for caregivers, for children, and for the agency.

The Case Plan

The case plan is the plan to support a family in reaching the goal of reunification. The plan will include:

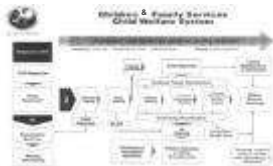
- Permanency Goals
- Reasons the child came into care
- Changes needed to achieve reunification and services to support these changes
- Visitation plans
- Child's needs and services during time in care
- Timeframes and future hearings

Resource Families will be provided the Child's Needs & Services Plan at the time of placement which will include visitation plans, services related to the child's needs, and other specifics to assist you in providing high quality care.



- ▶ The case plan includes:
  - ▶ **Permanency Goals,**
  - ▶ **Reasons that the child(ren) came into care,**
  - ▶ **Parental Changes** that must occur in the family to make it possible for child(ren) to return home and a listing of services that must be offered or available to help with the changes,
  - ▶ **Plans to meet child(ren)'s needs** while they are in the care of the state and agency, and
  - ▶ **Timeframes and future court dates.**
- ▶ In the next few slides, we will briefly describe the major components of the case plan. This case plan is not only a roadmap for parents seeking to make changes and get their children home, this roadmap also guides you, as a Resource Family, in identifying the big picture for the child in your care, and specifying who will do what and when to assure Safety, Permanency, and Well-Being for the child.
- ▶ **The case plan tells everyone on the team what their responsibilities are and lays out accountability for timely progress on the journey to permanency.**

Snapshot of a Case



### SLIDE 3.15

PowerPoint Slide: Define the Permanency Goals

*Trainer's Note: Use a laser pointer to show where the permanency goals are listed at the end of the case flow.*

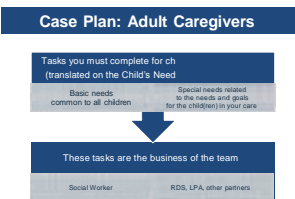
- ▶ **One or more Permanency Goals**, which represents the court's best idea about what type of permanency will work for this family. For most families, the permanency goal starts out as 'Reunification', but when parents do not make timely progress on the changes requested, the permanency goal may change to 'adoption' or 'guardianship', or 'Independent Living' for older teens.
- ▶ **Concurrent Planning:** May occur in some cases when reunification is not occurring in a timely manner, so that adoption planning may take place concurrently.



**SLIDE 3.16**

PowerPoint Slide: Reasons the Child Came into Care and the Tasks Required of Parents

- ▶ **The case plan and court order together describe both the reasons that children came into care, and the tasks required of parents.** The case plan includes:
  - a) In **the reasons why children came into care**,
  - b) the events that led up to removal, and
  - c) efforts that were made to keep children with their families and in their homes.
  
- ▶ **A Parent’s primary tasks are listed**, with narrative that describes what they are being asked to do or what services they are being asked to complete, with specific timeframes and instructions for completion.
  
- ▶ **Parents have up to 12 months for completion and this timeframe can be expanded for special conditions**, however California reserves the right to determine that parents are not complying at as early as 9 months, which may change the goal from reunification to an alternate plan (adoption, guardianship, etc.)
  
- ▶ **Despite the timeframes set forth in law and court order, it is a good idea to expect the unexpected:** courts take in all available information and make decisions that can result in change of placement, change of goal, termination of services or termination of parental rights.



**SLIDE 3.17**

PowerPoint Slide: Tasks for Caregivers

- ▶ The case plan includes tasks for adult caregivers that are related to the care of the child:
  
- ▶ **The tasks for adult caregivers will list out the responsibilities that you have for providing for the**

**child/children in your care.** There are considerations for basic needs, common to all children, and then there are considerations for special needs related to the specific needs and goals for the child in your care; and

- ▶ **These tasks are the business of the team,** particularly in regard to your role, the role of the social worker, and the role of the CASA (when applicable). Between the three of you, these tasks will be carried out and monitored to make sure that the child's needs for safety, well-being, normalcy and permanency are met.
- ▶ **You will not receive a copy of the case plan (or may receive a redacted case plan). Any activities the Resource Family is responsible for assisting in implementing should be listed on the Child's Needs & Services Plan that is provided to you upon placement and should be updated as the child's needs change.**
- ▶ Over time, as the parents progress through their plan and as you build your mentoring relationship, **you will transfer or share some of these tasks with the parents in anticipation of reunification.** We will go more deeply into the co-parenting role and mentoring role you play in future work together.

#### Primary Partnerships




#### SLIDE 3.18

##### PowerPoint Slide: Primary Partnerships

- ▶ For now, let's think of your interactions with three of the important team members who will assist you in fostering: the **Social Worker** assigned to the child in your home and his or her family, the **RFA Worker (Resource Family Approval worker)** who will assist you with your home approval process and compliance issues, and the **RDS worker**, who will work with you on placement and other forms of support.
- ▶ We will also be discussing the biological/foster family partnership in detail in a moment.

**Licensing Program Analyst**

- Safety Role
- Compliance Role
- Represents Agency Accountability for Safe and Nurturing Care for Children
- Your LPA is always available to you but may not be available when you with



Case Plan (Roadmap to Permanency) →


**SLIDE 3.19**

PowerPoint Slide: Primary Partnerships: RFA Worker

- ▶ **Your first partner is the LPA**, who is responsible for
  - **Your first partner is the RFA Worker**, who is responsible for approving your home, conducting annual renewals, and answering your questions related to resource family home regulations.
- ▶ **This involves a safety role: which is to make sure that your home is safe and meets all RFA written directives regulations.** You already know some of the safety factors, such as the physical safety of your home, making sure that anyone who is in your home will be appropriate and safe for children to be around, and making sure that you have anticipated and structured your family life to ensure that any risks or dangers are prevented.
- ▶ **Finally, the RFA worker represents accountability for safe and nurturing care for children.** This involves making sure that all regulation and approval standards are met, any complaints are investigated, and helping resource families make sure that they understand and adhere to all expectations.

**Recruitment, Development & Support**

- Foster VC Kids staff specifically available to Resource Family
- Can provide resource information, linkage to services, and placement support
- You will be assigned an RDS worker when you receive your license and they will schedule a time to meet you and conduct what is called a new home assessment to get to know you more.
- The RDS team can help you navigate the broader Foster VC Kids system to support you in meeting any activities assigned to you on the case plan and Child's Needs and Services Plan



Case Plan (Roadmap to Permanency) →


**SLIDE 3.20**

PowerPoint Slide: Primary Partnerships: RDS

- ▶ The Foster VC Kids RDS worker will meet with you after you receive your approval to review resources, get to know you and your family more, and begin discussing what kinds of children will thrive in your care.
- ▶ The RDS worker is there to help you manage your role of caregiving. RDS workers know the community and resources: they can help you access specific services and supports you may need to provide care. They also have knowledge about the needs of children in care and will have ideas and support for you as you meet each child placed with you and will help you work within your own community and family structures to do a good job on the task of caring for children.
- ▶ You will be assigned an RDS worker who will be available to you during your time as a Resource Family.

**Social Worker**

- Assigned to the family
- Assists parents in their case plan tasks and in process of change
- Works intensively with parents and all children for every case assigned to him/her
- Must insure needs of each child are met



Case Plan (Roadmap to Permanency) →

**SLIDE 3.21**

PowerPoint Slide: Primary Partnerships: The Social Worker

- ▶ **Social Worker is assigned to the family**, which may include siblings who are not placed in your home as well as the child you are caring for.

- ▶ **The Social Worker is designed to assist parents in their case plan tasks and in the process of change.** As you are mentoring parents, you, the social worker and the biological parent will be working from the case plan tasks to identify any tasks that you will share. Over time, the biological parent will take on some tasks that initially fall to caregivers, and you will be sharing some tasks such as attending medical appointments, educational appointments, and possibly counseling to assist the child.
- ▶ **The important thing to note is that the social worker works intensively with parents and all children, for every case assigned to him/her.** This means that your role in providing care for the child frees the social worker to focus on promoting and assessing the possibilities for reunification. At the same time, this means that although a social worker may have relatively few 'cases', he/she may be working with sibling groups and more than one parent working on the case plan. Your ability to forge a good partnership and work interdependently towards the same goal for each child in your care will help the agency best serve each family.
- ▶ **The social worker must insure that the needs of each child are met.** Social Worker tasks for the child include:
  - ▶ **Monthly (every 30 days) check in with caregivers to make sure that children's tasks and needs are accomplished.** (more often during initial shelter),
  - ▶ **Providing resources and financial support to meet needs.** (Clothing, supplies, referrals to services), and
  - ▶ **Assessing safety ongoing:** The social worker is constantly assessing each child's safety.

**Ask:**

- ? Why do you need to know about social worker activity related to safety assessment?**

Sample Responses (Make sure you cover each point):

- **Social Workers assess safety in multiple ways.** The regular visits by a social worker include announced and unannounced (as needed to insure safety) visits to the child in the home and occasionally at school. In these visits, social worker gets to see the child in her/his environment to see that physical and emotional

safety are assured. Again, visits are not meant to intrude or imply lack of trust – this is a requirement.

- **Finding out about safety includes a private interview with each child, every time.** Children have a need and a right to speak with their social worker about what is going well and anything that concerns them while they are in care. Social workers understand that life is not always like a fairy tale, and that there will be bumps in the road during placement. The visit may also involve making sure there are no marks or bruises on a child. Even if there are concerns based on the interview with you or with the child, many concerns will be easy to resolve.
- **Take advantage of the visit to help children get their questions answered.** Social Worker visits may also be the time when children and youth get updates on how their case plan is progressing. When the social worker is in the house, the three of you can discuss any worries or questions.
- Report to the social worker your observations of the child, their progress and achievements as well as needs.
- Sometimes children disclose further abuse and neglect as they get more comfortable with you or with the social worker, other times children may feel or be unsafe in foster care. **If there are concerns that rise to the level of intervention, the social worker is mandated to report child abuse and neglect, just as you are. Social workers will also inform licensing and RDS of any safety/care issues with the foster family home.**



## PowerPoint Presentation – (SLIDES 3.22- 3.23) POINT-COUNTERPOINT (Part 1): Resource Family Approval Worker and RDS Worker



***Refer participants to Participant's Guide Day Three: Point-Counterpoint Worksheet***

- ▶ You may want to make notes in your workbook for each Point-Counterpoint as we progress through these statements.

### SLIDE 3.22

PowerPoint Slide: POINT-COUNTERPOINT (PART 1):Resource Family to RDS

- ▶ We are now going to begin a 'Point-Counterpoint' demonstration with some common statements that Resource Families have made to inform Social workers, RDS and RFA Workers (and vice-versa) about what they need.
- ▶ The purpose is to gain some sensitivity about the needs of the different members of the professional team. When we step out of ourselves and into the roles of the different team members, we can gain some empathy for their perspective. Additionally, these statements will inform your understanding of some of the situations you may expect to experience.
- ▶ Let's begin with the RDS.
  - ***Read the script, alternating between the two team members .RF denotes Resource Family. If another trainer is not available, recruit a participant to read RF2.***

***Trainer Alternative:*** You may choose to print out the listed statements (found in the appendix) on two 'scripts' and have your participants read from their list, or use file cards with each statement so that the whole group can read a question. The expansion of the reading to the group members may help kinesthetic and active learners focus on the questions in a deeper fashion, however doing this activity in this way may also take longer.

- ▶ **RF1:** You say that you are my support: what does that mean? What can I call upon you for?
- ▶ **RF2:** If I am having a major conflict with foster child behavior, who do I call first?
- ▶ **RF1:** What do you need from me? When do you need it?
- ▶ **RF2:** Tell me what is private in my home and what is public to the system of care?
- ▶ **RF1:** If I receive an abuse report or complaint, how can you support me?
- ▶ **RF2:** What do I do if I need to leave town or take a break?
- ▶ **RF1:** Now that we have had some conversations, I understand what you are expecting of me and my family, and I am better able to help you and the children in my care.

***Trainer's Note:** You may choose to address some of the answers in the large group, depending on the group's specific questions. If one trainer is a RDS worker or RFA worker, that would be a great opportunity to talk from experience about the roles. Even if one trainer addresses the questions, it is important to underscore the importance of having these conversations with the Resource Family's assigned RDS worker or RFA worker.*

### Ask:

- ❓ **Thinking about what you have just heard, what are some of the areas where you will need to develop a clearer understanding of the role of the RDS or the RFA worker?**

### Sample Responses:

- When to call the RDS, the social worker or RFA worker.
- Child behavior issues.
- Tasks.
- Confidentiality and privacy.
- Respite and time away from fostering.
- Abuse reports & Complaints.





### SLIDE 3.23

PowerPoint Slide: POINT-COUNTERPOINT (PART 2): RDS and RFA worker to Resource Family

- ▶ Now let's hear some of the questions and requests the Foster VC Kids staff may be bringing to you:
  - **Read the script, alternating between the RDS worker and RFA worker. If another trainer is not available, recruit a participant to read the other role.**
- ▶ **RDS:** I need you to give me as much advance notice as possible when you need respite or a break so that I can assist you in working with placement and our partners to identify weekend respite or short term respite support.
- ▶ **RDS:** I need you to understand that I work with many families and in many roles: you are important to me and I will be as responsive as possible, without compromising my commitments to other families and agency priorities.
- ▶ **RFA:** Work with me to complete the paperwork so we can meet timelines and requirements as a team.
- ▶ **RDS:** Please let me know when you are experiencing difficulties prior to wanting a child removed.
- ▶ **RFA:** The basic requirements for licensing don't change all that much from year-to-year: please don't wait until the last minute to get a new fire extinguisher tag, insurance card, or pet vaccination.
- ▶ **RFA:** Please don't move people into the house without first letting me know and if you have a child that will be turning 18, let us know so we can have that child cleared as an adult in the home.
- ▶ **RDS:** Please don't take sides when we are working as a team: we are all in this together and everyone's perspective and role are important.
- ▶ **RDS:** Ask me when you need help, support, or other resources and don't be afraid to explain what you think you need: I can try to do what is beneficial without wasting your time.
- ▶ **RDS:** Now that I know what you need, I am going to be much

more effective at supporting you: you are not alone in this work.

- ▶ **RFA:** Please be sure to complete incident reports and other documentation requirements in a timely manner.

**Ask:**

- ? What do you think? What stood out for you that you may not have considered prior to this activity?**

- *Elicit answers and briefly discuss responses.*

- ? How does this point of view help you plan for having a child or children in your home.**

Sample Responses:

- Helps me to understand that I am the child's primary source of care and that I use the RDS or RFA workers as a support to help me effectively provide that care.
  - Helps me to understand that I need to honor the time of Staff and be as flexible as possible.
  - Helps me to understand that I need to keep up with regulations and requirements.
  - Helps me to understand how to be a team player.
- ▶ As you know, the RDS and Resource Family Approval Teams are responsible for the approval, linkage, and support to potential and current homes in the Foster VC Kids system of care. The other major person you will interact with is the social worker.
  - ▶ Social Workers will be working with many resource families at one time.
  - ▶ Although your role and that of the social worker will remain consistent, your agreement and work with each social worker may be individualized based on what each of you brings to the partnership and what each child needs from the team.



## PowerPoint Presentation – (SLIDES 3.24- 3.25) POINT-COUNTERPOINT (Part 3): Resource Family and Social Worker

### SLIDE 3.24

PowerPoint Slide: POINT-COUNTERPOINT (PART 3): Resource Family to Social Worker

- ▶ Let's continue with the Point-Counterpoint activity to think about how this partnership may look. Again, we will look at questions, suggestions, and requests that Resource Families have had for Social Workers in the past:
  - *Read the script, alternating between the two Resource Families. RF denotes Resource Family. If another trainer is not available, recruit a participant to read RF2.*
- ▶ **RF1:** Why haven't you returned my calls?
- ▶ **RF2:** Why do you disrespect me and my family by showing up unannounced? Don't you trust me?
- ▶ **RF1:** Please ask first, or discuss with me before you make plans with or promises to a child as that may create a conflict if you are not aware of what the family has planned.
- ▶ **RF2:** Is there any additional information about the child's history that wasn't in the needs and services plan?
- ▶ **RF1:** Can you provide me with the case plan?
- ▶ **RF2:** I need your help coordinating visitation with the Biological Parent.
- ▶ **RF1:** Could you support me when the Biological Parent is raging about or at me?
- ▶ **RF2:** Can you get the doctor orders from the doctor?
- ▶ **RF1:** Can we talk about any promises you make to the child and any ideas I have about discipline? Sometimes the child in my care tells me I can't parent her because you are her

guardian.

- ▶ **RF2:** I need to know we are partners, even though you are here on the behalf of the child.
- ▶ **RF1:** I can work through all of these complications if I know that you are there for me, as I am there for you and for this child.

**Ask:**

**? What are some complexities to the relationship between social worker and Resource Family that you can identify based on these questions and requests?**

Sample Responses:

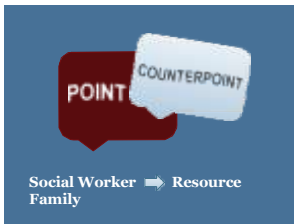
- The social worker has a large case load and cannot always respond to requests as quickly as a Resource Family would like. The worker must prioritize the many expectations and requirements they are responsible for daily.
- The Resource Family may sometimes feel unsupported by the social worker because of the confusion of roles between the social worker and RDS or RFA worker.
- The complexities of social worker visits with the child.
- The need the Resource Family has for information about the child. The social worker might not have all the information the Resource Family wants. The social is responsible for providing information such as the needs and services.
- The need the Resource Family has for support with the biological family.
- The confusion the child has about the roles and responsibilities of the social worker and Resource Family.

**Ask:**

**? How do you think you would handle some of these needs with different social workers?**

Sample Responses:

- Flexibility.
- Open communication.
- Persistence.
- Mutual respect.



### SLIDE 3.25

PowerPoint Slide: POINT-COUNTERPOINT (PART 4): Social Worker to Resource Family

- ▶ Here are some examples of the corresponding questions, suggestions, and requests on the part of the Social worker to the Resource Families:
  - **Read the script, alternating between the two Social workers. SW denotes social worker. If another trainer is not available, recruit a participant to read SW2.**
- ▶ **SW1:** Although my caseload may not seem like much to others, each family may have multiple children to whom I am responsible. I count on you to help me ensure that each child gets what s/he needs.
- ▶ **SW2:** I know you work from 9AM until 5PM and so do I: are there times when we could do visits during the work day as well as at night?
- ▶ **SW1:** Please know that I am required by law to visit the child(ren) in your home no less that every thirty. I do trust you and am not being disrespectful, and need you to understand this requirement.
- ▶ **SW2:** I know the biological family is from a different socio-economic group than yours, but that does not mean that the child will be abused once reunified. Please don't be judgmental of their differences and remember that they love their children and have the right to be the parent.
- ▶ **SW1:** How can we be sure that you are always home when I come for scheduled visits? I don't want to use up our time with extra trips.
- ▶ **SW2:** Please put all of the information you collect and have into the Health and Education Passport binder you received

(HEP notebook): you may know this child the best at this time and your information is important to everyone.

- ▶ **SW1:** Will you be willing to ‘do’ for this child as you would your own, and be proactive by making sure her/his needs are met?
- ▶ **SW2:** Can you tell me about your frustrations, even if they are minor and even when you have told the RDS or your RFA worker, so that we can all resolve any issues early?
- ▶ **SW1:** Will you work with me and the team in doing what is in the best interests of this child, even if it is difficult or different from what you would do for your own child?
- ▶ **SW2:** Would you please let me know what your needs are so I can ensure a safe, stable, loving home for this child?
- ▶ **SW1:** Will you partner with me and with our team to help this child cope with her/his emotional needs during the uncertainty of placement?
- ▶ **SW2:** Now that I know what your needs are, I can help and make sure that we are a team.

**Ask:**

- ? **Again, how did these remarks and questions inform what you envision for building partnerships with the social worker?**
- ? **What will you put into your own notes so that you can build an effective work plan with the social workers that will be assigned to your family?**

Sample Responses:

- Helps me to understand that I need to honor the time of the Foster VC Kids staff and be as flexible as possible.
  - Helps me to understand that I must collect information about the child and provide this to social worker.
  - Helps me to understand that the social worker is there to help me provide a loving, stable, healing home for the child.
- ▶ We will continue to explore how different people on the team

can best get their needs met so that the team functions to provide children with safety, well-being, and permanency.



## SUMMARIZE

- ▶ One way to think about the three roles is this: Questions about the role of a resource family should go to RDS; Questions about the facility and rules about the facility are for the RFA worker; and questions related to services or needs of the child should be directed to the social worker.
- ▶ By working as a well-functioning team, we can make a difference in the lives of children and their families. To accomplish this, we must have a clear understanding of the mission, objectives and our roles, we must be empowered to perform our roles, we must respect and understand the roles and contributions of others, and we must have a well-documented and open line of communication.
- ▶ The **Partnership Agreement** provides Foster VC Kids and its partners, including Resource Families, social workers and other staff clearly defined roles and defines the values and expectations of quality care and partnership.
- ▶ The biological parent is also a critical member of the team and we will be discussing this relationship in more detail in a moment.



## PowerPoint Presentation – (SLIDE 3.26) The Purpose of Our Partnership

### The Purpose of our Partnership



### SLIDE 3.26

PowerPoint Slide: The Purpose of Our Partnership

- ▶ Our partnership is based on a shared vision: **Protecting Children by Strengthening Families**. To fully understand how to use our partnership to accomplish our goal, we will want to go back to the beginning to review and build upon the important work we did last session related to trauma and loss.



## Activity –Five Connections

### INTRODUCE the Activity

- *Post Slide 3.27 as you introduce this activity.*
- ▶ Our partnership is based on healing and support for children and families and our own reflection, and allows us to think about our own connections and values.

### PURPOSE of Activity

- *Develop self-reflection and self-awareness about important connections and the experience of loss.*
- *Build empathy for the youth and families we will be partnering with.*
- *Provide a basis for the importance of co-parenting during the foster care experience and for the importance of visiting within the context of loss.*

### Directions for Activity

- *Instruct participants to each select five of the slips of paper in the middle of the table.*

#### **Say:**

- ▶ I'd like to ask you to think about your life and identify five most important connections for you personally. No one will see your slips of paper, so please feel free to be honest without feeling that you will have to explain.
- ▶ Connections can be people or places or things: they can be a community or group that you are part of. Brainstorm and think about what is most important to you.
- *Provide examples of your own, such as: my job, my home, my parents, my child, my partner, my church or faith community, my car. All of your examples should be connected with what makes you 'you', what makes you feel secure, loved, important, independent, etc. Try to use a range of examples.*



**Trainer's Note:** *You should instruct participants to either write "family" or ask them to separate them out. All of their children should be placed on one sheet of paper.*

**Say:**

- ▶ After you have completed the five slips of paper, I want to ask you to fold them up so that I can see when we are all done.
- **Wait** *a few moments until everyone has their pile of slips of paper completed and folded.*

**Say:**

- ▶ Now, I would like to ask you to look back over the five slips of paper. You are going to have to give one of them up. Once you have had a chance to look through them, choose one of the pieces of paper and drop it on the ground.
- **Ask** *participants to talk about the experience.*

**Ask:**

**? What was this like for you? How did you choose?**

- **Elicit** *answers.*

**Say:**

- ▶ Now I need to ask you to drop another one....
- **Continue** *on until the last paper is dropped. Some participants will not drop the pieces of paper: this is okay although you should encourage them to do so.*

**Ask:**

**? What was this like for you? How did you choose?**

**? Let's go deeper. Some of you stopped before you got to the fifth piece of paper: what was going on for you?**

Sample Responses:

- Too difficult to comprehend how I would survive.
- Too painful to eliminate connections.
- I knew it was not real so I didn't want to choose.
- Others did the whole activity: what was that like?
- I thought about which things I really could not live without: I thought some of the later 'slips of paper', or the people and things listed would sustain me in the early losses, but then you took it all away
- I realized what was really important to me.
- I had to remind myself it was not real.

**Ask:**

**? Which of the losses on your slips of paper do you think the children in foster care have experienced?**

Sample Response:

- All or most of the items and people we listed are lost when children experience abuse, neglect, and removal: the loss of parents, siblings, home, belongings, school (which equates to job)

**Say:**

- ▶ So let's explore how some of you chose to manage the difficult task I asked of you. Some said you refused, or that you reminded yourself this was not real.

**Ask:****? How might 'refusing' look for children in care?**

*Trainer's Note: You should refer to trauma and trauma response during responses to this question.*

**Sample Responses:**

- Running away.
- Maintaining a sense that they will return, even when hope is fading.
- Maintaining connections, even when forbidden.
- Holding a plan to return in ones' heart.
- Maintaining a hopeful or even fantasy view of parents during placement.

**Ask:****? Some of you said you chose which things to give up first: the easier ones were things, then places, then people. How might that look for children in care?**

- *Elicit answers and briefly discuss.*



## SUMMARIZE

- ▶ Many of you talked about the need to identify those connections that would sustain you during losses. In the coming sections, I want to invite you to think about how our natural response to just the IDEA of profound loss can inform the way we foster and co-parent for children, even if eventually return is not deemed safe or appropriate. We hope to become those sustaining connections for children in care.
- ▶ Coping with loss is difficult for all of us, and for many families (parents and children) in the child welfare system, trauma and loss underlie the behaviors and events that bring children into care. We will keep in mind the basic losses that children come to us bearing. This will help you think more deeply about your own abilities and strengths to help children and families heal.



## TRANSITION

- ▶ Although we have discussed several vital partnerships for out-of-home care, we are now going to turn to the key partnership in our system of care: the partnership between the Resource Family(s) and the biological parent(s).

# Co-Parenting, Connections and Attachment

## Materials

PPT 3.28-3.45

PARTICIPANT GUIDE

Flipchart Paper/Markers

*Point-Counterpoint  
Scripts*

Ball of String or Yarn



1 Hour 15 Minutes

## Presentation –Introduction to Topic

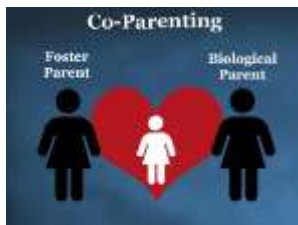
- ▶ The deepest connection children and parents have is each other. The shared goal: ***Protecting Children by Strengthening Families*** has its roots in family-centered approaches to achieving safety, permanency and well-being for children which has mothers, fathers and other relatives involved right from the start as partners in discussions on what is best for the child. Families' strengths and potential are recognized, along with the services needed for the children and family and the goals that parents must achieve to be reunited with their children.



## PowerPoint Presentation – (SLIDES 3.28-3.30) The Resource Family/Biological Parent Partnership

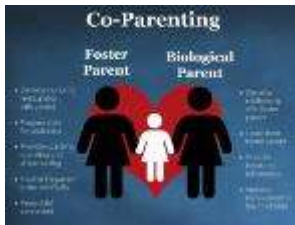
### SLIDE 3.28

PowerPoint Slide: The Resource Family/Biological Parent Co-Parent Partnership



- ▶ Perhaps the most important, yet the most complex, of partnerships in our system of care is the one between the Resource Family and the Biological Parent.
- ▶ It is not unusual for Resource Families to feel guarded and unsure about engaging with Biological Parents, even when you may be related to them. Being related to the family can make roles and boundaries confusing.
- ▶ It is also not reasonable to expect that every Biological Parent will be emotionally or psychologically ready to partner as there may be addiction or other debilitating issues that must first be managed.
- ▶ Building a healthy and strong partnership is in the best interest of the child. Keeping in mind that reunification is the goal, and that the majority of children in care simply want to go home, it is important for the Resource Families and Biological Parents to learn to forge a relationship that is safe and appropriate for the sake of the child.

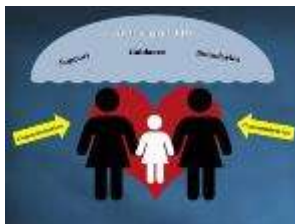
- ▶ Keeping in mind our loss activity, it will be especially important to identify and maintain the aspects of parenting that the Biological Parent can continue in an effort to sustain children during their time in care.



**SLIDE 3.29**

PowerPoint Slide: Co-Parenting

- ▶ Co-Parenting emphasizes Resource Families as being a support to birth families instead of substitute caretakers.
- ▶ As a Resource Family, you must be prepared to care for a child interdependently with others.
  - ▶ The **role of the Resource Family** in this partnership is to develop a nurturing relationship with the Biological Parent, prepare child for visitations, provide coaching and modeling in appropriate practices as well as cheerleading, involve the parent in the child’s life to the greatest extent possible, and help keep the child connected to the parent.
  - ▶ The **role of the Biological Parent** in this partnership is to develop a relationship with and learn from the Resource Family, provide input and information about the child, and maintain involvement in their child’s life to the greatest extent possible.



**SLIDE 3.30**

PowerPoint Slide: Co-Parenting

- ▶ The **role of the social worker** and **RDS worker** is to provide support and guidance as well as boundaries regarding visitation, frequency of contact, safety considerations, and expectations.
- ▶ **Open and frequent communication** by all parties will help facilitate an appropriate level of trust for a healthy relationship over time.
- ▶ **Please know that the co-parenting journey is one that you, your professional team supports (Social worker, RDS and RFA worker) and the biological family are embarking on together:** the ongoing building of how that partnership will look is something that cannot be pre-determined but is a shared creation among you.



## PowerPoint Presentation – (SLIDE 3.31) POINT-COUNTERPOINT (Part 5): Resource Family and Biological Parent

*Refer participants to Participant's Guide Day Three: Point-Counterpoint Worksheet*

- ▶ You may want to make notes in your workbook for each Point-Counterpoint as we progress through these statements.



### SLIDE 3.31

PowerPoint Slide: POINT-COUNTERPOINT (PART 5): Foster Parent and Biological Parent

- ▶ We are now going to continue our 'Point-Counterpoint' demonstration with some common statements that Resource Families have made about what they need from bio parents, and with some responses that would be typical from bio family members in the partnership process of co-parenting:
  - **Read the script and alternate, first speaking as Resource Family and then as bio family member. RF denotes Resource Family and BF denotes Biological Family.**
- ▶ **This time, we are going to alternate between Resource Family and bio family:** As I assign roles, I will give each of you a name tag to indicate whether you are foster or bio parent.

***Trainer Alternative:** You may choose to print out the listed statements (**found in the appendix**) on two 'scripts' and have your participants read from their list, or use file cards with each statement so that the whole group can read a question. The expansion of the reading to the group members may help kinesthetic and active learners focus on the questions in a deeper fashion, however doing this activity in this way may also take longer.*

- ▶ **RF:** I cannot understand how you could hurt or neglect this child. Now that I have come to love this child, your actions make me sad, angry, and afraid of what lies ahead for her.
- ▶ **BP:** I know you cannot understand my past actions, and to tell you the truth, sometimes I can't understand it either. It is hard to work all this out and follow this case plan, owning up to what I did and how it hurt my child, and then I have to face you knowing you are doing the things I am supposed to do.
- ▶ **RF:** If I was in your shoes, I would have stopped using drugs and alcohol and sought help to be able to parent my child. Everyone knows how drugs and alcohol can ruin lives. I try to understand, but then I see the impact on this child I love, and I become emotional about it again.
- ▶ **BP:** I wish I had been more able to stop using but when a person is addicted, it is like a disease. In fact, sometimes, when I did get sober, my shame about my past actions made me go back into using. I guess I was still in denial and afraid that I could not change.
- ▶ **RF:** I try so hard not to judge you but I just can't understand why you could not leave your partner when you saw the fear in your child's eyes. I still see that fear when there is a loud noise, or when someone is angry. Why couldn't you just leave?
- ▶ **BP:** I know you think only of the bad times, when our family was violent or when things were really bad. You have to believe me that there were also some great times and times when things were going well. I love my child and I tried my best to keep him safe, but sometimes I couldn't even keep myself safe.
- ▶ **RF:** When your mental illness is under control, you have so many strengths to care for your child and our partnership goes so well, but then it is like a roller coaster: things fall apart for you and I am left comforting a child who had his hopes up again. I don't know how often I can go through this.
- ▶ **BP:** I wish there was a way to find a treatment that works and stick with it, but I can't seem to stay stable long enough to get through the case plan without an incident. I just don't understand it myself: how can I help my child understand what we have been living with?



- ▶ **RF:** No matter how I love this child and care for her, she always wants to go home to you. I feel like I may never really get to take care of her: when we get to close, she feels disloyal and does something to back off from me and our family.
- ▶ **BP:** No matter how much I love this child and care for her, I am walking a hard road to recovery, change, and forgiveness. I want her to be happy, but sometimes I don't really want her to be happy with you: I want to be sure she knows I am her real parent.
- ▶ **RF:** I am not trying to steal your child. But I am committed to providing a home and family for him for as long as he needs it. Sometimes it seems like he feels torn, but really he doesn't need to be. There is always a place for him with us, whether he lives here safely or returns safely to you.
- ▶ **BP:** I cannot turn my back on my child. Even if I never get her back, I know she will keep looking for me and I have to find a way to be there and to let her be happy and at peace.
- ▶ **RF:** Don't make promises you can't keep like promising the child(ren) they will be home by their birthday.
- ▶ **BP:** Whenever I see you, all I can think of is how my kids were removed and that they were given to you. That is traumatizing and I am so afraid my kids won't love me anymore.
- ▶ **RF:** I know we are partners, but there are times when I am torn between meeting your needs for scheduling and visits, and my family's needs for routine and stability. Can we work together to find a solution halfway?
- ▶ **BP:** Every day that I miss with my child is another day I can never get back. When I have a chance to visit and be part of his life, it helps us all.
- ▶ **RF:** I really appreciate how you talk with me before you make plans with your son: that way we can show him that the adults are working together.
- ▶ **BP:** I wish you had called me or talked with me before making big decisions about my child. I would like to be part of

decision making for my child, even if he isn't in my care.

- ▶ **RF:** It would really help if you didn't bring soda to the visits we have: I notice that after he drinks caffeine, he has trouble settling down for the night time routine.
- ▶ **BP:** Could you sit down and talk with me about any drama that goes on among the kids in your house? When I hear it second hand through my daughter, I feel really torn, but I try to remember that I am hearing her side of the story. I need to know you are taking care of it when she feels left out.
- ▶ **RF:** Would you be willing to do some homework as well as visiting during your time with him? He seems to have too much homework to get it all done at school and after his visits and I think it would really help him to do it with you. I can take the subjects you don't want to.
- ▶ **BP:** Can you let me answer some of the questions at the doctor's office? I know she is in your home now, but some of the questions are things that I know and it helps me feel less awkward in those appointments if I can add something.
- ▶ **RF:** Thank you for supporting our family and our rules when you visit with your child. It really helps me support you and share in our partnership.
- ▶ **BP:** Thank you for taking good care of my child. I know she is in good hands while I try to work things out.

**Say:**

- ▶ As you can hear in the dialogue, there are issues that arise between bio and foster families that can either build or hinder partnership.

**Ask:**

**? Which of the comments surprised you?**

- *Elicit responses and briefly discuss.*

**Ask:**

**? Did any of the issues represent a deal-breaker for you?**

- *Elicit responses and briefly discuss.*

**Ask:**

**? Can you see yourself feeling the way the Resource Families feel?**

- *Elicit responses and briefly discuss.*



## PowerPoint Presentation – (SLIDE 3.32)

### Voices of Biological Parents

#### SLIDE 3.32

PowerPoint Slide: Voices of Biological Parents



- ▶ We surveyed biological parents about their experience working with the system of care. Here are some of the things they had to say:
- ▶ **What is one good thing you can say about your child(ren)'s caregiver?**
  - "She is a wonderful provider and person."
  - "My daughter is healthy."
  - "They are an excellent caregiver."
  - "She and her husband have good, caring, loving hearts."
- ▶ **What is the best thing they did for your child while they were taking care of him/her/them?**
  - "Treats him like family."
  - "Got her teeth fixed."
  - "Spending quality time with our son."
  - "He is speaking a lot more. They got him into school. He eats well."

- ▶ **Do you feel that the caregiver helped you in any way?**
  - "She has been willing to work with me."
    - "Sending pictures."
- ▶ **What is the one thing that you feel could have been done differently throughout the case?**
  - "Not taken so long "
  - "More visitation."
  - "Expedite things."
    - "Better communication."
- ▶ **What has been the best part of the experience so far?**
  - "Learning different things about people and life."
  - "Me changing my life so I can do for my child."
  - "That we were blessed with excellent caregivers."
    - "Seeing my son."
- ▶ **What has been the worst part of the experience so far?**
  - "Not being with my son."
  - "Being away from my child."
    - "Delays in the case plan."
  - "The length of time this is taking."

**Ask:**

- ? What do you think the advantages of creating a supportive relationship and sharing information with the birth parents may be?**

Sample Responses:

- Enhance child development, learning and well-being by encouraging the child to return to the child's role.
- Decrease children's defiant behavior by reducing the children's desire/need to demonstrate loyalty to birth family.

- Decrease feelings of grief and loss from the separations.
  - Provide information and insights that enable Resource Families to meet children's needs earlier and in a more effective way, thus helping children adjust more easily and reducing Resource Family frustration.
  - Reduce conflict with birth parents over various issues (e.g. clothing, grooming, etc.).
  - Increase birth parent support for Resource Families by reassuring them that their children are being well cared for and that Resource Families do not seek to replace them.
  - Create a positive connection between the Resource Families, the child and the child's family that will not have to end even if placement does.
- And yet we know that there are challenges to building the co-parenting partnership. Some of the challenges relate to what the Biological Parent brings to the equation and other challenges rest in our own biases, values, and our family needs.

**Ask:**

- ? Imagine the "voice of a child" telling you why s/he needs you to be partners. What do you think s/he would say?**
- *Elicit responses and briefly discuss.*



## PowerPoint Presentation – (SLIDES 3.33-3.35) Attachment



This section was excerpted from *Handbook of Infant Mental Health, 3rd Edition (2009)* and *The Science of Attachment: Implications for Foster Care in Early Childhood* both by Charles H. Zeanah Jr. MD.

### SLIDE 3.33

PowerPoint Slide: What is Attachment?

- ▶ "Attachment describes the human infant's tendency to seek comfort, support, nurturance, and protection from a small number of care givers. Based on interactions with adult caregivers, infants gradually learn to seek comfort and protection not from just anyone but selectively from caregivers upon whom they have learned they can rely."



### SLIDE 3.34

PowerPoint Slide: Propensity for Attachment

- ▶ "The propensity for human infants to form attachments is believed to be so strong that only in highly unusual and maladaptive caregiving environments do attachments fail to develop."
  - Infants are strongly biological predisposed to form attachments to caregiving adults.
  - Adults are strongly biologically predisposed to respond to infants.



### SLIDE 3.35

PowerPoint Slide: Attachment and Social/Emotional Development

- ▶ "Attachment is considered a vital component of social and emotional development in the early years, and individual differences in the quality of attachment relationships are believed to be important early indicators of mental health."
- ▶ Consistency and emotional availability from attachment figures are critical to foster healthy attachment.

- Through experiences with caregivers, baby develops expectations about the dependability of attachment figures to provide comfort, support, nurturance and protection in times of need.
  - These expectations guide babies' behavior in intimate relationships.
  - This attachment is strongly predictive of child's subsequent social adaptation.
- ▶ As a substitute caregiver, you will be required to be this attachment figure for the child: for his/her health development and his/her future mental health and attachments. We will discuss this in more depth in a moment.



## Activity – Weaving Through a Web of Attachment



This activity is based on a previously created activity by T. Mosher, used by permission.

### INTRODUCE the Activity

- *Post Slide 3.36 as you introduce this activity.*
- ▶ Let's do a demonstration that illustrates how attachment works.

### PURPOSE of Activity

- *To provide participants with a visual illustration of how each action and reaction is designed to stimulate both child and caregiver to attach to one another, with a deep biologically driven response.*

### Directions for Activity

- ***Pre-activity instructions for trainer:*** *For this activity, you will need a ball of string or yarn. The primary two volunteers will play the infant and the caregiver. You will begin with two people in the front of the room who agree to be the volunteers. Their job will be outlined below but basically, the only skills they need to have to do this work will be to toss the ball between each other: some skill at tossing and catching is useful, but you can work with a dropped ball as well.*

**Say:**

- ▶ Let me thank our volunteers in advance. Although attachment is complex, we will use a simple demonstration to get some of the key points of attachment .
- ▶ **(To volunteer 1):** You will represent the parent. In attachment and bonding during infancy, you will be representing what parents do.

**Ask (to the group):**

- ❓ **Now what would we direct our actor to do? What are some things that parents and caregivers of newborns and young children need to do?**

**Sample Responses:**

- Feed.
  - Diaper.
  - Comfort and soothe.
  - Sing, talk.
  - Protect.
  - Teach.
- ▶ Don't worry, you won't really have to do these things, but this is the basic repertoire of caregiving behaviors needed to care for a baby and build a strong attachment.
  - ▶ **(To volunteer 2):** You will represent our baby. In attachment and bonding during infancy, you will be representing what babies do.

**Ask (to the group):**

- ❓ **Now what would we direct this actor to do? What are some things that babies do?**





### Sample Responses:

- Cry.
- Eat.
- Go to the bathroom.
- Smile (as they get older).
- Make eye contact.
- Gurgle, coo, and laugh.
- Burp

**(To the volunteers):** Now I am going to direct you to do the things we just listed in order of the action/reaction cycle between babies and caregivers.

- **Direct baby** to 'cry' and have her/him toss the ball of yarn to volunteer 1, keeping the end of the string in hand so that there is a string between them. Tell the group:

### **Say (to the group):**

- ▶ **This string represents the child's reach out to the caregiver.**
- **Now ask parent/caregiver** to identify a response from where s/he stands, for example, feeding or changing a diaper, then to toss the ball back, holding on to the string so that the ties between them go both ways.
- **Ask the group** to imagine that the response the caregiver gave was gratifying or pleasing to the baby: which, in turn, made the baby quiet down or smile, toss the ball back, holding the yarn again. The parent/caregiver then would smile or reward the behavior, resulting in the yarn going back again.
- **Have the yarn go back and forth**, each time strengthening the ties between the two, until you have described most of the behaviors listed for each party.

- **Turn to the group**, with the two volunteers relaxed but holding their string, **making sure the ‘baby’, Volunteer 2, has the ball in hand at the end of the guided interactions.**

**Say (to the group):**

- ▶ This simple demonstration is a good example of how attachment works: each action and reaction is designed to stimulate both child and caregiver to attach to one another, with a deep biologically driven response. The rewards in attachment are obvious: when a child’s needs are met, the result is a sense of security and worthiness: **“I am cared for, I am valued, I am worthy, I am safe”**. At the same time the caregiver is rewarded for doing a good job and this set of ‘rewards’ is also biologically based in the brain: each time I soothe a child I feel valued, needed, and competent. These messages, learned through repetition over months and early years, shape the way children are in relation to others, and how they see the world.
- *Move in front of the volunteer who is playing the parent.*

**Say (to the group):**

- ▶ Imagine for a moment that the baby begins to cry and the parent him or herself is not there.

**Ask (to the group):**

**? What do you think the baby would expect?”**

Answer:

- The baby would expect to have the response given by the parent: some type of soothing, attempts to find out and fix what is wrong.

**Say (to the group):**

- ▶ And that is exactly what happens. Babies and children become wired to expect the response, gratifying or not, that they received in the early attachment years. This is called 'Secure Attachment,' and what we find is that babies and children become hard wired for expected response and carry those expectations into the world. For children whose needs are met most of the time (note that it does not have to be ALL the time, but most of the time), that is a pattern that can work. Through attachment we learn attunement, we learn communication, give and take. This learning through secure attachment serves people well into their adult lives.
- ▶ "For children whose attachment experience is more negative or unpredictable, the biological programming to seek and achieve attachment can be thwarted, resulting in Insecure or Anxious attachment." We will not get too technical on the different attachment styles, but it is enough to say that important early wiring and milestones are disrupted or delayed when attachments are insecure or create anxiety.
- ▶ Not all children in the child welfare system struggle with attachment, however there is a complexity to how attachment may impact the children in your care.
- ▶ Back to our volunteers: let's say this yarn/string is multiplied by hundreds and thousands of tiny and large interactions between adult and child that formed a strong bond. The bond persists, even if the two are not together. And the loss of the attachment, whether by trauma or removal or both, will impact how we support children in our care and their caregivers.
- ▶ If early attachment was disrupted by trauma, for example being attached to a parent who was being abused and witnessing domestic violence, although the attachment was present, the trauma of witnessing violence disrupts development.
- ▶ If attachment early on was positive and strong, and the issues that brought the child into care occurred later in life, the losses connected with abuse, neglect, trauma and removal will be magnified: the loss of that strong safe relationship is tremendous.
- ▶ It may be that some of you, in the items you brought, were thinking about those items as representing someone you love and were attached to who has passed away. Thinking of our own losses helps us empathize with the dilemma for children separated from their primary attachment caregiver.

- ▶ As a result of thinking about attachment together, we can also think of some ways to hang on to the positive aspects of attachment even when children cannot safely live at or return home.
- ▶ Trying to support attachment during placement is complex, and we can also appreciate the dilemma the child feels.

### Turn to parent and Ask:

- ❓ **As a caregiver, what do you think you would be feeling if you had taken actions that meant you lost your child, even though you also had times when you did a good job of parenting?**



#### Sample Responses:

- Guilt.
- Shame.
- Anger.
- Fear that I will never get her/him back.

### Turn to baby and Ask:

- ❓ **Even as you know that other children may have had a different experience, how do you think you would respond in removal?**



#### Sample Responses:

- Torn in loyalty.
- Angry and sad that my parent(s) did not take care of me.
- Hopeful and wishful that things could be good.
- **If time allows**, instructor may want to do the activity a 2<sup>nd</sup> time demonstrating what happens to attachment if a caregiver is non-responsive or inconsistently responsive. Baby may make attempts but parent may “throw” the yarn in a different direction, not throw it, throw it aggressively, etc and eventually the baby stops responding or escalates in attempts to connect.
- **Thank the volunteers** for helping us think about the dilemma that children and parents face when children are removed. Allow them to return to their seats.

**Ask:**

- ▶ How can co-parenting help prevent or help with the dilemma the older child feels?

## Sample Responses:

- It allows the child to openly seek and maintain all the connections necessary for her/his needs.
- It may help the child come to terms with the separation and could play a crucial role in preparing the child to accept a new caregiver.
- It may alleviate divided loyalty in children.

**SUMMARIZE**

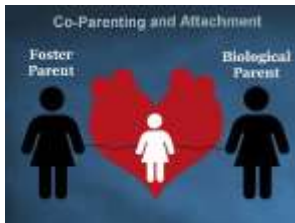
This is clearly a simplified way of explaining attachment, but in this activity, we make the point that attachment is a mutual process. For attachment, the building block, or 'wiring' for development, to occur, there have to be caregivers available to attach to the infant. Babies are wired to attach, to entice adults to care for them and make the critical connections that spark the brain to develop.

Some children who may come into your care may not have had adequate positive responses to their needs. They may not have had enough secure attachment to know how to effectively build new relationships.

- ▶ Some children who may come into your care may have had strong attachments with traumatic disruptions to their relationships which impact their ability to make and maintain relationships with you and your family.
- ▶ Some children in your care may have had a combination of both experiences. In any case, understanding the process of attachment will help you best consider how to provide nurturing care for children. As we continue through this session, we will explore further ways that you can support children and families in their healing journey, and provide support to children when reunification is not possible.



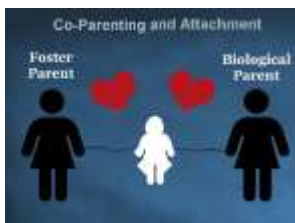
## PowerPoint Presentation – (SLIDES 3.37-3.38) Co-Parenting and Attachment



### SLIDE 3.37

PowerPoint Slide: Co-Parenting and Attachment

- ▶ So you can see that attachment is a complex, multi-faceted process, let's discuss for a moment how it relates to co-parenting.
- ▶ Again, to develop into a psychologically healthy human being, a child must have a relationship with an adult who is nurturing, protective, and fosters trust and security.
- ▶ For an older child, this can cause a dilemma. A child needs to form an attachment with the foster family to get her/his needs met, but may perceive that this attachment may jeopardize her/his attachment to the birth family. The attachment to the birth family may also affect with her/his ability to form an attachment to the foster family.
- ▶ But the good news: children can form attachments to many caregivers at the same time – including parents, extended family, caregivers, teachers, and Resource Families. It is possible to maintain contact with the biological parents without compromising the development of the new attachments in foster care.
- ▶ Additionally, the Resource Family plays a critical role with attachment through co-parenting– teaching the child to attach as well as the parent.



### SLIDE 3.38

PowerPoint Slide: Co-Parenting and Attachment

- ▶ As we have discussed, the attachment issues are even more complex for younger children because it is critical healthy attachments are formed so that the child may properly develop socially and emotionally. Optimal development occurs if needs are being met consistently over an extended period of time.

- ▶ During separation from parents, the healthy attachment that is formed with the Resource Family who loves and provides for that child's needs, can allow the child to develop socially and emotionally, so that they have the ability to re-form a health attachment with biological parents.
- ▶ A child develops attachments and recognizes as parents adults who provide "... day-to-day attention to his needs for physical care, nourishment, comfort, affection, and stimulation."
- ▶ In the process of preparing to co-parent, it is important to remember and recognize that although children come into care due to abuse and neglect, in virtually all families, there are also times when the family is functioning and when the parent is providing important nurturing and care, despite the fact that the family was not able to adequately care for or protect the child at the time of removal. Co-parenting offers a chance to bring forward the strengths in the family, while changing patterns and behaviors that endangered the family.

**Ask:**

**? How can co-parenting help the child re-form a primary attachment to the biological parent?**

Sample Responses:

- Maintaining physical proximity.
- Reinforcing the strengths that the biological parent has which are directly related to parenting. For example, using the biological parent's knowledge of the child's personality, likes, dislikes, and previous successes.
- Assisting the biological parent in being part of important decisions and milestones in a child's life.
- Helping children work through their ambivalent feelings of love and anger at a parent.
- Planning transitions well in advance.



## PowerPoint Presentation – (SLIDES 3.39-3.41) Co-Parenting: Other Factors to Consider



### SLIDE 3.39

PowerPoint Slide: Other Factors to Consider: Parent's Trauma

- ▶ **Parent's Trauma and Loss.** Biological parents often go through their own stages of trauma at the removal of a child including:
  - **Shock.** Even with what may seem to others to be like obvious reasons for removal, the biological parents may be in disbelief, and overwhelmed with worries about the child. They may have strong reactions including anger, bargaining with the social worker, even physical reactions can occur. Even in families where things go wrong, things are not always 'bad', so people within the family may have minimized the danger to children due to their own childhood, the other families they see, etc. Families may genuinely be unable to understand the removal at the outset.
  - **Protest.** Grief becomes more physical. Parents can be sad or angry, and often have health responses: headaches, insomnia, loss of appetite, stomach problems. They can turn in anger and blame everyone for the situation.
  - **Detachment:** For many parents, the removal incident may trigger or exacerbate depression or a trauma response, which can look to the outside world like detachment. Detachment can include what looks like giving up, or skipping out on responsibilities to work with the team, but may really be difficulty in feeling able to manage the strong emotions related to grief, loss, and perceived traumatization of the parent during removal.
  - **Adjustment:** With support from the Resource Family, the social worker and others, the biological parent can become better able to manage and take care of their own emotional reactions so that they can be emotionally present for their children and participate positively in reunification efforts.



**Ask:**

- ? What types of support can you, as a Resource Family, give the Biological Parent so that they can regulate and manage all of the strong emotions and struggles that are entailed in the experiences that lead up to and are caused by removal and participate positively in reunification efforts?**

**Sample Responses:**

- Acknowledge their feelings and give them respect.
  - Let them know that you are there to support their goals towards reunification.
  - Provide them with the comfort in knowing that their child is safe in your home, as well as comfortable and treated like family.
  - Recognize them as the parent: Validate the strengths they have as parents through what you see and hear from the children.
  - Acknowledge progress: notice moves that the biological parent makes towards the goals for reunification.
  - Acknowledge the challenges of parenting: without criticizing the child, help the parent know that parenting is tough and that effective parenting requires a lot of support for ALL parents, not just parents in the child welfare system.
  - Keep them informed.
  - Identify decisions and milestones that are important to the future, and whenever possible, involve the birth parent in discussions about how to share in these moments.
- Remember, the plan is for reunification, so as the child(ren) in your care prepare to move home, parental involvement in care will make the transition smoother and will assure that the important aspects of the time in care will be sustained in the future.



### SLIDE 3.40

PowerPoint Slide: Other Factors to Consider: Parent's Inability to Partner

- ▶ **Parent's Inability to Partner.** If the biological parents are unable to directly partner, you can still encourage and build connections between the child and birth family.
  - Sometimes a parent cannot partner due to incarceration, court ordered restrictions – sometimes due to concurrent criminal charges, etc. Always check with your social worker to make sure that visitation is allowed and to what extent.

**Ask:**

**? What kinds of things can you do or say to help a child stay connected to a biological parent who is unable to partner directly?**

Sample Responses:

- Display pictures of the child's parents and family.
  - Ask questions about their family.
  - Encourage them to make mother's and father's day cards to honor those relationships.
  - Allow the child to feel that it is safe to talk about their family because you can be certain that they are always on their mind.
  - Continue to reach out, although it may seem easier not to do so, in the interest of helping children maintain a realistic and strong connection to their parent.
- ▶ It is important to note that a child has a yearning for her/his parents over a lifetime: whatever you model will help the child in future years as s/he continues to reconcile the losses involved in both the abuse and neglect and in the removal.

**Ask:**

**? What kinds of things can you do or say to help a biological parent who is unable or unwilling to partner directly stay connected with the child?**

## Sample Responses:

- Send letters and cards to family members about the child's progress.
- Send copies of report cards, school work, and art projects.
- Keep on reaching out and trying.

**SLIDE 3.41**

**PowerPoint Slide: Other Factors to Consider: Resource Family Reservations**

- ▶ **Your reservations.** Working with a biological family in addition to the child may cause you anxiety and concern including:
  - Fear of the unknown,
  - Fear for the safety and well-being of the child as well as your own family,
  - Stress over confrontation, and
  - Concern for family privacy.
- ▶ These feelings are natural.
- ▶ But remember, establishing a relationship through this process can also bring you a life-long bond with this child and his/her family.

**Ask:****? What types of things can you do to ease your concerns and help you form a bridge between yourself and the biological family?**

## Sample Responses:

- Talk to the Social worker and RDS about your concerns.
- Get to know the biological family without judgment.
- Trust your instincts.
- Open and frequent communication to develop trust.
- Develop a relationship over time.



## PowerPoint Presentation – (SLIDE 3.42) How to Support Co-Parenting

**SLIDE 3.42**

## PowerPoint Slide: How to Support Co-Parenting

- ▶ **Establish First Contact.** With support from the social worker, try to contact the birth parents as soon as possible. You may make a phone call, send a note or email or request the social worker set up a meeting so that everyone can be introduced. Provide reassurance. This contact should be arranged through your social to ensure it is consistent with the case plan and safety considerations. In the future, the agency will be assisting in making this first contact through a meeting called “Ice Breakers.” This meeting will be facilitated by an agency staff person and will allow for a first meeting to share important information and begin to build a partnership between caregivers.
- ▶ **Ask Questions.** Ask biological questions about the child. Demonstrate respect for the parent's knowledge of the child.
- ▶ **Use Reflective Listening.** Lecturing and being the authority won't be helpful. Reflective listening means first, listening, and then rephrasing what you hear to show you understand the

feelings.

- ▶ **Encourage Questions.** Give the biological parent the opportunity ask questions. Be honest with your answers.
- ▶ **Expect some resistance.** Birth parents are scared, angry, frustrated and ashamed (trauma response). They do not know you and may lash out or may be overly compliant.
- ▶ **Plan for Visitations and Activities.** The Social worker, birth parent and Resource Family should develop a plan for the visitation schedule and activities .Remember, that early visits will almost always be supervised by agency staff. You may be asked to transport or do a “Warm handoff” from you to the parents to make the child feel more comfortable.
  - Research has shown that regular visitation is powerful. It is the most important factor in successful and quicker reunification. Visitation is a strong predictor of reunification.
  - The quicker visitation starts after removal, the more likely it is to stick.
  - If a child sees his biological parents at least every two weeks, the child demonstrates fewer behavior problems, less anxiety and less depression.
  - You may be invited to participate in visitation with the family as part of the Foster VC Kids QPI implementation. This model is called ABC-V and will allow for a positive visitation experience.
- ▶ **Be positive.** Talk positively to the child about the biological parents. Never speak negatively whether verbally or non-verbally about the birth family to the child.
- ▶ **Build on Strengths.** It is important to build on the strengths of the biological parent, who has probably not often heard good things about themselves.
- ▶ **Prepare and Plan for Setbacks and Complications.** Co-parenting is, at its core, in the best interest of the child. It can, however, come with complications and problems. Some problems that may occur include:
  - **Parents who arrive in a state of tension, anger, or under the influence of drugs or alcohol.** First, assess the threat of danger, potential injury to the child, and their ability to control the situation. Then the situation should be

immediately reported to the child's social workers;

- **Parents who call constantly.** Limit calls to a specific time that is both convenient for the foster family and fair to the parents and child. Resource Families can work with the child's social worker to effectively communicate and enforce plans for contacting the child;
- **Parents and Resource Families may not get along with one another.** There are many differences that can come between children's families and foster families including values, background, culture, parenting styles and beliefs, education, age, socioeconomic level, and skills. It is important to talk to the biological parents about their family beliefs, practices, and traditions in order to learn more about them and other members of the child's family. Resource Families may also want to find a positive way to ask the family if there is something that can be done from their point of view that would help the both of you work better together;
- **Parents are unsure of how to relate to the resource family. This may be especially true to relative caregivers.** Try to make the child's family feel welcome in the home. Talk to parents about their child, since they are the experts on their child. Things to find out might include information about a child's favorite things or one of their favorite times with the child;
- **Parents who may be overwhelmed.** Praise and recognize the efforts and positive parenting of the family; or
- **Parents who may feel envy and resentment.** Assure the child's family that they have a very important and irreplaceable role in the child's life. This may be especially true when relatives have stepped forward to care for a child.

#### Ask:

- ❓ **When you picture yourself working through these issues with a birth parent: what do you think Resource Families may struggle with to keep going with co-parenting?**

Sample Responses:

- As I get more attached to the child, I may become less content with the idea of returning the child to her/his parents.

- As I know the child better, I may become resentful of how the parent treated or neglected her/him prior to placement.
- Our family traditions and values may clash, which will make it confusing for the child in care and my children.
- Children may try to get parents to have conflict over limits, rules, etc. in order to get outcomes they want.

- ▶ **Maintain Contact.** Resource Families should consider continuing the relationship after reunification. Offer to stay involved by babysitting occasionally or doing some family activities together. Reunification can be stressful. The support of the Resource Families can help the family succeed in staying together.

**Ask:**

- ? **In what ways can you maintain contact after the child has been reunified with his family?**

Sample Responses:

- Remain a member of the 'extended family' or safety network through keeping in touch.
- Participate in special milestones and events.
- Provide respite care or child care over time.
- Visit with the child and family over time.
- Have my children and the child who is returned maintain contact and connection.



## SUMMARIZE

- ▶ Remember that you are not just fostering a child, you are mentoring a family.
- ▶ Every child in care has family, and meaningful connections that help a child develop a sense of belonging. Loneliness and isolation can be devastating to foster children; therefore caregivers must acknowledge the importance of establishing some form of connection to the birth family for the sake of the child in their care. The more the foster family and birth family

can cooperate, the easier it is for children to develop and maintain trusting relationships with the adults in their lives.



**Resource:**  
Adapted from

*Family Connect: A Guide  
for Resource Families,  
Family  
Alternatives, 2008*



## Activity – The Dialogue of Co-parenting

### INTRODUCE the Activity

- **Post Slide 3.43** as you introduce this activity.
- ▶ We just discussed ways you can co-parent, let's do an activity that will let us explore how that might look in terms of what you can ask of and say to the biological parent and child and what the biological parent might ask of you.

### PURPOSE of Activity

- Allow participants to explore the types of things they can say to biological parents to help foster an effective partnership.
- Allow participants to predict and prepare for the types of questions biological parents might ask them.
- Allow participants to explore the types of things they can say to a child to help the child maintain his/her connection with the biological parent.

### DIRECTIONS for Activity

- **Divide** participants into small groups.
- **Provide** each group with flipchart paper and markers.
- Refer participants to Participant's Guide Day Three: **The Dialogue of Co-Parenting Worksheet**
- Instruct each group to use the participant's guide worksheet to guide their discussion.
- **Instruct** each group to select a speaker to report to the large group.





- *After 10 minutes, ask each small group's reporter to share their dialogue.*



### **SAMPLE RESPONSES for Things to Say at First Contact.**

- I will take care of your child until he can go back home.
- I know you miss each other.
- My job is to support you and your child through this process.
- I am trying to make sure your child's needs are met, not trying to replace you.



### **SAMPLE RESPONSES for Questions You Can Ask About the Child.**

- What is his favorite food?
- What does s/he like to do best?
- What is she afraid of?
- When she's upset, what do you do to comfort her?
- How do you get her to go to sleep?
- How can I help her get through this tough time? What do you suggest?



### **SAMPLE RESPONSES for Questions Biological Parent Might Ask You.**

- What are you telling my child about why he can't be at home?
- Where does he sleep?
- Does he have any friends?
- Are you trying to adopt him?



### **SAMPLE RESPONSES for Things You Can Say to the Child About the Biological Parent (if true)**

- Your mom really cares about you.
- I bet your mom will like to see this drawing.
- You dad is going to be really proud of you.
- Your mom is going to school at night...isn't that great?



### **SAMPLE RESPONSES for Things You Can to Encourage the Biological Parent**

- I think you are doing a great job...I know it is not easy.
- I heard you passed your GED...we should celebrate next visit.
- Your child is much more calm during the visits now.



### **SUMMARIZE**

- ▶ The dynamic of the Resource Family/Biological Parent relationship is complex, to say the least. Preparing for your conversation will allow you to tackle some of the more uncomfortable moments and will help you get at some very important information.
- ▶ Embracing this partnership can only serve to benefit the child.



## Activity – Supporting Family Connections During and Between Visits



### INTRODUCE the Activity

- *Post Slide 3.44 as you introduce this activity.*
- ▶ Let's continue this discussion, by doing another small group activity that allows us to brainstorm ideas for supporting family connections during and between visits.

### PURPOSE of Activity

- *Allow participants to explore the types of activities they can plan for visitations.*
- *Allow participants to explore the types of things they can do to support connections during and between visits.*

### DIRECTIONS for Activity

- *Instruct participants to remain in small groups.*
- *Provide each group with flipchart paper and markers.*
- *Refer participants to Participant's Guide Day Three: **Supporting Connections Worksheet.***
- *Instruct each group to use the participant's guide worksheet to guide their discussion.*
- *Instruct each group to select a speaker to report to the large group.*
- *After 10 minutes, ask each small group's reporter to share their strategies.*



**SAMPLE RESPONSES for Types of Activities for Visitations.**

- Medical appointments.
- School activities and meetings.
- Church functions.
- Community activities.
- Birthdays.
- Holidays.
- Summer activities.
- Clothes shopping or hair appointments.

**SAMPLE RESPONSES for Supporting Connections During Visitations.**

- Transport the child to his visits for emotional support before and after, as well as to meet the parent and demonstrate partnership in front of the child.
- If you are not part of the visit, send a journal that the birth family can read. Share updates, milestones, observations, and progress of the child.
- Allow the child to bring toys or other gifts that he has been given by his parents to visit to allow for them to enjoy them together.
- Consider dressing the child in clothes that the family provided to you.

**SAMPLE RESPONSES for Supporting Connections Between Visitations.**

- Take pictures of the child and send them to the child's parent.
- Maintain phone contact between the child and parent.
- Call the parent if the child is not feeling well.

- Keep the parent informed about the development of the child.



## SUMMARIZE

- ▶ Visitations help children heal.
- ▶ Additionally, visitations are a key ingredient to co-parenting. The contact that Resource Family and the biological parent have during this time can help to create a nurturing and mutually beneficial relationship.
- ▶ If you can make the time fun by having casual, non-threatening activities which involve limited stress, such as shopping, you can ease into this important relationship with the biological parent.



## Case Study Activity – Mentoring a Family: Working with the Family to Support Children

### INTRODUCE the Activity

- *Post Slide 3.45 as you introduce this activity.*
- ▶ As we have discussed, your role as Resource Family is more than just keeping the child safe. As a Resource Family you have an opportunity to truly make a difference in a family's life by building on their strengths and supporting their connections.
- ▶ Part of the role as family mentor is preparing for the challenging aspects of visitation.
- ▶ One of these challenges is how the child responds to the visit. Visits can trigger the trauma of the original separation and loss for children. Providing the child with a transition plan for visitation, gives the child tools he/she needs to understand and validate his/her feelings surrounding the visit as well as strategies for shifting gears and dealing with change.

## PURPOSE of Activity

- *Explore their own feelings regarding change.*
- *Develop a child's transition plan for visitation.*

## DIRECTIONS for Activity



- **Post** prepared flipchart with the things that children need: *reassurance, normalization, and boundaries.*

### Say:

- ▶ Sometimes we ask children to do things that are, quite frankly, often difficult for adults to do. For example,

### Ask:

#### ? How do you personally respond to change?

#### Sample Responses:

- *Easily*
  - *Slowly*
  - *With resistance*
  - *I love change, it keeps me on my toes*
  - *With a lot of support from family and friends*
- **Divide** participants into small groups.
  - **Provide** each group with flipchart paper and markers.
  - **Assign** each group to one of the children we have been working with, working with:
    - **Miguel**
    - **Marisol**
    - **Birdy**

**Trainer's Note:** For Jessamyn, this activity would look quite different as she is non-verbal, so you may want to demonstrate using her situation up front, and then have the groups work with the four older children.



- Refer participants to Participant's Day Three: **Updates on Children and Continuity and Support Plan Worksheets.**



- **Post** directions below on a flipchart.
- **Ask** each group to develop a continuity and support plan for the child they have been assigned that includes the following:
  - Listing the **losses** we know about for each child,
  - Listing important **connections and signs** of attachment from the children and their history, as we understand it,
  - Identifying **what your family could offer in terms of stability and support for the child**, for example, rituals, opportunities for continuity and familiarity, and
  - Identify **what the child's biological family (parents and extended family) might offer** to assist the child in stability and support.
- **Remind** each group to consider the needs children have after trauma and loss have occurred, including.
  - **Reassurance** (let them know you are there, encourage them, provide positive feedback about their parents);
  - **Normalization** (acknowledging that what they are feeling is normal, provide personal examples); and
  - **Setting boundaries** (making sure the child is safe, your rules are followed, and their well-being is secured).
- **Instruct** each group to select a speaker to report to the large group.
- **After** 10 minutes, ask each small group's reporter to share their continuity plan.



## **SAMPLE RESPONSES for Miguel**

### **Losses:**

- Both parents (for now).
- Security: witnessed and experienced abuse, saw mother's attempt at suicide.
- Losses through trauma of abuse and neglect.
- Competence in being the caregiver.
- School and neighborhood.

### **Connections:**

- Mother.
- Sisters.
- Boys and Girls Club.

### **What can the foster family do?**

- Support him and advocate for him in school.
- Identify resources to help with his behavior.
- Support and participate in treatment plan with therapist.
- Help him feel validated for being a good brother.
- Let him have safe contact with mom and relatives to assure him that his mom is getting help (because she is currently in a program)
- Partner with his mom to give him reassurance.

### **What can Miguel's mother do?**

- Find ways to be part of Miguel's daily life: help with homework on visits, get pictures, etc.
- Help the Resource Family know what has worked for Miguel in the past and how to help.



- Become partners with caregivers to co-parent.
- Shed light on the behaviors Miguel has now: are they new or recurring?
- Continue in treatment.
- Reassure children that she is working on her plan.



### **SAMPLE RESPONSES for Marisol**

#### **Losses:**

- Both parents (for now).
- Safety.
- Losses through trauma of abuse and neglect.
- Competence at being the caregiver.
- School and neighborhood.

#### **Connections:**

- Brother and Sister.
- Mother.
- Teacher/tutor.

#### **What can the foster family do?**

- Validate her ability to care for her sister and brother.
- Advocate for her educational needs/resolution of the tutoring issue.
- Find out if the former tutor is willing to continue working with her although Marisol is not in the same school.
- Continue and build upon a way to help Marisol prepare for and recover from visits.

- Partner with Marisol's mom to help the children cope with their past and current losses and trauma.
- Enlist CASA to help with educational needs.

### **What can Marisol's mother do?**

- Support placement and educational needs.
- Provide more background about what has worked in the past for Marisol.
- Meet with foster family and Social worker to plan for making visits work better.
- Continue in treatment.
- Reassure children that she is working on her plan.
- Partner with foster family.



### **SAMPLE RESPONSES for Birdy**

#### **Losses:**

- Mother.
- Grandparents.
- Father (since she has been in placement and while he was using drugs).
- Safety and security.

#### **Connections:**

- Father.
- Grandparents.

### **What can the foster family do?**

- Support connections with father.
- Find community resources for Alateen.

- Give her space but encourage her to join in more activities and make more connections.
- Find one thing that she is excited about or interested in and help her make that part of her life. (i.e. music, drama, art, etc.).
- Advocate for phone calls to father and meet with father and Social worker to plan for content, timing, etc.
- Partner with father and ask him to help us know how to engage Birdy more fully.

### What can her father do?

- Continue treatment.
- Continue positive contact.
- Expand his role as his progress in treatment allows.
- Anticipate what Birdy needs and partner with foster family to give her support and encouragement.



### SUMMARIZE

- ▶ As we can see from your responses and from our four very different youth, in your role as Resource Families, you will be working in a team on a case plan, and also constantly tending to the emotional, physical, educational, and social needs of the children in your care. We will continue with these young people as we go on through the training.
- ▶ Partnership is one of Foster VC Kids goals for many reasons. Working in a complex system of care requires many skill sets, cooperation and planning. Working with vulnerable children requires everyone play their role within the team with dedication, skill and compassion.
- ▶ The family-centered practice of co-parenting is a key component of this partnership because research shows that when children have regular, frequent contact with their family, they experience an improvement in emotional well-being. They also experience shorter foster care placements and more successful reunification.



## TRANSITION

- ▶ Let's talk about our homework for this coming week and how you can build on and reinforce what we learned today as well as how you can prepare for next week.

# Homework Assignments

## Materials

Participant Guide



10 Minutes



## Presentation – Introduction to Topic

- ▶ Let's take some time to discuss this week's homework.
  - **Use** this opportunity to explore how they can gain more knowledge about partnerships and attachment through their homework and field activities.

- **Refer** participants to **Participant Guide: Day Three Homework** .
- **Explain** this week's **Journaling Assignment** .
- **Participants** are required to complete the journaling questions before Day Four of training.
- **Elicit** questions and comments about the homework. Briefly discuss.
- **Remind** participants that participants they will be reviewing the **Homework Notebooks** with their Foster VC Kids RDS specialist when they become licensed.



## SUMMARIZE

- ▶ Again, taking the time to complete this homework and field work will provide you an opportunity for self-reflection, a greater sense of fostering and will allow you to transfer the skills and knowledge you are building in the classroom.
- ▶ Remember to keep talking
- ▶ Additionally, the Foster VC Kids website has resources you can use.



## TRANSITION

- ▶ Now let's wrap up for the day

# Wrap-up

## Materials

PPT 3.46  
Evaluations



5 Minutes



## Presentation – Wrap-up

- **Process** the work day with the participants.

**Ask:**

- ? **What did you learn from today's session?**
  - ? **How will you integrate these new skills into your plan to become a Resource Family?**
  - ? **What did you experience today that would not be useful to you as a Resource Family?**
- **Elicit** responses and briefly discuss.

## SUMMARIZE

- *Post Slide 3.46.*
- ▶ Today we learned a great deal about how we work as a team to care for children and mentor families. We also learned about how attachment and connections are so important in a child's life and what we can do to provide and transfer healthy attachments. As we move through the training and homework activities, you will continue to gain knowledge and skills so that you may become an effective partner within the professional foster care team and an effective Resource Family.
- ▶ Please continue to be open-minded and take advantage of this new learning experience. Also remember that this training is part of the mutual selection process and that ongoing assessment will continue throughout the training.
- ▶ Thanks for your input and participation and I will see you \_\_\_\_\_ *(date, time, and location of the next day of training).*

## EVALUATIONS

If evaluations are being used they should be distributed and completed at this time.