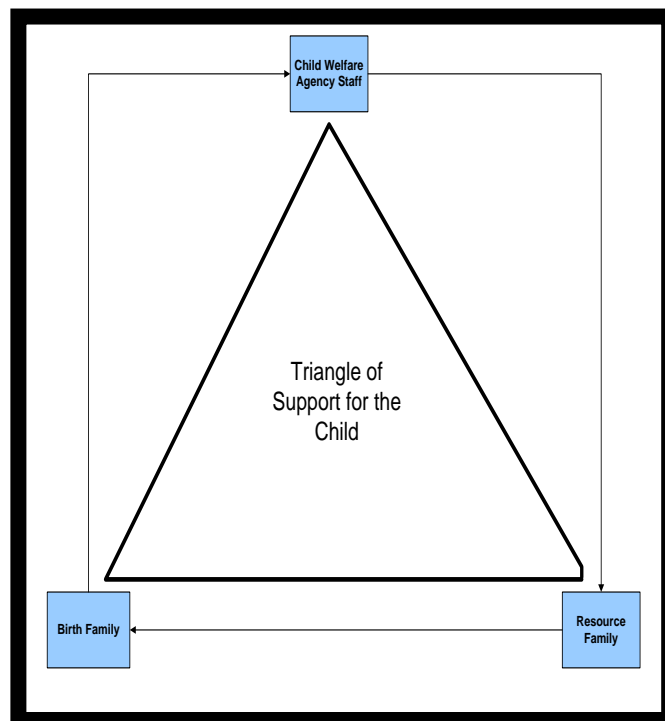


**Relationship Between Public Child Welfare Workers,
Resource Families and Birth Families:**

***Preventing the Triangulation of the Triangle of
Support***



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For

**The National Resource Center for Family-Centered Practice and
Permanency Planning**

Hunter College School of Social Work

A Service of the Children's Bureau

March 2005



**National Resource Center for
Family-Centered Practice and Permanency Planning**
at the Hunter College School of Social Work

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I. Background

Over the course of the past several years the National Resource Center for Foster Care and Permanency Planning (NRCFCPP) – now the National Resource Center for Family-Centered Practice and Permanency Planning (NRCFCPPP) – has been asked to provide technical assistance to states as part of the Child and Family Service Reviews and the accompanying Program Improvement Plans. One of the primary requests for technical assistance has been to assist states in improving child placement stability and ultimately child permanency outcomes. The Center has also been asked to assist states in finding more effective ways for children to maintain connections with birth and extended family while in placement and after the permanency goal of adoption or legal guardianship has been achieved. In response, as a consultant to the National Resource Center I have spent a tremendous amount of time in states talking individually to birth families, resource families (including kinship caregivers who are the preferred placement option for the child, traditional foster parents, and adoptive families) public child welfare agency administrators and line social workers about 1) the causes of multiple moves of children in foster care; 2) barriers to successful reunification; 3) successes that states have experienced in helping children maintain connections with family while in placement and post adoption; and 4) the many ways in which the relationship or lack thereof between resource families, birth families and the child welfare agency ultimately impacts child permanency outcomes. It became clear that there are significant tensions, role confusion and communication problems among these three entities. It also became clear that the Center needed to create a more formalized vehicle for discussion and problem resolution between resource families, birth families and child welfare staff. Therefore, the NRCFCPPP developed a model of Technical Assistance called a “*Facilitated Dialogue*.”

A facilitated dialogue begins with several hours of carefully building a description of the complexities of the relationships between agency social workers, resource

families and birth families along the pathway of service. This portion of the process includes frank discussions of myths and traps that get in the way of effective team work, roles and responsibilities of team members, confidentiality and its impact on team work, values that may hinder relationship development, ways that visitation impede or support birth family-child intimacy, and agency policies that are frequently juxtaposed to relationship building. During this discussion I work to create a safe environment for participants so that personal values and core beliefs about this work come to the surface. Once they do so, it is critical to respect and honor the comments and the courage it took for the participants to voice their thoughts. After the two hour discussion, a panel of social workers, resource parents, birth parents, licensing workers and supervisors are asked to come to the front of the room. A case example is shared and panel members are asked to respond to a series of questions. For example, resource families are asked to describe what they perceive the role of the worker to be in resolving the issues presented in the case example; agency workers are asked to describe critical communication by the resource family that must occur if the team in the case example is to be effective; and birth families are asked to describe some of the critical responsibilities of the resource family in providing care for the children. Each panel member is asked to represent a role of a team member that they do not normally play. During these two phases of the facilitated dialogue issues that impact the relationship and ultimately child stability arise. It may become clear that resource families are not participating in case planning nor do they receive copies of case plans; or that workers are discouraging resource family-birth family contact; or that there are many resource families in the room who simply do not like birth families; or that the recruitment messages are tailored toward adoption...and so on. As issues are identified they are documented on newsprint. At the end of the facilitated dialogue, organizational leaders make a commitment to work with resource families, birth families, community and staff to find resolutions to the problems identified.

Our first facilitated dialogue was held in Ramsey County, Minnesota in late 2002. Since that time the Center has conducted facilitated dialogues in the states of Minnesota (in 7 counties), Louisiana, Idaho (in 7 regions), Arizona, Kansas, Alaska, Indiana, New Jersey, Missouri, Utah and Connecticut. Over 700 resource families and 2000 public and private child welfare agency personnel have been involved in these events. These conversations have been powerful and effective in shining a spotlight on relationship and practice issues and generating specific actions for problem resolution. Specific steps that states and counties are making to change the dynamics surrounding foster care and improve permanency outcomes for children are included in this paper.

During the same time frame, Casey Family Programs launched a Breakthrough Series Collaborative (BSC) on the Recruitment and Retention of Resource Families.¹ Teams from 22 states, counties and tribes across the country came together over 18 months to test strategies for system change that would improve the quality of the recruitment and retention of resource families—and ultimately impact child permanency outcomes.

One of the issues that surfaced early in the BSC was the importance of relationship between the resource family and the child welfare agency. Resource families stated that they believe one of the primary reasons for lack of retention of resource families is the poor relationships that exist between the resource families and public child welfare agency staff. Resource families and workers agreed that when the relationship between the agency, birth family and resource family is good, goals are achieved more rapidly and children are served better. As a faculty member for the Casey BSC, I was able to witness the efforts that states and counties have made and continue to make to improve the quality of relationship between birth families, resource families and the public child welfare agency. Lessons learned from the BSC on Recruitment and Retention of Resource Families are woven into this paper.

¹ See www.casey.org/Resources/Projects/Breakthrough+Series+Collaborative/ for more information on the Casey Family Programs BSC.

One of the most important lessons learned from both the facilitated dialogues and the BSC is that in order to change the face of foster care, the experiences of children in care and the outcomes for children and families, major system reform and organizational culture change is required. This systemic shift involves changes in policy, practice and values. It is predictable that this change process will not occur without a fair degree of tension and resistance among line staff, supervisors and the provider community. It requires rethinking traditional roles of resource families, decision making processes, and what is shared between team members. It requires a willingness to put the issues on the table and work through differing perspectives.

Resource Family Perspectives on the Foster Care System

When resource families were asked why children in care move and what they believe impacts child permanency outcomes, they shared that there is a fundamental lack of partnership/relationship between the resource family and the child welfare system—and this lack of partnership or relationship ultimately means the disruption in placement.

When asked what this “lack of partnership/relationship” looks like, the resource families describe the following experiences:

- They are only given part of the information at the point of placement—and without full disclosure they are unable to meet the child’s needs.
- They are not included in the case planning process—and as such their roles or the roles and responsibilities of other team members are unclear.
- They often do not receive a copy of the case plan—and have no idea, when interacting with the birth family, what progress is expected or if the birth families are getting close or if they need help.

- They do not feel that they are treated or viewed as equal members of the professional team—and as such their perspectives and concerns are not acknowledged or honored.
- They feel if they really speak their minds that the children in care will be removed from their homes – and that they will not receive other placements. So they don't speak their minds and this means that children's needs are not fully met. (This was a consistent theme in every jurisdiction where a facilitated dialogue was held. Resource families had numerous examples in which a child was abruptly pulled from their homes because they voiced an unpopular opinion.)
- They feel as if their motives for providing foster care are viewed as questionable—only in it for the money, or only in it to adopt. This is often evidenced by being criticized for “getting too close to the child.” This is especially true when they try to maintain relationships with the child after reunification or adoption has occurred.
- Their calls are not returned for days—and situations turn into crisis before a response is forthcoming.
- Children in their homes are not visited frequently by the worker, they are left to handle very difficult children “on their own”—and they find themselves unable to meet the challenge.
- They have no respite—and they literally burn out.

Most states seem to be aware of these issues, but struggle with how to change the dynamic. Some states are joining with their foster parent associations to change the dynamics by enacting a Foster Family Bill of Rights. The National Conference of State Legislatures (2002) reports that six states have enacted laws establishing the rights of foster parents. These states are Illinois, Maryland, Mississippi, Oklahoma, Tennessee, and Washington. The National Foster Parent Association (NFPA) has addressed the need to clearly define those rights by publishing what it believes to be the “Basic Rights of Foster Parents.” The NFPA says that States are using the NFPA model as a foundation for the creation of their own bill of rights.

According to the NFPA, *foster parents have the right to:*

- Be treated with consideration, respect for personal dignity, and privacy.
- Be included as a valued member of the service team.
- Receive support services which assist in the care of the child in their home including an open and timely response from agency personnel.
- Be informed of all information regarding the child that will impact their home or family life during the care of the foster child.
- Have input into the permanency plan for the child in their home.
- Assurance of safety for their family members.
- Assistance in dealing with family loss and separation when a child leaves their home.
- Be informed of all agency policies and procedures that relate to their role as foster caregiver.
- Receive training that will enhance their skills and ability to cope as foster care givers.
- Be informed of how to receive services and reach personnel on a 24 hours a day, 7 days a week basis.
- Be granted a reasonable plan for relief from the role of foster care giver.
- Confidentiality regarding issues that arise in their foster family home.
- Not be discriminated against on the basis of religion, race, color, creed, sex, national origins, age, or physical handicap.
- Receive evaluation and feedback on their role of foster care giver.

Agency Worker Perspectives on Resource Families

Agency social workers are faced with tremendous challenges, time constraints and overwhelming workloads. Many leave the profession within several years because the pressures are too great, paper work demands are burdensome, and a lack of supervision and support leaves them feeling alone and fearful of making a huge mistake. Those that stay in the field are for the most part deeply committed to

helping children and their families and are willing to explore new ways to improve outcomes. However, these same workers indicate that clear messages about their roles and expectations in working with resource families are rare. In nearly every facilitated dialogue held, workers shared their struggles with the concepts around partnership with resource families, full disclosure with resource families, and role of resource families on the team. While some social workers described times when they shared information with resource families and included them in case planning meetings, many others voiced that they did not understand that to be their role.

Workers expressed the following concerns:

- If they were to include the resource family in case planning and ask resource families to serve as a role model/mentor to birth families they would need training in mediation.
- They would need more time—as it was hard enough to ensure that birth parents attended meetings as frequently as desired, much less resource families.
- They would need to better understand what they can and cannot share with resource families.
- They would need to better understand how the agency intended to recruit resource families willing to work with birth families.
- They need clearer guidelines on supervised visitation if resource families were to play a role.

The facilitated dialogues have created opportunities for workers to be honest about their values. Many workers during the facilitated dialogues voiced mistrust about the motives of many resource families. One worker in Arizona described how a resource family “...sabotaged the reunification efforts to the point that I had to remove the child. In this resource family’s mind there was nothing that the birth family could do right. I got so tired of hearing every single thing that the birth Mom

did wrong...I knew that the birth Mom was doing her best and I could see she was making progress. The resource parents just could not see it.”

A worker in Idaho stated “It is hard not to think that some are in it for the money because it is all they ever talk about...payment for this, payment for that. I feel like I am constantly renegotiating our contract with them...I get so tired of hearing their complaints.”

It is clear that there is often a significant disconnect between the world view of resource families and workers. This disconnect leads to misunderstandings, mistrust and often lack of clear communication.

Agency Worker Perspectives on Birth Families

In the facilitated dialogues around the country I pose a series of questions to resource families and workers to assess their belief system about birth families.

These questions include:

- Do you believe that a family has the right to be together?
- Do you believe that families are doing the best that they can with the resources they can muster?
- Do you believe that most parents do not intentionally set out to harm their children?
- Do you believe that families are capable of change and growth?
- Do you believe that all families have strengths?

Workers respond to these questions in a variety of ways. Many workers across the nation are strong advocates for maintaining the parent-child connection and their work reflects this commitment. They understand and appreciate that many parents are doing the very best that they can, under very stressful circumstances to make a difference in how they parent their children. They are seeking to find ways to make it possible for children to live safely with their parents by engaging kin in the process

of respite caregiving, by creating service plans that are based on what families really need and by providing necessary, supportive community services. These social workers understand that safety for a child is more than a physical reality; it is also an emotional one that is tied to their relationship with their birth family. One worker in a facilitated dialogue in Louisiana shared “*It might be easy to judge the birth family as not being good enough, or not trying hard enough...but when I see the kids’ eyes light up when they see their Mom, no matter what she has done to them...I know I have to help them find a way back to each other.*”

In her book *Strengthening High-Risk Families*, Lisa Kaplan suggested that the most critical part of the initial interaction with families is not to learn all that we can about their history...but to **establish a relationship** (Kaplan 1994). She goes on to emphasize that workers must show genuine respect for families, joining families where they are; not where the worker wants them to be.

Building a relationship with families necessitates re-evaluating and re-thinking the way we fundamentally intervene with families. It requires being able to communicate to families our unwavering conviction that birth parents can grow and safely care for their children. If an individual does not believe this, then they have minimal ability to impart this needed hope and conviction to the families they serve.

If we are to realize the potential inherent in relationships between family members and professionals, it is important that we recognize that neither can accomplish their goal without the other. All players are a necessary part of the whole, with each bringing their own special set of experiences, skills and knowledge to the process. In order to get better at permanence we've got to *more quickly, more deeply and more meaningfully* engage with birth families than we are doing right now.

Resource Family Perspectives of Birth Families

During the facilitated dialogues many resource families talked about the fact that they struggle to understand the birth families' parenting styles, priorities and life choices. Resource families candidly share that in many instances they do not believe that the birth families deserve their children or that they are working hard enough to have their children returned home. The drug culture that imprisons many birth parents is frightening for resource families and they fear what will happen if children return to that environment. However, there are some resource families who understand the importance they can play in the life of the birth family and how this serves the child in their care. One such resource parent shared his insights during the facilitated discussion in Ramsey County. *"I have been a foster parent for 40 years and I have seen it all. One thing I have come to believe is that the only real thing that matters is that the birth family and I have this child in common. We both love the child and we both want what is best for the child. If the birth parents and my wife and I can sit on my front porch, drink a glass of ice tea and have a good conversation about what is best for the child, and if we can talk openly about how to get to that place, together, we [my wife and I] have done our job. I am only in that child's life for a short time, but the parent is there for a lifetime...and the child wants the love of their parents."*

Birth Family Perspectives

Fostering an understanding of some of the general attitudes and feelings that birth families hold is critical to the relationship-building process. In the following section, Zamosky, Sharp, Hatt and Sharman (1993), in their paper *Believing in Families*, describe the feelings and emotions birth families struggle to manage.

Sense of Failure: Families who have had a child placed in care have suffered a break in their family as they knew it. Any effort that the parents may have

expended to keep the child in their home was clearly not enough—and their child’s removal was a message that they were not sufficient parents.

Lack of Confidence: Parents who feel that they have failed their children once will have difficulty feeling confident about their instincts or their ability to care for their children once they return home. If the resource family has been nurturing, caring, and encouraging of their children, birth parents tend to doubt that they can do as good a job. Parents have described needing to call their social worker during visits by their child to check out every decision they make—constantly fearing that they are doing something wrong.

Anger: Birth parents may continue to disagree, rightly or wrongly, about the reasons for placement of their child. They believe they have to “jump through hoops” (that continually get higher) to have their child returned. This feeling of disempowerment can often turn to anger at the system responsible for removing their child, at the child for “causing” the removal, at the resource family, or at themselves.

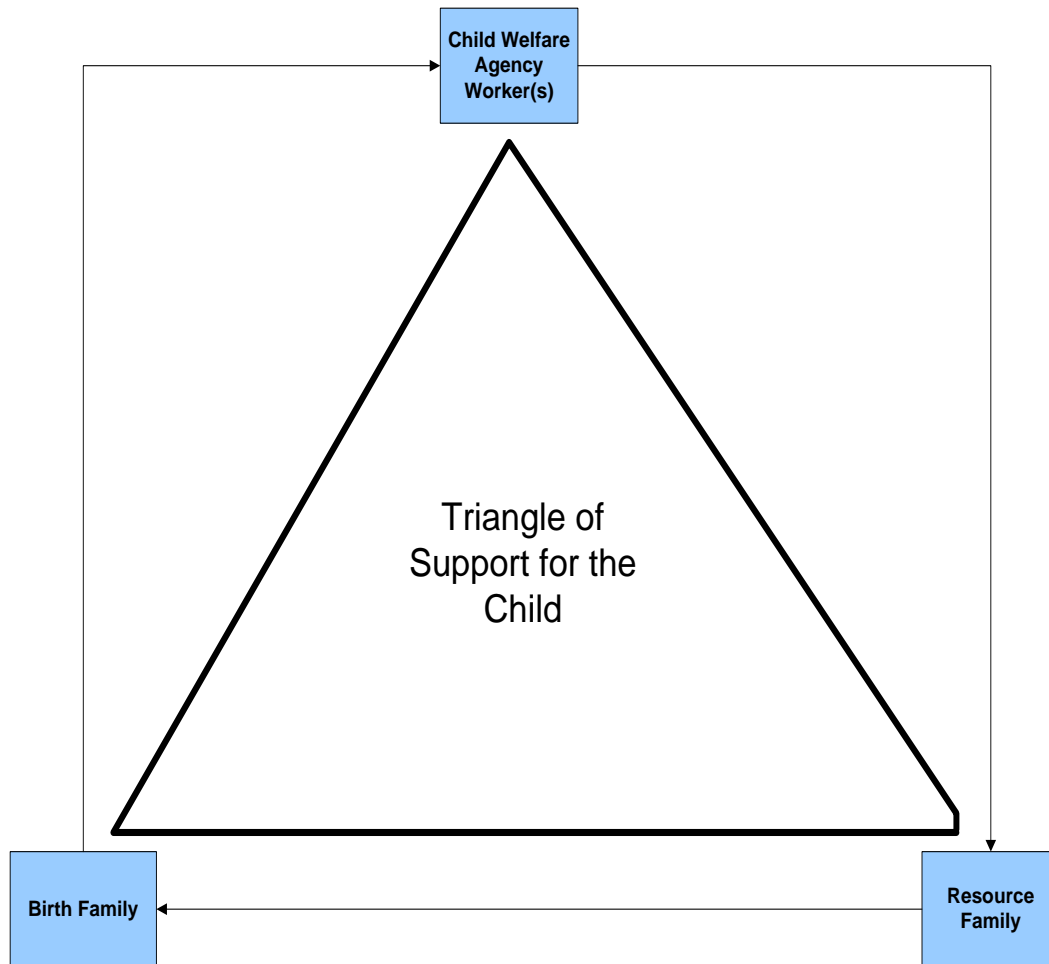
Mistrust of the System: This feeling is supported by the general community mistrust of child protective services. It is exacerbated when parents feel that they have done all that they needed to do and still their children languish in care.

Most significantly, birth families talk about how difficult it is for them to partner with the caregivers of their child. During one of the facilitated dialogues a birth Mom said this, *“The foster families hold all the power...and the state already thinks that they do a better job than me. What chance do I have? They have a better house, more money, and there are two of them and one of me. I feel like they are judging me all of the time. Sometimes I think it would be easier if I just gave up...and then I say no, I love my kids and I can be a good Mom to them...it is all just so hard.”*

It is up to the system as a whole to first understand that there is an inherent power imbalance between the resource families, social workers and the birth parents. The birth families will never perceive that they have an equal voice or an equal say in the case planning, service delivery and case review process. They understand that they have to prove their worth as a parent to the system and that there are many players judging if they have done enough to prove their worth. While we all might like to believe that we can really achieve a true partnership with birth parents, through the facilitated discussions, birth families have made it clear that there cannot be real partnership with such inherent power differences. One birth Mom stated *“We can work as hard as we can...and we should, but don’t go throwing words around like partnership, because no one who has the power to take away my child is my partner... it is just not going to happen...”*

Birth Family-Resource Family-Agency Triangle of Support

Given all of this, it is understandable why child welfare agencies struggle with the process of building relationships between these three sets of people so important in the life of a child. This kind of culture shift takes an investment of time, support by agency leaders and a focused effort throughout all levels of the organization or change will not occur. Yet challenging or not, if a child is to be well served, it is the responsibility of public child welfare systems to find a way to build relationships between these three components and to preventing the *triangulation* of the triangle of support around the child. *See Diagram Below.*



Triangulation of the Triangle of Support

The triangulation of the triangle of support occurs when any of the members of the triad, consciously or otherwise, create circumstances, planning and service delivery processes, or problem resolution strategies that in effect alienate another member. For example, when resource families and birth families are not afforded the opportunity to meet together early after a child has been removed from the home and placed in care, the birth family loses the opportunity to help guide the care the child receives from the resource family. When the resource family is not invited to the case planning sessions and does not receive a copy of the case plan, their role

in assisting the birth family and the child reunify is minimized. When the birth family and resource family do not converse about the care of the child due to the fear the resource family has of the birth parents, tensions are bound to build the longer the child is in care, with each blaming the other.

Impact of the Triangulation of the Triangle of Support on the Child

Much has been written about torn loyalties children face when having to choose (or feeling as if they have to choose) between their families of birth and their foster families. Meaningful relationships between birth families and resource families minimize the child's perception that they must choose. Shared parenting strategies, where the child witnesses birth parents and resource families making decisions together about the child's day to day activities communicates to the child that many adults are concerned about him/her and that these adults are working together to create for him/her an environment of love and support. Building shared parenting strategies results in a dynamic alliance among those who are important in a child's life—their birth parents, resource families and agency workers. Today it seems clear that in most jurisdictions, the public child welfare system has yet to create a formal framework and infrastructure for this birth family-resource family-agency relationship. While there are certainly competent social workers and engaging resource families that have stepped out and “made relationships happen” it is not enough to simply rely on busy stressed people to “do the right thing.” A comprehensive framework of policies, practices and resources must be in place to support this best practice. Isolated training events about resource family-birth family relationships in the absence of other systemic changes in agency practice will not result in the desired outcomes of improved placement stability and permanence for children.

It is this author's opinion that jurisdictions that have decided to get to the heart of the matter and improve the relationship between child welfare staff, resource

families and birth families, and build an infrastructure of policies, training and system resources to support this best practice approach, may see improvements in child placement stability indicators during the next round of Child and Family Service Reviews.

It is my hope that this paper supports states in moving toward improved relationships in the triangle of support. Through a detailed discussion of where along the path of serving a child and family “relationship” can be developed; best practices that can be implemented; policy that should be in place; and training that should be available we have tried to provide you with a roadmap to support system reform.

The points along the pathway include:

- Recruitment, Orientation and Training
- Child Placement
- First Team Meeting
- Planning for Child-Parent Interaction
- Service Planning and Case Review
- Permanency Decisions

Throughout the paper examples of promising practices and lessons learned by states and counties are highlighted.

II. Recruitment, Orientation and Training

In the fall of 2002 the National Resource Center for Foster Care and Permanency Planning developed a white paper on resource family recruitment and retention.² While conducting surveys of states in the development of this paper, it became apparent that most states continued to recruit resource families using messages that reflect the need for families to care for children. There were only a few states identified that had changed their recruitment messaging to include working with families as part of the role of the resource family. Messages such as Utah's "*Strengthen a FamilyBecome a Resource Family*" or Alaska's "*The Family is Alaska's Greatest Natural Resource—Protect it! Become a Resource Family!*" suggest from the very beginning of the recruitment process that resource families are expected to partner with birth families.

Our discussion with representatives (including foster care specialists, resource families, foster care trainers and private agency staff) from various states told us that finding a new recruitment message is very challenging. According to Kelsey Lewis, Program Director for the Utah Foster Care Foundation, the historical message of 'save the child' "*is in many ways more compelling than our new message of 'Strengthen A Family...Become a Foster Parent' ...but we want families to know right from the beginning what we expect of them. They need to be willing to work with the birth family and serve as a source of hope, encouragement and education.*"

Sheila Kitchen, Vice President of Program Administration and Development for Children's Place in Kansas City, Missouri agrees. "*We want to be perfectly clear about our goals and the roles of the resource families we recruit. Otherwise we are*

² Lutz, Lorrie. Recruitment and Retention of Resource Families: The Promise and the Paradox. (2002). National Resource Center for Foster Care and Permanency Planning.

setting them up for failure and frustration and we are not serving our regions or our children and families well. But... it absolutely is more complicated to find a message that will entice prospective families. People respond to children in pain...much more than they respond to families in pain, especially families who may have abused or neglected their children.”

Catherine Charette, a resource parent in Maine, fully concurs. “*Maine, like other New England states has a strong orientation towards individual responsibility. We expect people to ‘take care of their own.’ Those in the state will gladly reach out to a child...but the mainstream attitude regarding the child’s family is, ‘you had your chance and if you cannot take care of your own, you are not worth my time.’ Recruiters are seeking new messages that will capture the hearts and the minds of community members so that they consider becoming a resource family willing to help birth families who are struggling...it is not easy but it is crucial to the integrity of the message.”*

Those states that are grappling with changing the message of recruitment found that they have to also focus on changing the view of the community. According to Susan Ault of Ramsey County, Minnesota, “*we quickly learned that it was not enough to begin to change our internal philosophy, although that was hard enough; we also have to change the perspectives of the judge, GALs and attorneys so that they are willing to view the resource family as part of the professional team. Our shift in our recruitment message, a change in our materials and our community conversations have begun to penetrate the community about the important role the resource family can plan in the life of a child and their family.”*

Orientation and Training

Many states have also begun to infuse discussion about the importance of the relationship between resource families and birth families into the orientation and training process. The work of Mary Ford of the North American Council on

Adoptable Children (NACAC) informed this by developing a list of questions to pose during resource family orientation and training to assess whether the prospective resource families had the characteristics to be able to work with the birth family toward reunification while at the same time be willing to care for the child if reunification does not occur. The questions and accompanying assessment considerations are listed in the table below.

Question	Assessment Considerations
<p>Would you like to share a little bit about your philosophical, spiritual or religious belief system and how it helps you? Follow up by asking Do you define yourself as altruistic?</p>	<p><i>Research suggests that individuals who do this for the good of the child and not for personal gain are more successful in creating a parenting partnership and in generally meeting the needs of children in care.</i></p>
<p>What would you say to birth parents who said they were sorry for abusing or neglecting their child?</p>	<p><i>This helps assess if the resource family has the capacity to feel empathy for the birth family and can imagine that a family could harm their child, still love them and be able to parent differently—safely.</i></p>
<p>How do you imagine sharing your foster child with other important people in his or her life? Why do you think that this is important?</p>	<p><i>This question helps assess if the resource family understands the importance of the child maintaining connection to kin, culture and community. Even if a child cannot safely visit or return to his/her birth family, it is important that the child not lose relationships with all family members such as grandparents, aunts and uncles or caring neighbors. Children lose critical relationships when they are removed from their birth family—we need to find ways to minimize these losses through maintaining connection with extended family members.</i></p>

Question	Assessment Considerations
<p>Is it important to you to be certain about the outcome of your placement? Why or Why not?</p>	<p><i>In an environment of shortened timeframes and with increasing number of states implementing a concurrent planning approach to case planning, families must be comfortable living in the “gray” of not knowing what the ultimate outcome for the child will be. This may be challenging for families or individuals who like to have things planned well in advance, and do not like to live in a world of ambiguity. People’s styles and needs should be explored during the orientation session—and they should understand that in child welfare, child circumstances and birth family progress present many tangents in planning.</i></p>
<p>Please describe how you’ve recovered when you experienced losses in your life.</p>	<p><i>Resource families will experience loss every time a child in their care is reunified with their birth families. It is important to understand how Resource Families have coped with loss in the past.</i></p>

Creating clear expectations regarding the role of resource families early in the recruitment process encourages resource families to talk through their concerns/fears regarding this kind of openness with birth families. There are numerous states around the country that are infusing these kinds of questions in the resource family recruitment, training and orientation processes to both assess the characteristics of resource families and to begin to discuss with the resource families the roles that they might play in the lives of birth parents.

States that are serious about creating relationship between members of the triangle of support suggest that it is not an option for resource families to simply state “we don’t work with birth families.”

New Mexico Department of Children, Youth and Families decided that one of the key ways to ensure that resource families understood what was expected of them was to hear from children and youth who were in care and from the birth families of children who were removed from their homes. They have incorporated the presence of youth into the pre-service orientation and training program for new resource families. The candor of the conversation and the honesty of birth family and resource family statements have opened the door for resource family-birth family partnerships. A powerful by-product of these events is the conversations that occur between the teens, the resource families and the social workers. Resource families and workers alike are challenged to dispel the myth that youth over the age of 15 don't want to or cannot be adopted—they do and they can. Youth also discuss the tension that surrounds them when their birth family and resource family do not get along. Resource families and birth families are also challenged during this meeting to discuss how they will work as partners.

It is important that if resource families are recruited, oriented and trained to work with birth families that it be followed up in practice. Washington state and numerous counties in Minnesota, California and Colorado are assigning seasoned resource families to mentor new families, responding to questions, talking through concerns and providing support as needed. The success of this model has been quite remarkable on many fronts. A resource family from Shasta County, California shared that *“once I saw how my mentor worked with the birth family, and how the birth family responded to them, it no longer seemed so frightening. In fact it made sense. The resource family and the birth family made sure that their approaches to discipline were similar, they did not allow the child to be confused or feel disloyal, and they talked to the child together if there were important issues to discuss. I learned that the birth families are not the ogres that I thought. I also have had my questions responded to in a timely manner—my mentor is there when I need them.”*

Focusing on Strengths

When orienting and training resource families, discussions around the power of strength focused work should be incorporated. The work of Bill O'Hanlon (1999) has helped to further the social work practice of identifying and using strengths as part of the therapeutic process. O'Hanlon suggests that active discussion about strengths has the effect of intensifying them. A strengths approach assumes that the family has what it needs to identify solutions to its own problems. A problem has been that in social work practice today 1) resource families do not take the time to identify birth family strengths and capacities and 2) even if they identify them many resource families suggest that they really do not know how to build upon strengths in the day to day interaction with birth families. This is a skill that resource families need to build.

The ways that resource families and workers interact with birth families have many consequences. If resource families secretly (or maybe not so secretly) assume that birth families are in most instances unmotivated, resistant, uncaring, non-compliant, or any other terms used in social work conversation, it is very predictable that they will draw out these kinds of responses in birth families. What is expected is what is found. If however, they choose to look at problems from a baseline belief in the family's ability to find solutions, then they can be part of creating a context in which the family can succeed more easily (Zamosky, Sparks, Hatt and Sharman, 1993).

Tools and Resources

The Prairie Band Potawatomi Nation recently embarked on a process of improving the information in their brochures for prospective resource families, developing a resource family Bill of Rights and expanding the information in their information packets sent to prospective resource families.

The state of Vermont has developed a Resource Family Handbook that more fully describes the role of resource families and the expectations of public child welfare

agency-resource family-birth family interaction throughout the process of caring for child.

States and counties have a responsibility to ensure that their written materials and educational strategies lay the foundation for relationship building and creating effective teams between resource families, birth families and agency social workers.

III. Sharing Information at the Point of Child Placement

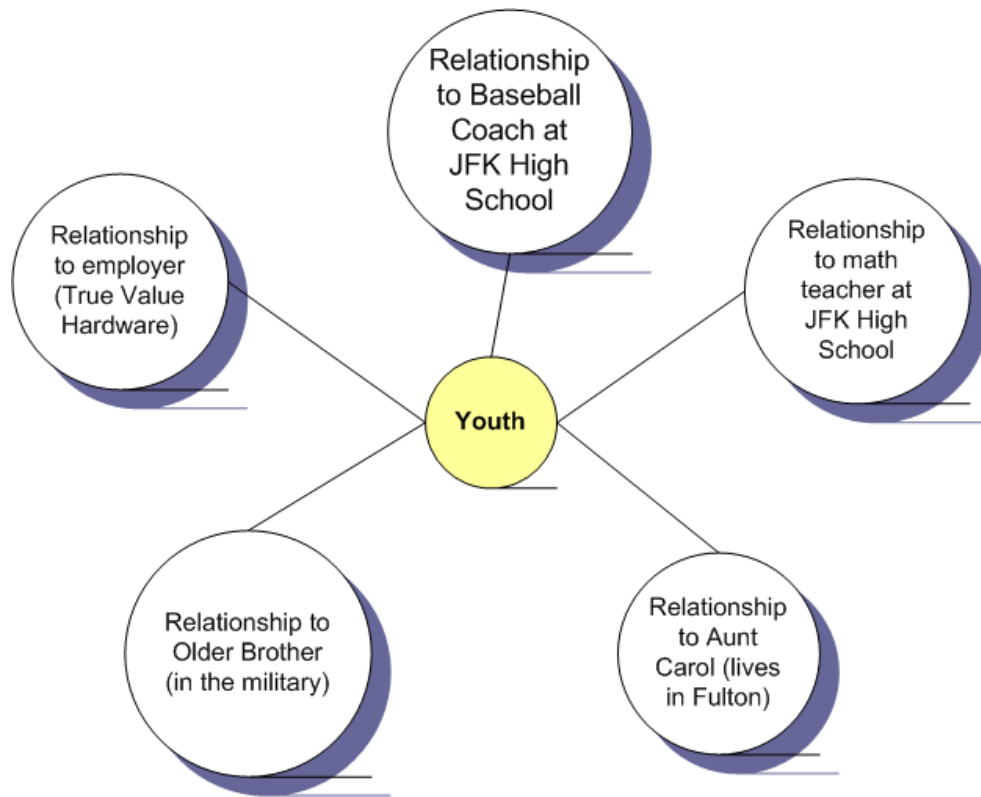
When a child is placed in a home it is a significant experience for all parties involved and in most instances a frightening experience for the child. This trauma can be partially minimized by a sensitive and planful placement process. A planful placement process requires the effective sharing of information needed for all parties to do their jobs well. Resource families need information about the child and the birth family. Birth families and children/youth need information about the resource family. Birth families need to know that the agency will be sharing information about them with the resource family and they need to feel confident that this information will remain confidential. Birth families need to know that resource families will be talking to workers about their observations and concerns. Birth and resource families need information about the process, visitation plans, timeframes for decision making and expectations for involvement in meetings.

Public child welfare systems have often erred on the side of sharing too little information with resource families for fear that “*if they knew everything they would not take the child.*” In every facilitated dialogue at least one worker said these words. The sad fact is that in the end, the resource families learn all that the worker neglected to share—and more—and because they were not told the truth they were ill prepared to deal with the behaviors of the child or the child’s family. Sometimes this lack of preparation results in a placement disruption; always it results in a lack of trust between the resource family and the agency.

Resource families around the country suggest that the lack of honesty on the part of public child welfare systems about the needs of children coming into their homes is the single most troubling reason they no longer “trust the system.” Resource families should be provided with as much information about the child as is known in order to equip the family to care for the child. States are pursuing this information sharing in some innovative ways. In Summit County, Ohio, resource families are

provided with an “All About Me” information sheet completed by the child. This allows the child to tell the resource family what is important to him/her. For example, children can share the kind of food they like, music they listen to, and activities that they enjoy. Because the form contains something similar to an ecomap that depicts the individuals in the child’s life who are important to him/her, the form also serves as a way to support child-kin and child-community connections during the placement. As one youth shared with teams from the Casey Family Programs Breakthrough Series Collaborative on Recruitment and Retention of Resource Families, *“I want my new foster family to know that I am more than my file. The file usually tells what has gone wrong in my life. What I have done wrong...not what I have done right. The folks that are going to take care of me should know about me....My worker placed me with a family that did not eat or cook meat. Me...I am an athlete, a growing boy...I need my meat and potatoes!”*

Not only is it important to share with the resource family the child’s medical and emotional needs it is also important to share information about individuals with whom the child has a deep connection or affection. In a recent facilitated dialogue in the state of Mississippi, numerous social workers left the dialogue determined to more effectively share information with resource families regarding the child’s connections to extended family members, school personnel, friends, etc. The ecomap below is a vehicle that several jurisdictions have found helpful. It is a tool that can be used to “chart” critical connections. When resource families have this kind of information, we can then expect that they maintain these connections throughout the child’s stay in their home.



It is also critical that information be shared with the resource family about the child's birth family. One resource parent in Alaska had these comments: *"In my early days of providing care I was told that it was not my place to ask for information about the birth family...and I accepted this. However, the mother of the child in our care had a serious issue with alcohol, and she would often call us drunk during the middle of the night. At first I did not understand what was going on...then I figured it out and told our worker that it would have been nice to know this going in...so that I could be better prepared and better understand how to meet the needs of the child in our home. Now, I ask—and if I don't get the information from the worker I ask the birth parents. I no longer accept that it is not my business...because it is, I have to know what I am dealing with if I am to reach out to the birth family as a support and mentor."*

If the resource family is part of the professional team and it is expected that they work closely with the birth family as they learn how to more effectively parent, it is only logical that they must be informed of the struggles that the birth family is facing. Sharing information about the birth family and the child with the resource family is critical to the resource family's role of creating a safe environment for the child. At the same time, because the resource family is part of the professional team, it must be made crystal clear in orientation and training that information they receive about birth families must remain confidential. Professionalism demands this level of discretion.

It is our observation that child welfare workers, supervisors and system administrators are significantly confused about the issue of confidentiality. Within units one worker is comfortable sharing certain information while her co-worker sitting one desk away is not. Supervisors from two different units within the same child welfare system provide very different direction to their staff regarding full disclosure. During one facilitated dialogue I posed the question "Who is clear about what they can and cannot share with resource families and birth families?" One worker stated "*I am clear about what I think I can share...but that is because I do not ask anymore. The answers were always conflicting and the more people I talked to the more confused I became. Now I just use my judgment.*" When I followed up this comment with the question "Do you think that other workers interpret what they can and cannot share in a similar way as you?" the answer was a resounding "*No way!*" Can you imagine the frustration that resource families and birth families experience when they deal with one worker and receive a tremendous amount of information, and then the case transfers to another worker within the same unit and they receive very little information? As one worker stated in a recent facilitated discussion "*It is unacceptable that families have to rely on the "luck of the draw."*" It is important that every public child welfare agency examine its state laws and rules and clarify in policy what can and cannot be shared. Once clarified, supervisors, workers, and resource families need to be trained on the policy.

In Idaho, resource families are beginning to develop their own list of questions that they want answered about the child and their family. Even if the worker does not have all of the information at the point of placement, the resource family can continue to request the information they feel they need to best serve the child and his/her birth family. I also encourage birth families to develop their own list of questions regarding the resource families, visitation, court expectations, worker expectations, etc. Public child welfare systems are coming to understand that families, children and youth, especially older youth entering care, need to be provided with information about the resource family including their names, where they live, rules, expectations, activities, what their room will look like, etc.

Carver County, Minnesota has asked that all resource families complete an information sheet that can be provided to children in care and their families. This important document begins to answer children's questions about the home that they are entering, and it has gone a long way to address the tremendous fear and many questions that birth parents have about the resource family. This open and full disclosure of information sets the stage for open and positive interaction between the resource family and the birth family and stresses that every member of the team understands that there is a collective responsibility for information sharing. Full disclosure means that the birth family, the resource family and the worker all have the same information—and that no information about the child or family will be intentionally withheld from any member of the team unless it is determined that it would be harmful or dangerous to share.

Catawba County, North Carolina has an innovative approach to encouraging social workers to become more comfortable sharing information with resource families. They chose to co-locate their Placement Coordinator with Foster Care and Child Protective Service units. The placement coordinator has become the voice of the resource families in the unit, encouraging social workers to trust the resource families with information and to share as much as possible. By creating a single

working unit that is responsible for the recruitment of families, the process of placement and the ongoing reunification efforts, outcome distinctions between the various parts of the system have been blurred. Staff are not simply focusing on doing their job, but in working as an interactive team. Everyone is responsible for doing what is needed to ensure child safety, permanence and well-being.

IV. A Timely Initial Meeting Between Resource Families and Birth Families

One of the most critical steps during the early stages of service delivery is ensuring that shortly (within 48-72 hours) after placement a team meeting occurs where the birth family, resource family and worker meet. While there are many goals for this meeting such as identifying family and child needs, crafting an initial plan to meet those needs, and ensuring that releases are signed to complete the assessment process, the most important reason for this meeting to occur as soon as possible after placement is to introduce the birth parents to the resource parents and to define how they will work together. The facilitated dialogues have clearly pointed out that across the country, there is not a consistent practice of requiring and supporting these kinds of relationship-building meetings early in the case process. The child welfare system is missing a critical opportunity to build the resource family-birth family relationship. One of the reasons that these meetings are not occurring is that resource families and workers fear this face to face contact so early in the case. One resource Mom shared her concern: *“Considering how emotional some parents are about the fact that their child was removed from their home, wouldn’t it be better to wait for several weeks, even a month until this meeting occurs?”* While I appreciate the concern expressed by the resource Mom, I wonder...*who exactly* would this be better for? During one of these facilitated discussions a birth Mom helped to make the resource Mom understand her perspective: *“Do you have any idea what it is like to have your child removed from your arms, your home and have no idea where she is and who is caring for her?”*

Well I do...it is a nightmare...no information, no ability to communicate with your child, too fearful to ask too many questions or to demand to know, because you are afraid that you will never get your child back unless you 'toe the line.' I nearly went crazy.... ”

In her recent paper entitled *Comprehensive Needs Assessment Guidelines*, Pat Schene (2004) suggests that in order to fully engage the family in the process these initial meetings should explore not only the current situation, but the broader context of issues that impact on the safety, permanence, and well being of the children.

It is necessary to listen to the parents' perception of why they are now involved with child welfare, what they might fear, and what they can expect to gain from services. Also, exploring their commitment to change would help the caseworker recognize their readiness for change and the need to mobilize additional supports to the parents for their participation in the service planning process.

Parents/caretakers should be asked to identify what they see are their needs relevant to the protection of their children. If they are or have been involved in services from other agencies, that involvement should be explored to see if it has been helpful to them in addressing parenting issues or related needs.

Meeting Byproducts

An initial meeting early in the process of serving children and their families is one of the most critical points in the relationship building process between birth families and resource families. This initial meeting sets the stage for all meetings to come. When the meeting is skillfully facilitated, it communicates to birth families that what they have to say matters, that they have worth, and that their needs and the needs of their child will drive the service planning process. It says to resource families that they are part of the professional team, their perspective is valuable and that they

have a voice in the service planning process. The resultant teamwork and collective planning and problem solving ultimately communicates to the child that there is a group of concerned adults who want him/her to be safe and healthy and are working together to ensure that he/she is safe and well cared for.

The specific byproducts of the meeting include:

- Role Clarification
- Minimize child tension
- Clarify timeframes

Role Clarification

During this initial meeting the resource parents are established in their role as mentor and role model for the birth family. It provides the resource family an opportunity to see the birth parents as real people instead of “those people who hurt their child.” It sets the stage for the shared parenting of the child. Traditionally the resource family is viewed by the birth family as solely carrying out the role of substitute caregiver. If it is made clear early in the process that the resource family also has a role in supporting reunification, and if some of the details of that support are laid out, the very real and natural tensions that exist between the two families can begin to ease.

Minimize Child Tension

The initial meeting also creates the opportunity for the social worker to underscore the importance of minimizing the child’s feeling of being caught between two sets of parents.

Unlike adults, who are generally capable of maintaining positive emotional ties with a number of different individuals unrelated or even hostile to each other, children lack the capability to do so. They will freely love more than one adult only if the adults in question feel positively toward one another.

Failing this, children become prey to severe and crippling loyalty conflicts (Goldstein, Freud, and Solnit, 1979).

When the resource family can get to know the birth family, understand their history and their love and attachment to the child, and when the birth family can view the resource family as a supportive force, not one to be feared, this opens up the opportunity for the child to love both sets of parents. When children sense that their foster parents understand and support their love for their parents, and support their wish to get back together, they feel less conflicted about their attachment to the resource family, less defensive of their birth parents, and freer to develop a realistic awareness of their own family's problems and struggles. The willingness of the resource family to partner with the birth family and to engage with them in the process of reunification can be demonstrated in a variety of ways to the child. Using these meetings to brainstorm how the child can visibly experience this partnership is another important by-product of the meeting. Actions such as placing the parent's picture in a frame and setting it on the child's dresser, encouraging children to e-mail or call their parents, discussing bed time, how to approach decision making around hair cuts, chores, clothes shopping, and allowance are all decisions that can be made jointly during these meetings.

Clarity Regarding Timeframes

Another critical by-product of an early meeting is to make certain that everyone is clear about the timeframes and the expectations of the legal system. Resource families indicate that they usually receive information about the court process during orientation, but it is part of a large amount of information that they are asked to digest—and sometimes it gets lost. For many birth families this is their first experience with child protective services and they have no idea what to expect, what will happen first, the role of the court, etc. When resource families and birth families can hear the information together, it allows them to react to the information and plan together.

Texas Department of Protective and Regulatory Services has developed what they call “Success Quest.” It is a parent orientation provided by the Intensive Permanency Specialists for all birth parents who have had their children removed within the previous two weeks. In a sensitive, non-threatening manner, Success Quest lets parents know exactly what is happening to their family. Social workers walk through the law; describe what will happen in court, define court timeframes and thoroughly inform parents of their rights and responsibilities. The social workers also use the process to review a generic service plan, helping families to understand the kind of documentation that is developed and submitted to the court. Additionally, a judge who is very committed to kids and families created a video for use in these meetings. The video is about 20 minutes long and further answers families’ questions about the law and the judicial process.

Jurisdictions’ Success In Holding Initial Meetings

Public child welfare agencies such as Ramsey County, Minnesota and the Department of Social Services of Massachusetts have made a decision to ensure that an initial team meeting between resource families and birth families is held within 7 days of placement. They are committed to holding the meetings at a time and location to ensure optimal participation of resource families as well as birth families. They use the meetings to define the triangle of support between the agency, resource family and birth family, clarify roles and responsibilities and make plans for meaningful child-parent interaction.

In these sites, the tasks for the initial team meeting include:

- Creating a safe environment for resource families and birth families to meet one another, ask and answer questions and to begin to define how they will work together for the benefit of the child in care.
- Clarifying the general roles and responsibilities of all team members.
- Fully disclosing information that each team member requires to do his or her job including:

- Sharing what is expected of the birth family—this includes consequences of actions, and timelines for decisions about child permanence.
- Sharing critical information with the resource family—ensuring that they have adequate information to enable them to effectively care for the child and interact with the birth family.
- Completing a genogram that encourages identification of relatives who have not been identified previously.
- Developing a detailed plan for child-parent interaction that allows for maximum time together while the child is in care.

If it becomes clear during this initial meeting that the family is in need of hard goods such as turning on utilities, clothing, or rental deposits, these hard supports should be provided to the family as soon as possible.

Identifying and Overcoming Barriers to Holding These Meetings

Santa Cruz County, California concluded that one of the reasons that initial meetings either do not occur or are not effective is that the social workers and the resource families do not have a collective understanding of one another's roles. The Family and Children's Division sought to improve this understanding by holding a Common Ground Workshop. The purpose was to help social workers and resource families develop a deeper understanding of each other's critical role in working with children and their families. The event served to strengthen social worker-resource family rapport and create greater clarity regarding the overlap and common purpose of their roles. According to staff the event was very well received.

Shasta County, California had similar concerns but chose to address the problem differently. Newly hired social workers are required during their orientation to shadow a resource family for a day. This process began in October of 2003 and the impact has been very powerful. The most impressive result is the reaction by new workers to the energy and knowledge of the resource families. According to one

county representative “*It has allowed new workers to see inside the world of fostering...*”

Hamilton County, Ohio has approached this relationship issue by crafting a "Before You Throw Stones" curriculum that is designed for resource families, ongoing, intake, foster care and adoption workers. The program is designed to help each group understand the relatedness of all involved in a family's case. This continuing program is offered several times a year.

V. Planning for Parent-Child Interaction

In a recent article by Tom Morton of the Child Welfare Institute, the work of the poet Kahlil Gibran was recognized as a very accurate description of foster parenting. Mr. Morton states *“The poet Kahlil Gibran could easily have been talking about foster parenting when he wrote his words about child rearing. Foster Parents supplement and support birth families of children in foster care, rather than substitute for them. It is a delicate balancing act to care for a child on a day-to-day basis while simultaneously sharing that child with others, especially people who may have harmed the child or placed the child at risk of harm.”* (Morton, 2004)

Your children are not your children. They come through you, they are not of you. And though they are with you they do not belong to you. You may give them your love, but not your thoughts as they have their own thoughts...(Gibran 1923)

The child welfare system has struggled for decades on how to ensure that children maintain critical connections with their parents while in placement. Numerous reviews of policies and practices around the country tell us that jurisdictions generally understand the importance of parent child interaction, but are frequently unsuccessful in making this interaction occur as frequently as they would like and in a manner that best supports intimacy and parent-child bonding. Some of the most passionate discussions within the facilitated dialogues have occurred around the issue of parent-child visitation. The ways that these visits are carried out and the tension they provoke within the triangle of support require careful examination. First let's consider system reform initiatives and recent research on this topic.

The Annie E. Casey Foundation's Family to Family Initiative sought to specifically address this struggle of placement proximity and its impact on visitation frequency. Children are often placed outside of their home community due to lack of resource families. The fact that the placement was hours away from the child's home meant that visits were complicated to arrange. The distance impacted the frequency of the visits. In a recent report on their Family to Family Initiative they stated "*At the outset of the Initiative in 1992, the accepted wisdom among child welfare professionals was that a continuing decline in the numbers of foster families was inevitable; that large, centralized, public agencies could not effectively partner with neighborhoods; that disadvantaged communities could not produce good foster families in any numbers; and that substantial increases in congregate care were inevitable. Family to Family is now showing that good foster families can be recruited and supported in the communities from which children are coming into placement.*" (Annie E. Casey Foundation, 2004).

The Child Welfare League of America recently published a paper on parental visitation (Leathers, 2004). This study examines whether inclusive practice, or parental involvement in foster children's lives while in placement, is correlated with more frequent visiting and a greater likelihood of reunification. This hypothesis was tested among a random sample of 230 twelve and thirteen-year-olds placed in traditional family foster care. The study examines the relationships between inclusive visiting practices and frequency of visiting, chances of reunification, and current child adaptation, while controlling for parental substance abuse and mental illness. Researchers measured two aspects of inclusive practice using information about parental contact provided by caseworkers and foster parents: inclusive visiting practices and extent of parental participation in other types of care. Consistent with the results of other studies, the results of this study support the theory that maternal visiting is a stronger predictor of reunification than maternal problems, such as substance abuse, or children's characteristics, including length of time in care. The results of this study also suggest that where visits take place is

related to how frequently they occur. Visiting in the birthparent's home or the foster home were both associated with more frequent maternal visiting than visiting at an agency, a fast food restaurant, or another setting. In addition, maternal involvement in case reviews and other activities in the child's life was found to be associated with more frequent visiting. These results suggest that among young adolescents who have been placed in foster care longer than a year, inclusive practice is associated with more frequent visiting, which substantially increases a child's chances for reunification.

A study conducted by Peg Hess for the National Resource Center for Foster Care and Permanency Planning in October of 2003 reviewed visitation policies of states and counties around the country. Consistently, policies across the country indicate that the primary purpose of visiting is to maintain parent-child and other family attachments and reduce the sense of abandonment that children experience at placement. These policies are supported by the extensive research (Blumenthal and Weinber, 1983; Fahlberg, 1979; Fanshel and Shinn, 1978). Several researchers found a relationship between parent-child visitation and children's well being while in care. Children in care who are visited frequently by their parents are more likely to have high well-being ratings and to adjust better to placement than are children less frequently or never visited (Borgman, 1985; Fanshel and Shinn, 1978). Visiting has also been found to be strongly associated with outcomes of placement, particularly family reunification and with length of stay in care. Children who are more frequently visited are more likely to achieve permanency goals (Milner, 1987; Davis, Lansverk, Newton and Ganger, 1996) and experience shorter time in placement (Mech, 1985). A comment about parental child visitation by one researcher sums up its importance: "*The evidence gathered by the current and other studies of the crucial importance of parental visitation speaks loudly for even stronger allocations of fiscal and professional resources to foster care practice in order to maximize the benefits inherent in parental visiting.*" (Davis et al., 1996)

Kuehnle and Ellis (2002) make the case for frequent visitation emphatically:

If an attachment bond is to be maintained between parents and their children in dependency [out-of-home placement] cases, a one-month visitation time frame is not advised. Because physical proximity is a critical requirement in the attachment process for infants and toddlers, and availability is critical for children of other ages, how could children of any age possibly maintain an affectional or attachment bond with a parent he or she visits every 30 days....? In family courts [with regard to custody and divorce cases] attorneys, and mental health professionals would be outraged if a child were kept from all contact with a parent for weeks, let alone months. In dependency court why is this tolerated? If maltreating parents and their dependent children are going to be reunited, the quality of their relationship needs to be enhanced through stable and nurturing contact, rather than diminished further through absence.

So given all of this knowledge and research, the question naturally arises -- how frequently and consistently are children in care seeing their birth families? Hess's study indicated that 70% of the 37 states responding to the survey have policy that provides guidance regarding the frequency of visits between children and their families. The majority specify a minimum visit frequency. For example, Alabama's policy states:

"Daily visits with the parents and other family members will be encouraged. At a minimum the team will encourage weekly visits with the parent(s) if the permanency goal is for the child to return home."

The state of Kansas Social and Rehabilitation Services (SRS) is requiring the following in their new Reintegration/Foster Care Contracts:

"SRS seeks to expand the definition and practice of visitation from a formal once a month required visit in the family's home, to an ongoing natural set of

*interactions that occur between children and their families. Children who live with their parents see each other in a variety of natural interactions such as eating meals together, parents attending child's play or basketball game at school, going to church together, taking the child to the doctor or therapist, etc. These "visits" occur frequently throughout the week and are natural to both the child and the family. SRS is promoting this kind of natural, healthy interaction. We expect that children in care and their birth families will have **at least one of these types of interactions weekly**. These interactions will be tracked and will be monitored through the Quality Improvement process."*

Nine states in the survey recommend or require visits at least weekly, six bi-weekly and four monthly. One specifies only that visits should occur as regularly as possible (Hess, 2003). While it is clear that some states clearly understand the importance of visitation between children and their parents, and underscore this importance by requiring frequent (no less than weekly) visitation, others have yet to require frequent child and parent interaction. It is difficult to understand how we expect that parents will maintain bonds with their children and be able to improve the quality of their parent-child interaction when they see them infrequently. In order for frequent visitation to occur, children must be placed in close proximity to the birth family

Time Barriers Suggest the Need for Effective Teamwork

When I ask workers around the country what keeps them from facilitating more frequent parent-child interaction, the answer is consistently "not enough time." This lack of time is a reality in the day to day life of many workers. Given this, workers need to rely on their team members, specifically resource families, to support this crucial parent-child experience. Interestingly, I have found a very consistent negative reaction to the idea of resource families supervising visitation. One worker said "*if resource families supervise the visitation it would change the power imbalance between the resource family and the birth family...*" I was puzzled by this response. My comment was "only if the role of the resource family during the

supervised visitation was to sit in the corner and take notes.” I was told that is exactly the role that the individual supervising the visitation often takes—and many times behind a window. I posed the question, “So, what happens if the person behind the window notices that the parent is struggling during the visit and does not seem to know how to interact with the child?” The answer was “document it.” Clearly many child welfare systems have lost an understanding of the higher purpose of visitation. It seems to have become just one more activity in a long list of case activities. And supervised visitation, rather than being constructed as a safe environment for children and their parents to bond and attach, is constructed as a place where we evaluate and analyze. Rather than “document the struggle” it seems that it would be infinitely more helpful if we took the opportunity to teach the Mom how to more effectively interact with her child. Resource families could play an invaluable role as teachers and mentors to birth families. Many child welfare systems struggle with how to work with birth families during supervised visitation. It was interesting to learn in the study conducted by Hess that the majority of states do not address caregiver responsibilities related to visitation. Among those states that do, the most typically stated is the responsibility to assist with transportation of the child to visits or support the visits – as illustrated in New Jersey policy:

The foster parent is expected to accept and encourage contacts between the child and his parent and siblings, and provide the child with emotional support even when the contacts with his parent and siblings are disrupting or confusing to the child. The foster parent can help the case manager who assesses case progress by documenting the child’s behavior after a visit...the foster parent is expected to cooperate by:

- *Supporting the child’s contact with his parent and siblings;*
- *Having the child ready for each contact;*
- *Having clothing packed for overnight visits;*
- *Providing transportation or a place to visit when agreed to in the Visitation Plan;*

- *Helping the child accept each separation from his parent following contact;*
- *Reporting the child’s reaction after contacts with his family to the case manager; and*
- *Notifying DYFS of any unplanned contacts between the child and the parent, or between the foster parent and the parent.*

Clarifying the Rules

The RKIDS Visitation Center in New Haven Connecticut began to serve children and their families in late 2001 and has a very unique approach to visitation. The regional visitation centers were to serve as a support to the visitation process between birth families (predominantly mothers) and their children. Lynn Gobbard, Clinical Director of the visitation center, states: “When a family is referred to the RKIDS Visitation Center, I spend a significant amount of time in person and/or on the phone with the Division of Child and Family Services worker trying to understand the dynamics of the case.” Ms. Gobbard poses a series of questions that, when answered, serve as the foundation for the clinical work of the center:

- *Where is the case in the permanency timeframe?*
- *Where is the case in the legal process?*
- *What is the history of the birth family with the agency?*
- *Are there any extended family members that have been involved or helpful?*
- *How many placements has the child had to date?*
- *What has been the role played by the foster family from the worker’s perspective?*
- *Is the foster family expecting to adopt this child if the child becomes free for adoption?*
- *Has the DCFS worker had the conversation with the foster family about the possibilities of adoption?³*

³ **Author’s Note:** According to Ms. Gobbard this question is very critical—because if the foster family expects to adopt this child it makes the dynamics of visitation very complicated and the prognosis for successful reunification slim.

In turn, Ms. Gobbard has an in-depth conversation with the resource family, seeking to understand their perception of the case, their role to date, their attitude about the child and the birth family, their willingness to work with the birth family, and how they view their interaction with the visitation center. *“These conversations allow us to better understand if the resource family will be a support or a potential hindrance to the reunification process, their commitment to the child, and their understanding of where this case is headed. There are many times when resource families tell us that they fully expect to adopt the child...that they were told that this child was most likely not going to go home. It is no wonder then that they are confused and frustrated by the efforts to involve the birth family and to support reunification activities. We have found that it is worth every minute to clarify misunderstandings early in the process.”*

After this initial conversation, staff from RKIDS schedule a meeting **between the visitation center staff, DCFS social worker, resource family and the birth Mom.** This meeting is used to plan for the visitation and to gain clarity from the social worker regarding what the birth Mom has to do to regain custody of her children. *“It is critical to make it very clear what everyone expects of the birth Mom. In well over 95% of the families we serve, when we ask the birth Mom what needs to happen for her children to return home, she cannot clearly explain the behaviors or activities required. We ask the Mom to bring the “Court Steps” document with her to the first visit. (This is the document where the court lays out expectations for reunification). We walk through this document with the Mom and help her plan her next week, month in small ‘doable’ steps,”* says Ms. Gobbard. The RKIDS approach legitimizes the role of the resource family in the planning around visitation and parent-child interaction. (Lutz, 2003)

If state child welfare systems could envision a stronger role for resource families, communicate this role during the recruitment process and train them on this role as part of the licensure process, it is likely that the resource family could become an

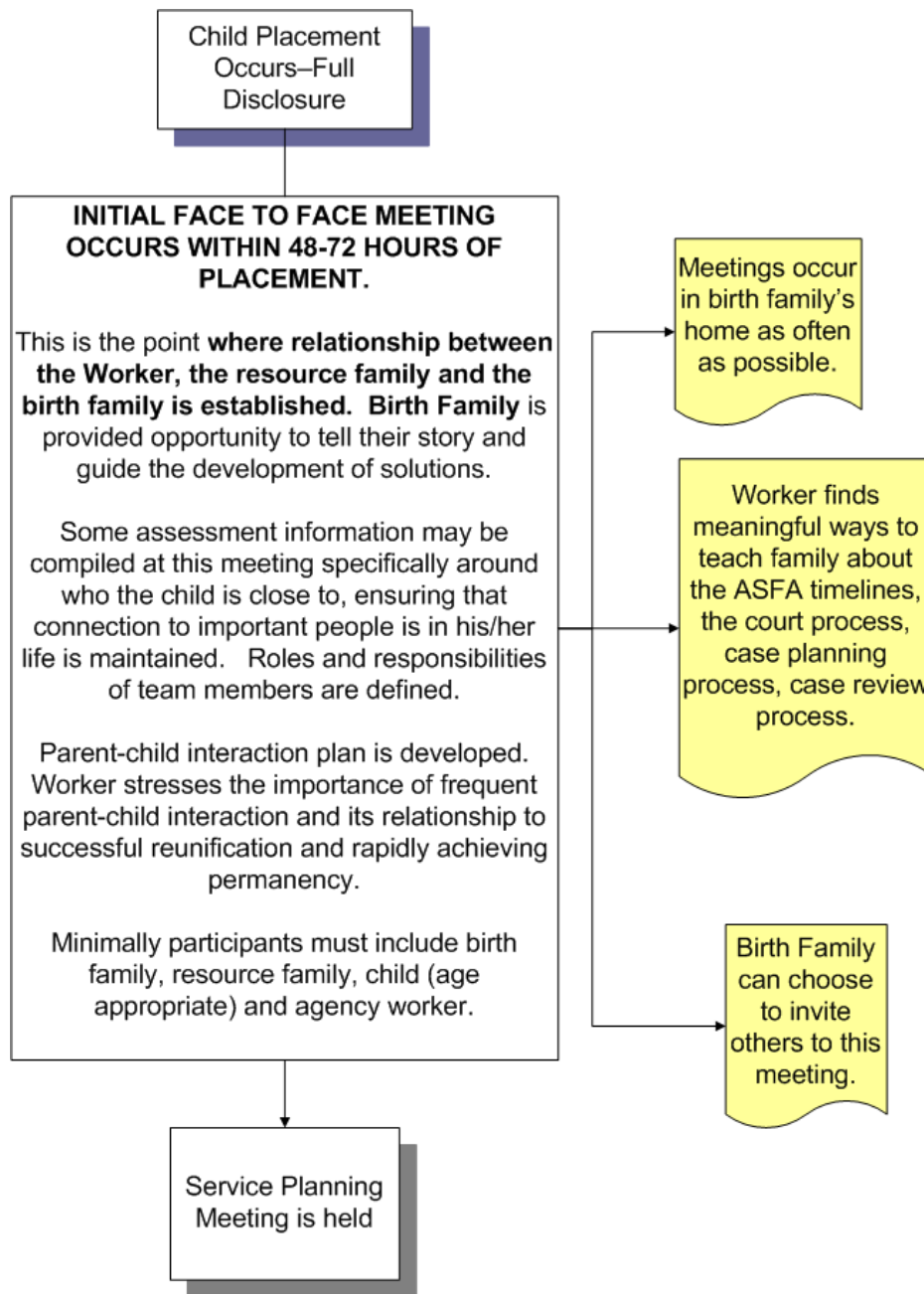
invaluable participant in the visitation process. The state of Massachusetts has sought to expand the role of resource families as they plan for visitation and other aspects of case planning by including them in Family Group Conferencing. According to a state supervisor, *“Workers found that it enriches the process immeasurably. The foster parents, bio parents, and extended family were able to work together to come up with an excellent plan including how visitation will occur and the roles that each will play to ensure that visitation occurs frequently. Everyone felt wonderful about the process.”*

Withholding Visitation as a Punishment

The facilitated dialogues also raised the issue of how the system frequently (and inappropriately) uses the withholding of visitation as a punishment. Numerous instances were shared where families were denied visitation due to “lack of compliance” with the treatment plan, children were denied visitation due to behavior outburst, parents were denied visitation due to a perceived inappropriate interaction with the worker or the resource family. Each example cited was prefaced with the statement that there was disagreement among the team about whether reunification should occur. These conversations were fraught with tension and a seeming mistrust of the visitation process. The child welfare system must continue to debate and struggle with the way in which visitation is used as a weapon to hold over children’s and families’ heads. In reality visitation is a right of children. It is a moral obligation of child welfare agencies to find safe ways that children are able to maintain connections with those they love. Regardless of how much we “like” the birth parents, or their behavior is “annoying” to us, we need to be champions of children and families right/need to see one another. During one of the facilitated dialogues a wise resource Mom said this: *“I knew that my foster child’s parents were drinkers, and I knew that the visits were dependent upon maintaining sobriety. However, I also knew that Sally [my foster child] was the major caretaker for her Mom since she was about six years old. I spent many nights helping Sally to get to sleep because she was so worried that her Mom was not OK, that she was not*

drinking, that she was not sleeping. Sally needed to see her Mother to make sure that she was OK and I could not get anyone to understand this. The visit was not for the Mom it was for Sally.”

The chart on the following page captures best practice in the area of child placement, full disclosure and parent-child interaction as described in the facilitated discussions and Breakthrough Series efforts.



VI. Assessment

There are many who, when thinking about the process of assessment, make a distinction between assessment and intervention. We assess...then we intervene. Yet when seeking to create relationship with the birth family workers must understand that the process of conducting an assessment is also a *profound intervention*. Consider Billy, a 14-year-old boy who has been hospitalized 12 times in the last three years, and is increasingly involved in the juvenile justice system. At his most recent court appearance, an intake worker is collecting his previous hospitalization history and involvement in the juvenile justice system. The worker also collects all of the interventions that have been tried with the family system. As the worker methodically obtains the details of precipitating factors, treatment course, and discharge plan for each intervention, he notices Billy and his family's presence in the room increasingly shrinking. The intake worker is only collecting information, not "intervening," and yet is it any wonder that by the time Billy and his family describes his 11th unsuccessful hospitalization, his fifth court appearance and a string of services and interventions that their sense of sense of hope has shrunk to microscopic level? **The questions we ask in an assessment not only collect information but also generate experience.** The process of answering those questions shape client's experience of self and powerfully affect how subsequent work unfolds.

In his *Collaborative Therapy with Multi-Stressed Families: From Old Problems to New Futures*, Bill Madsen describes the Smith family's interaction with two teams of social workers from the state child welfare system. The first team viewed the family as chronically dysfunctional, whereas the second team saw them as having tremendous coping skills and survivors of many family traumas, desperate for help but very suspicious due to a long history of previous negative experiences with helpers. As we reflect on the families' interactions with the two different teams,

several important points emerge. *“Different observers ‘see’ different things in a situation. Perception is not a passive process of observation but an active drawing of distinctions.”* (Madsen 1999). The distinctions we draw as social workers are profoundly organized by our own history and our own set of cultural “shoulds and shouldn’ts”. The different views of the Smith family in the Madsen book were shaped by the context of the social workers’ interactions with the family and the values within which those interactions were interpreted. The first team operated within a medically oriented model where the family felt very uncomfortable. Their work was organized by an assumption that treatment must begin with a thorough assessment of all of the family’s problems and past issues. This assumption encouraged a particular set of questions and established a way of being with the family. The second team saw the family in their own home, and while they valued the importance of clearly understanding situations, they organized their work around an assumption that therapy must begin with a compassionate connection, focusing on learning about the family’s strengths and successes in coping with crisis in the past. That different priority set the stage for a very different relationship with the family. In turn, the family interacted quite differently.

The first team anticipated the family’s “dysfunction” and described themselves as stiffening up in anticipation of the family’s “craziness.” The second team, whose perspective emphasized the family’s resilience and commitment to one another, had a different reaction. They admired the family’s persistence in continuing to struggle to get their children back, and wanted to help the family have a different experience in their interactions with the team.

Our reactions to them are often communicated in subtle ways and, in turn, invite birth family reactions. In Madsen’s example, the Smith family thought the first team of social workers were uneasy around them, and the family thought that the workers were critical, “uptight and judgmental.” The family responded with suspiciousness and defensiveness, and a relationship developed that was characterized by mutual mistrust, blaming, and antagonism. As the interaction became more polarized,

each party became more entrenched in their negative view of the other. In contrast, the family felt understood and validated by the second team and responded by sharing more of their life story and became active participants in the process of service planning and service delivery. Although the birth Mom had the ability to argue and become defensive, had a fiery temper and reacted strongly to perceived slights, she also recovered quicker and the relationship between Mom and the second team was strong one of mutual respect.

If we accept this premise, it makes sense that we are very conscious during the assessment process about the way we view birth families, how we choose to understand their problems, and we how organize the assessment process.

Achieving safety and permanence means making wise and difficult decisions about how and whether safety can be restored in the families from which children have been taken. ASFA, good practice, and the best interests of the child demand that we make those difficult decisions with all deliberate speed. However, we can't make them with all the facts and we cannot make them fairly, unless we really know the birth parents, understand their strengths and limitations, know their informal helping networks and understand their perspective and hopes. In other words...build relationship.

Family Centered Assessment Guidebook

The state of Arizona in their commitment to improving the “family centeredness” of their assessments developed a Family Centered Assessment Guidebook. This book can be found on the National Resource Center For Family-Centered Practice and Permanency Planning Website (www.nrcfcppp.org) This guidebook breaks an assessment down into the following domains:

- The family telling their story
- Parenting
- Family Fears
- Family Resources, Strengths and Protective Capacities

- Kinship Care options/ Family Connections
- Child Needs
- Child Mental Health Issues
- Parental Mental Health Issues
- Parental/Child Substance Abuse Issues
- Domestic Violence in the Home
- Employment/Vocational Needs
- Educational Needs
- Housing/Basic Needs
- Medical/Dental Issues

Each section contains questions that can assist social workers in gathering information from a family during the assessment phase. The questions are posed in a way that seek to build relationship, common purpose and hope. For example, instead of asking the birth parents about their “parenting skills” the guidebook contains the following types of questions:

- Parenting is not something that you wake up and know how to do...it is hard for all of us. Do you ever get lost as a parent?
- On a scale of 1-10, where are you at in comparison with where would you like to be as a parent?
- When is a time when your child was very successful—what part did you play in that success?
- What is one special way that you show love to your children?
- Who taught you to be a parent? Who is your biggest influence as a parent?

From these questions strengths and the protective capacities of the parent are identified. If for example the birth parents can recall good memories of times they have had with their child, or of they make clear verbal statements of their love for their child, or if they can laugh and find humor in areas where their children cause them frustration, these are indications of parent-child bonding. They serve as the

foundation for the reunification work. If the parent made certain that the child ate regular meals, or required that the child check in on a frequent basis, these are examples of protective capacities that can be utilized in the service planning.

During the process of developing these questions a worker that had only been with the agency for six months indicated that she had been looking for a tool like this. *“I am going to take these questions out this afternoon on my first visit with a new family on my case load.”* One of the responsibilities of agency leaders is to provide tools and supports that assist new and seasoned workers alike in creating relationship with those we serve.

VII. Service Planning and Service Plan Review (Ongoing Assessment)

Effective service planning is a natural byproduct of a comprehensive assessment. When families have been active parts of an assessment process that identifies strengths, capacities and resources, families tell us that it is much easier to put that information to use in creating a service plan that really addresses what the family needs to safely care for their children. The least effective strategy in service planning is for the worker to develop a plan in the office and bring this plan to the families. This process communicates to the family that the worker “knows best” about what they need and minimizes the birth family’s control over their own destiny. It also negates the opportunity for resource families to participate in the planning. As in the process of assessment, service planning and service plan review are opportunities to build relationship and should not be short circuited—time constraints or not.

Service Planning

The purpose of the Service Planning Meeting is to bring together the birth family, child as age-appropriate, kin, resource families, service providers, and other individuals identified by the family, to determine the services and supports required to safely reunify the child. One of the first questions that I ask during the service planning portion of the facilitated dialogue is whether or not the resource families are asked to attend the service planning meeting. The majority of the resource families indicate that they are not. Without the resource families, the planning process is void of the invaluable interchange between the birth and resource families. Including the resource families early in the process of service planning also helps communicate to the birth family that the resource family is more than simply the temporary caregiver of their child. It says that the resource family is an integral part of the professional team and is an ally in the process of helping the

child go home as quickly as possible. It ensures that the resource family is viewed as one of many who are interested in the child reunifying with his/her family. Not including resource families in these discussions minimizes the quality of team interaction—making a statement that the resource family functions on the periphery.

A second question that I pose during the facilitated discussions is whether or not resource families receive copies of the service plans. Here the responses vary. Some resource families indicate that they do not receive a copy, others indicate that they receive only the portion that describes what they must do—(roles that were crafted without their input), and still others indicated that they receive a copy of the entire service plan (including birth parent roles and responsibilities). Some of the differences within and across systems are the result of differing laws, interpretations of policy and judicial ruling. It behooves the system of care to consider law and policy that allow for sharing of information with the resource family as a natural part of the team process. One resource family in a recent facilitated dialogue in Dakota County, Minnesota was very clear: *“If we really understood and believed the concept of team, all of these questions about what the resource family should and should not know would be a moot point. I am a part of the team, my work with the team depends on my understanding of the issues the child and family are facing. The very nature of “team” implies that while I understand my specific contribution, I also understand the overarching goals as well as the challenges and barriers to achieving those goals. I am able to offer my perspective on how to overcome the barriers to success.”*

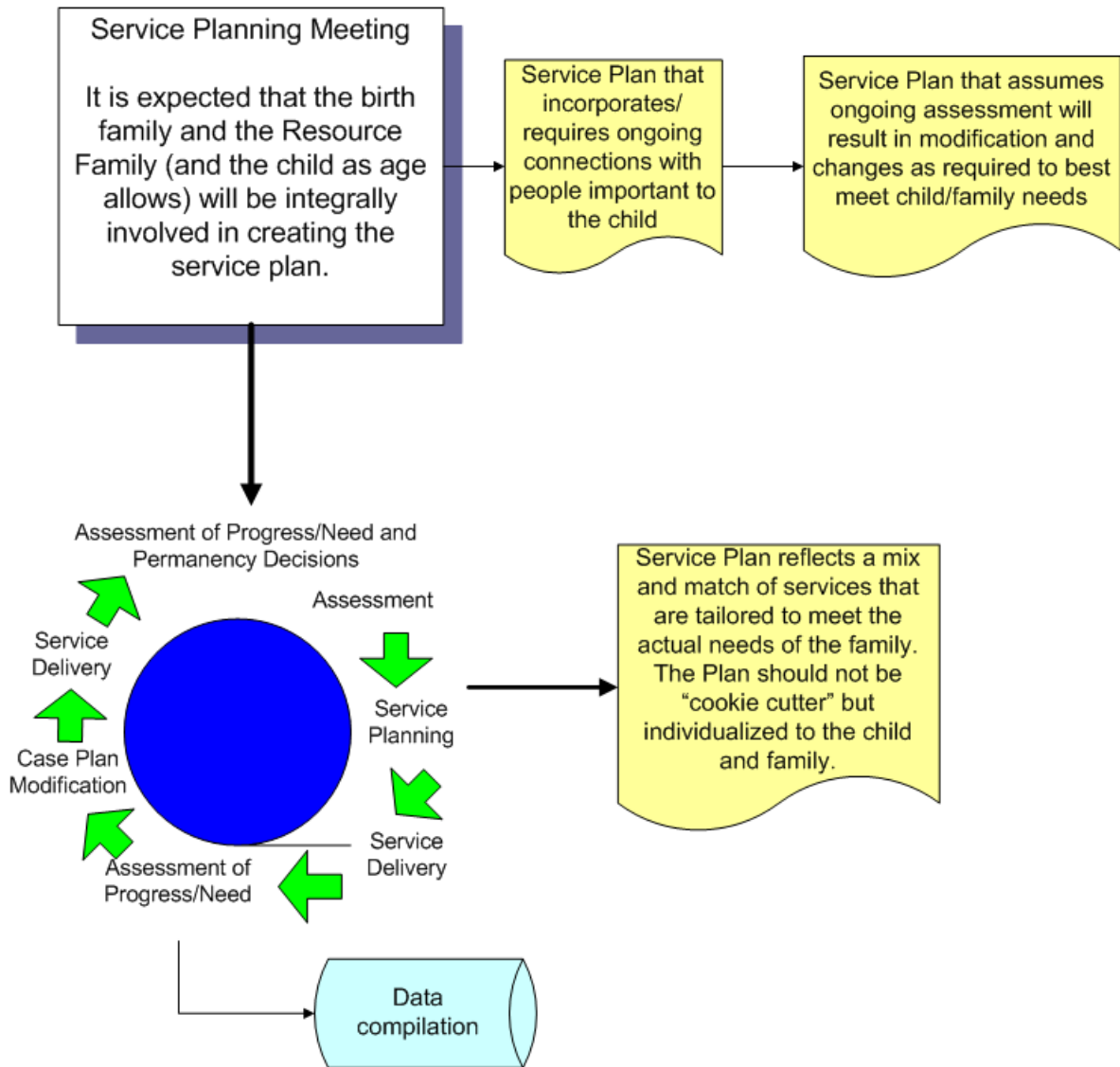
Service Plan Review (Ongoing Assessment)

Once the initial service plan is complete and service delivery is in process, the resource family is in the position to support the birth family in carrying out the plan, and in evaluating its efficacy. The service plan is only the team’s best hypothesis about the supports needed to help the child and family live together safely. Once developed it needs to be tested for its efficacy in meeting the needs of the child and

family. The Adoption and Safe Families Act of 1997 (ASFA) provided very tight timeframes for achieving permanency for children. Time cannot be lost providing services that have little to no chance of addressing the concerns in the family. If the team develops a case plan and after a few weeks it is clear to a team member that certain components of the plan are not working, a meeting should be called and the plan should be evaluated to determine if it needs to be modified to better meet the needs of the family. For example, some adults do not learn well in a group setting, but this is not known at the time of the service planning meeting. If the Service Plan requires that the parents attend parenting classes to improve their parenting skills, and several weeks into the process it is clear that parenting classes are an ineffective way to teach these parents, the Service Plan should be changed. The teaching might occur instead in the birth family's home, with the resource family serving as the teacher.

This model of an ongoing and interactive assessment and case review process requires that team members take an active role in continually assessing the efficacy of the team-crafted plan and bringing any issues to the team for problem resolution. Unless the resource family is an active part of service planning and service evaluation, they will not have the information required to actively support birth parent success and will not be able to provide valuable information regarding the progress of the birth family. In the state of Idaho one resource father indicated that he would love to have the opportunity to “call team meetings” when he is concerned about the progress of the birth parents in meeting case plan goals. *“There are times when I see things going in a negative direction, and I know that I could help if we could all get together and talk about it. After this conversation I have made a decision to assume that this is my role, not ask for permission. As resource families we see where things are heading much sooner than the workers and we have an obligation to intercede.”*

The diagram below provides a visual of effective service planning and ongoing assessment of service efficacy and family need.



VIII. Permanency Decisions

To some in the child welfare arena, the term permanency has become synonymous with adoption or legal guardianship. Yet it is very important that child welfare social workers understand that permanence in the life of a child can take on several forms including remaining with their family at home, returning the child back to the birth family, adoption or legal guardianship and if all other plans are ruled out, another planned permanent living arrangement (APPLA) such as living in an apartment with supports. Making decisions regarding child permanency is by far one of the most challenging of the child welfare system. Short and long term safety concerns, abandonment and loss issues, and long term supports that will be required all must be evaluated and decisions reached that result in the best interest of the child. During the facilitated dialogues, permanency issues were discussed at great length. The candor of the conversations resulted in the uncovering of some long held beliefs, some inspirational stories and some troubling practices.

Reunification

All agree that it is tremendously rewarding when efforts at reunification are successful. When the reunification efforts were supported by resource families, birth parents and resource families are quick to discuss how the support offered by resource families carries over to when the child is returned home. During facilitated dialogues in Arizona, Idaho, Kansas and Louisiana resource families shared that it is very common for them to receive calls from the birth parents after the child returns home, asking questions and talking over parenting strategies. This serves to strengthen the parental caregiving as well as to ensure that the child is able to maintain connections with the resource family if they so choose. Many birth parents who have successfully reunited with their children credit resource families who were

available to help with problems, give advice or simply be there as a shoulder to lean on.

Ongoing contact between the resource family and the birth family also ensures that the child does not experience another loss. Children placed in out-of-home care experience many emotions including loss, fear and abandonment. Each time a child moves these feelings resurface. If a child can return to the birth family, but maintain their relationship with the resource family, it will ease the strain of transition for the child.

During a facilitated dialogue a worker posed the question: *“Is it OK for resource families to maintain contact after the child has returned home? I thought that it was not allowed...”* I found it interesting that no one really knew the answer, and no one could cite specific policy that indicated one way or the other. Many staff believed that they were not to allow resource family-birth family contact after the child returned home, and others thought it was up to the birth family. Allowing and supporting ongoing or at least transitional contact with the resource family means the child has one less traumatic loss. If we are to support child connections and assist resource families and birth families in maintaining connections it is critical that states allow for the ease of communication between resource families and birth families following reunification.

Adoption

Of course there will also be times when none of the efforts to reunify the child with his/her birth family are effective and the permanency goal must shift from reunification to adoption. This is a moment in the process where the relationship between the resource family and the birth family may reap tremendous benefits for the child. If the resource family and the birth family have developed a strong partnership, it is possible that the birth parent may consider voluntary relinquishment if the resource family agrees to be the adoptive parent or legal

guardian for the child. Several resource families who have developed strong relationships with birth families told stories of parents being willing to allow their children to be adopted “as long as it is to you.” One birth Mom whose first child was adopted by the child’s foster parent told this story: *“I tried as hard as I could to get it right...but I was just too hooked on drugs and involved in bad relationships to be a good Mom to my kids. Jenny [the foster Mom] knew that. But she didn’t shove it down my throat, she just let me come to it on my own. When I was visiting my kids one day I just broke down and started to cry. I loved my kids but knew that they would be screwed up if they came back home...heck I didn’t even really have a steady place to live. I looked at her and said...would you take them? I knew that if she took care of my kids that I could see them every once in awhile...I knew this because I felt like Jenny didn’t just love my kids, she loved me too. Jenny adopted my girls. But they know who I am, and I visit them. Jenny makes sure that I have pictures and am invited to holidays and birthday parties. The kids know who I am, and I think they still love me too.”*

Even if voluntary relinquishment does not occur, at least the resource family, the birth family and agency staff can honestly discuss ways in which the child can stay connected to his/her birth parents after the Termination of Parental Rights (TPR) occurs and the child is adopted by the resource family. When resource families and birth families have worked together and created a bond that is based on their mutual love for the child, it changes the dynamic of the termination of parental rights process. The resource family understands that while the TPR is a legal determination that needs to occur so that the child can live with a permanent family, it does not sever the *emotional* bond between parent and child. Termination of parental rights is a legal distinction, not an emotional one. Resource families who have adopted children after developing close relationships with their parents are emphatic about the long term benefit of maintaining the child’s connections with his/her birth family.

Other Permanency Options

Because there are times when the birth family is unable to care for the child safely on a full time basis and the resource family is unable to adopt the child, alternative permanency options must be identified. It is always best if these options are considered early in the process—so that birth families and resource families can be engaged in the process of identifying individuals who might be interested in adopting the child.

Too many children languish in foster care with no permanent and legal connections to adults who care about them. All too often the child welfare system settles for the permanency plan of Another Planned Permanent Living Arrangement when other options could have been available if we searched hard enough—and engaged the child’s kin, resource family, teachers, friends and neighbors in the process. APPLA should only be considered in cases where the State agency has documented to the State court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian. It is important for every member of the system to understand that there are only a few compelling reasons cited under the Adoption and Safe Families Act for allowing a child’s permanency plan to be APPLA:⁴ They are:

- An older teen who specifically requests that emancipation be established as his/her permanency plan;
- The case of a parent and child who have a significant bond but the parent is unable to care for the child because of an emotional or physical disability and the child’s foster parents have committed to raising him/her to the age of majority and to facilitate visitation with the disabled parent; or

⁴ This information can be found on the NRFCPPP Website www.nrfcPPP.org

- The Tribe has identified another planned permanent living arrangement for the child.

Because APPLA may end up being a catchall for those children for whom adoption or legal guardianship did not work, it is important to consider some of the key aspects of an APPLA permanency plan. First the arrangement is intended, designed, considered, premeditated, or deliberate. “Permanent” means enduring, lasting, or stable; an environment that is by design temporary such as a group care environment is not intended to be permanent and is not an acceptable permanent option for a child. An APPLA has by definition the following characteristics:

- *Permanent physical placement of the child*
- *Quality of care*
- *Supervision and adult support of the youth*
- *Nurture and teaching.*

Catawba County Social Services in North Carolina has found the value in including the resource family and the child’s kin in the planning when the child does not have an identified adoptive placement. The Social Service agency has an adoptive selection committee that supports finding a family for the child. They have now included the resource family and kin as part of selection team. They have found that resource families have unique insights into the needs of the children having lived with them. Staff agree that the input of the resource families results in better matches.

Several other states such as Pennsylvania have introduced the practice of going back through the child’s case file prior to “settling” for a permanency goal of APPLA, searching for names of anyone to whom the child or the birth parents indicated a relationship. Adoption workers in Pennsylvania are struck by the number of times they are able to find a connection for the child.

Glenn County California has instituted a new practice for youth in transition. They hold a transitional housing meeting to determine where a youth age 17 or older will live. Normally the youth and various care providers attend the meeting. They now ask the youth to identify one adult outside the system that might attend the meeting. During the meeting they specifically ask the adult about their willingness to serve as a support and connection to the youth. Glenn County is hopeful that this practice will result in more connections for youth aging out of the system.

IX. Conclusion

The triangle of support for children in out-of-home care is one of the most important relationship dynamics that can evolve in the process of ensuring child safety, permanence and well-being. Birth parents, resource families and agency social workers striving to create effective interactions with one another ultimately serve the very best interest of the child in care. While these interactions are not always easy, and working through the tensions requires skill and patience, the child will in the end benefit from the shared purpose and vision of the team.

Much work needs to be done to get from here to there. Resource families must be recruited and oriented to the fact that a significant portion of their role is to serve as a mentor and role model to the birth family. This means that resource family stereotypes and fears about birth families must be uncovered and challenged during orientation and training.

Agency social workers must view resource families as critical parts of the professional team and share information with them early in the process. Social workers would find their workload less heavy if they would rely on the resource family to carry part of the load. Values discussions must occur around the country that get to the heart of biases and stereotypes about resource families. Social workers' practice must be informed by the importance that attachment and ongoing connection have to the emotional health of a child.

Resource families and birth families must meet early in the case, and frequently throughout the time the child is in placement. They must be encouraged to address the tensions and fears that naturally exist. The worker must be able to facilitate the building of the relationship and mediate conflict. Roles and responsibilities for each

party need to be made clear—and team members need to hold one another accountable.

Permanency decisions need to be made within the allotted time frames—with all team members having a strong voice. Whenever possible, relationships that are built while the child is in care should be supported and maintained after the child returns home or is adopted. The system cannot be the reason for the child experiencing additional loss. Every team member should be a strong advocate for a child's permanent connection to kin, culture and community.

The triangle of support is a powerful vehicle for achieving child permanency, safety and well being. It is time to stop the triangulation of this support system and devote our best efforts to creating relationship.

X. Policy, Practice and Training Suggestions

Policy/Practice/Training	Potential Source	Contact Information
Creation of Resource Family Handbook	Vermont Social Rehabilitative Services	Shaun Donahue (802) 241-2131 sdonahue@srs.state.vt.us
	Prairie Band Potawatomi Tribe	Eric Sanderson (785) 966-0173 erics@pbpnation.org
Co-location of Placement Coordinator with Foster Care and Child Protective Service units	Catawba County, North Carolina	Cynthia Yvette Smith (828) 695-4536 ysmith@mail.co.catawba.nc.us
Completion of an “All About Me” form that tells the resource family about the child—from the child/youth’s perspective.	Summit County Ohio	Julie Arnold (330) 379-1965 jarnold@summitkids.org
Completion of an Information Sheet on Resource Families	Carver County Social Services Minnesota	Dan Koziolk (952) 361-1640 dkozyolk@co.carver.mn.us
Expanded Orientation to Assess Resource Family Characteristics	North American Council for Adoptable Children	Mary Ford (651) 644-3036
Family Centered Assessment Guidelines	National Resource Center on Family-Centered Practice and Permanency Planning Website	Stephanie Boyd Serafin (212) 452-7049 stephanie.serafin@hunter.cuny.edu
Initial Team Meetings	Ramsey County Minnesota	Jenny Gordon (651) 266-4448 jenny.gordon@co.ramsey.mn.us
	Massachusetts Department of Social Services	Mary Gambon (617) 748-2248 Mary.Gambon@state.ma.us
Involvement of Youth in Pre-service Orientation and Training	New Mexico Department of Children, Youth and Families	Carmela Alcon (505) 753-0979 cralcon@cyfd.state.nm.us
Messaging	Utah Foster Care Foundation	Kelsey Lewis (801) 994-5205 Klesis@utahfostercare.org
New Workers Shadowing	Shasta County	Tom Taylor

Policy/Practice/Training	Potential Source	Contact Information
Resource Families	California	(530) 225-5568 tayloto@cws.state.ca.us
Parent Child Interaction	Kansas Department of Social and Rehabilitative Services SRS	Paula Ellis (785) 368-8191 PXKE@srskansas.org
	KIDSRUS Visitation Center, New Haven Connecticut	Lynn Gobbard (203) 865-5437
Resource Family Involvement in Finding Connections for Older Youth in Care	Catawba County North Carolina	Cynthia Yvette Smith (828) 695-4536 ysmith@mail.co.catawba.nc.us
Resource Family Mentoring	Washington State	Bob Partlow (360) 902-8063 Pbob300@dshs.wa.gov
	San Mateo County, California	Mary Ann Tse (650) 802-5115 mtse@co.sanmateo.ca.us
Transitional Meetings for Youth	Glenn County California	Kristine Green (530) 934-1437 green@cws.state.ca.us
Training model for resource families that encourages and trains resource families on building partnerships with birth families.	CWLA: PRIDE	www.cwla.org
	Child Welfare Institute: MAPP GPS	Tom Morton (770) 935-8484 Tmorton@gocwi.org
	Hamilton County Ohio: Before You Throw Stones	Moira Weir (513) 946-2111 weirm@jfs.hamilton-co.org
Youth Involvement in Resource Family Orientation and Training	New Mexico Division for Children Youth and Families	Carmela Alcon (505) 753-0979 cralcon@cyfd.state.nm.us

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