



Handout 4.1: FULL DISCLOSURE

(Adapted from discussions with Jeanette Matsumoto and Lee Dean - Hawaii Department of Human Services - Child Welfare Services Branch; NRCFCPP training materials, 2001)

- Is an essential component of ethical social work practice
- Is a process that facilitates open and honest communication between the social worker, biological parents, extended family members, foster parents, attorneys, the court, and service providers
- Is a skill and a process of sharing information, establishing expectations, clarifying roles, and addressing obstacles to the work with families
- Helps everyone understand what is happening and why – and in what timeframes
- Informs families of the agency’s concurrent activities intended to prevent extended stays in foster care
- Addresses detrimental effects of out-of-home care, separations, loss and unresolved grief
- Discusses the urgency of reunification and the significance of visiting the child.
- Ask parents: Whom would you want to care for your child if you could not do it?

Full Disclosure Values

(Adapted from Kriya Associates & People Potential - St Christopher Otilie, Families Together Project)

- Parents ultimately decide the outcome of the case
- Parents have a right to know the permanency time line
- Parents can handle the truth
- Parents need to give and receive data in order to make informed choices
- Parents are our partners



Handout 4.2: CORE ENGAGEMENT STRATEGIES

(Definitions of respect, empathy, and genuineness from New York State Office of Children and Family Services Supervisory CORE Curriculum developed by SUNY Research Foundation/CDHS)

Mutual Respect

“...means valuing another person because he/she is a human being. Respect implies that being a human being has value in itself...”

Genuineness

involves being aware of one’s own feelings and making a conscious choice about how to respond to the other person, based on what will be most helpful in facilitating communication and developing a good relationship.

Empathy

is a two-stage process whereby one person attempts to experience (step into) another person’s world and then communicate understanding of and compassion for the other’s experience.

Strategies for Conveying Respect

- Convey respect for families from the beginning of the casework relationship, rather than communicating acceptance conditional on performance.
- Demonstrate interest in others through active listening and effective use of questions.
- Treat each person as a unique individual with strengths and needs.
- Explain how each individual’s unique potential can be utilized to achieve successful outcomes.
- Elicit input from families.
- Give positive feedback and support for small steps taken toward change.
- Be on time for meetings with families.
- Ensure privacy and honor guidelines of confidentiality during family sessions.



Strategies for Conveying Genuineness

- Match verbal responses with nonverbal behavior
- Practice non-defensive communication
- Use self-disclosure appropriately.

Strategies for Conveying Empathy

- Demonstrate active listening and observation skills (nodding, verbal utterances, recognizing non-verbal cues) when reaching for the family’s experiences.
- Use reflections to test out what the family member has said.
- Ask open-ended questions of the family member to elicit emotions.
- Tune into subtle forms of communication such as a family member’s tempo of speech, lowering of the head, clenching of the jaws, or shifting posture.
- Introduce issues of concern by relating them to the needs or concerns of the family member.

Adapted from New York State Office of Children and Family Services Supervisory CORE Curriculum, developed by SUNY Research Foundation/CHDS, 1999.



Handout 4.3: SOLUTION-FOCUSED RULES FOR PROBLEM SOLVING

- Define the Concerns/Worries
- Gather and Assess the Facts – Describe and Explore, Observe and Question
- Brainstorm all the Possible Solutions
- Anticipate Results
- Pick a Solution and Try it Out – Anticipate Obstacles, Concurrent Planning
- Learn from Mistakes
- Try Again
- Celebrate Success!



Handout 4.4: FULL DISCLOSURE: ISSUES TO ADDRESS WITH PARENTS AND IDENTIFIED CARETAKERS

Adapted from “Determining Adult Relatives as Preferred Caretakers in Permanency Planning: A Competency-Based Curriculum”. National Resource Center for Foster Care and Permanency Planning/Hunter College School of Social Work. 2001.

- The need for child welfare intervention (threats and risks to the child’s safety that may exist, and how they can be addressed)
- The process that can be expected for the assessment and planning for where the child will be placed - expectations that parents and family members can have of the agency
- Expectations the agency will have for the parents’ and family members’ involvement
- Identification and discussion of family strengths, opportunities and resources that may exist
- Potential options (with or without court intervention) to resolve problems that brought the family to the attention of the child welfare agency
- Children’s developmental need for safety, connections to family, continuity of care, connection to family and culture
- The obligation to give first consideration to potential adult relative care providers and assess their capacity to serve as placement and possible permanency resources
- Placement options for relative care providers: informal placement, legal guardianship (with or without subsidy, TANF funding), formal foster care, adoption (with or without subsidy)
- Parents’ rights and responsibilities in continuing to plan for their children even if placed with a relative care provider
- Children’s urgent need for parents and family members to be involved in planning, visiting and decision-making about what will happen to the children.



Handout 4.4: FULL DISCLOSURE CHECKLIST

(Adapted from Kriya Associates - St Christopher Otilie, Families Together Project, NRCFCPP)

Open, honest, ethical and respectful discussions with birth family of rights, responsibilities, time frames, permanency options, consequences, expectations of the agency; gentle confrontation about obstacles to the work and/or ambivalence to plan or be involved in planning.

HAVE YOU...

	Talked with the birth parents/family about their rights?
	Talked with the birth parents/family about your role as a representative of the agency?
	Talked with the birth parents/family about the role of the foster parents?
	Verbally advised birth parents/family of their rights?
	Asked the birth parents/family about their understanding of the circumstances that caused placement?
	Shared with the birth parents/family - respectfully, but directly - the official reasons for placement?
	Explained permanency planning timeframes to the parents/family?
	Discussed the range of permanency planning options with the parents/family?
	Discussed concerns about past involvement or present barriers to permanency planning with family?
	Discussed and agreed to a mutually satisfactory visitation plan?
	Discussed purpose, types and behavioral expectations of visitation?
	Discussed service plan and assessment process with parents/family?
	Discussed consequences of following through/not following through with the plan?
	Identified additional planning resources, i.e. relatives, friends, service supports?
	Asked the foster family about their willingness to adopt, if birth family is unable to plan?
	Provided feedback to parents/family about progress being made/not made?
	Gently confronted parents/family about planning ambivalence?



Handout 4.5: CASE SCENARIO 1 — CONCURRENT PLANNING CASE EXAMPLE: *TERESA*

Teresa is a 29 year old mother of 4 children - all in out-of-home care. The older two (ages 10 and 8) are placed out of state with a paternal aunt who has agreed to adopt them. The third child (age 6) is placed with her paternal aunt in another county and tpr proceedings have been filed against Teresa and the father. The last child was born 8 months ago testing positive for Cocaine. Teresa has a long history of drug addiction - having entered and left drug treatment programs three times in the past 5 years.

After the last baby, Tanya, was born, Teresa realized that she couldn’t take having another child permanently taken away from her. She entered a 28 day drug treatment program that she had not attended before and made a “fresh start” as she put it. She has been involved in NA in her community and has seen an outpatient drug counselor twice a week for 6-7 months. She has visited with the baby twice a week since leaving the inpatient program, and her interactions are described as positive, nurturing and connected to the baby. The foster mother has served as a “mentor” and support to Teresa - helping her during visits to interact with the baby and engage in age-appropriate activities. Teresa has recently been able to take the baby to the park on her own during these visits. Parenting skills have not been described as a problem for Teresa.

You are aware by reading the record that Teresa has reached this plateau several times, and then for some reason relapses and begins to use again. Teresa was in foster care herself, and had been sexually abused by her mother’s boyfriend. She had spent most of her teenage years in 3 different group homes. Tanya is described as a happy baby who plays easily with the foster mom and others. She has not experienced any serious developmental delays as a result of the prenatal crack exposure.

As her child welfare social worker newly assigned to her case, you have encouraged her progress and feel quite pleased that she has sustained change over time. You have made numerous community-based referrals for services and supports and are helping Teresa to find housing that would be suitable for a mother and child. Your supervisor is more skeptical, and says that Teresa may be a “relapse waiting to happen” and wants you to explore other permanency goals for Tanya.

- What strengths do you see?
- What concerns/worries or permanency red flags should we be concerned about?
- What permanency options exist?
- What should the next steps be?



Handout 4.6: CASE SCENARIO 2

Concurrent Planning Case Example: *Teresa – Andy, Amanda and Tanya*

Teresa’s two children (Andy age 8 and Amanda age 6) have been in foster care with the same foster mother for 14 months. When they were placed in care, Teresa was drinking and using drugs heavily. She enrolled in a 28-day drug treatment program and successfully completed it. She had been in out-patient counseling since leaving the residential program; she experienced several relapses, but has not appeared to be “using” when visiting the children. This is the children’s second placement in foster care – with the same foster mother.

However, Teresa gave birth to Tanya when Andy and Amanda had been in care for 11 months. At birth, Tanya tested positive for cocaine and was placed in the same foster home as her older siblings. Teresa agreed to enter another 28-day in-patient drug treatment program when Tanya was born and she is just now leaving the program to return to the community. She states that she didn’t want to loose her children to the “system”.

She has returned to her part-time job as a waitress and lives with her brother to save money. She attends NA three times a week, and has entered a counseling program as ordered by the court. Teresa has a long history of drug addiction - having entered and left drug treatment programs three times in the past 5 years. She has a history of relapsing after periods of 3-6 months of drug-free behavior. Her mother had helped her raise Andy and Amanda before she died two years ago. There were no other maternal relatives available to help out when Teresa left the children with a neighbor and didn’t return. After two days, the neighbor called CPS and the two children were placed with the current foster mother – someone they were once placed with for 6 months several years before. Teresa reappeared after the children had been in care for 2 weeks and denied that she had abandoned them, saying she had told the neighbor she needed to go away for a few weeks. She agreed, however, to enter an in-patient drug treatment program as she had just found out she was pregnant again and didn’t want to hurt the baby. Teresa was in foster care herself as an adolescent due to being abused sexually by her step father, whom her mother then divorced.

All the children have the same father – Eugene, age 30 – who lives in a nearby town and works on and off at day construction jobs. He and Teresa have not lived together, but they have been involved for 10 years. Eugene reportedly has no family resources nearby to help out, and he himself is described as a heavy week-end drinker.

Teresa visits the children in their foster home every week, which is easy for her to get to by public transportation. The foster mother has “taken her under her wing” and provided mentoring and opportunities for involvement with Tanya and the older children’s school and social life.

The agency worker is new and believes Teresa wants her children and is making progress towards getting ‘clean’. She has provided many referrals for housing and counseling services. The agency supervisor describes Teresa a relapse waiting to happen. The agency is obligated to consider filing a termination of parental rights petition because the two older children have been in care for 14 months and Teresa has shown inconsistent progress towards becoming and remaining drug-free, and finding an apartment for her family.

Andy and Amanda like living with their foster mother and are happy that their new sister is living with them. They were worried about what would happen to her because of their mother’s drug



and alcohol use – which kept her from feeding them regularly and making sure they went to school each day. They also miss their mother - and their grandmother who used to care for them. They talk easily about sometimes being left alone for long periods of time before they were placed in foster care. They are described as connected to their mother and look forward to her visits.

- **What strengths do you see?**
- What red flags should we be concerned about?
- What permanency options exist?
- What should the next steps be?



Handout 4.7

Full Disclosure Process – Up, Down, Up

(Adapted from the Connecticut Department of Children and Families Training Materials, 2001)

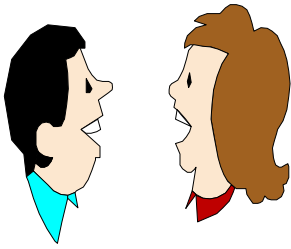
- Provides Positive Information (+ or “UP”)
- Addresses the Difficult Information (- or “DOWN”)
- Summarizes with Positive Information (+ and “UP” again)

Full Disclosure Process

- Builds the family member “UP” – verbally acknowledging his/her achievements and struggles in child rearing
- Brings the family member “DOWN” – defining the current problems, issues and the impact on the children and their parenting abilities
- Builds the family member “UP” again – supporting self-efficacy and self-confidence to make the right choices for the best interests of the children – safety, permanency and well-being



Handout 4.8: FULL DISCLOSURE WITH PARENTS: *INTERVIEWING* *ROLE PLAY FEEDBACK GUIDE*



Please help your colleagues improve their practice skills through practice and feedback.

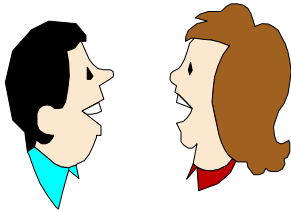
Use the guide below to. When giving your feedback, please:

- Be concrete—*identify specific strong and weak points.*
- Be constructive—*suggest what the interviewer could have done differently*

Please provide feedback on the interviewer’s ability to:

- **Communicate with genuineness and empathy**
Paying attention to body language and using reflective listening
- **Help parent focus on the best interests of the child**
Including the need for safety, permanency and well-being
- **Be honest and straight forward**
No hidden agenda’s; use of neutral, non-judgmental language; focus on behavior, underlying needs – not promises to change
- **Use Up Down Up Techniques**
Share positives, worries/concerns, positives again
- **Give feedback and clarify consequences**
Assessment and progress toward case plan objectives. Explain consequences of not reunifying and discuss the remaining reunification time
- **Summarize the discussion**
Include double reflections, reinforce self-motivational statements
- **Keep it simple**
Including clear, neutral language, limit number issues to discuss
- **Affirm the family member**
Mention twice as many strengths as concerns; support the family member’s self-efficacy and self-esteem

(Adapted from Materials Developed by Laura Williams, California Department of Social Services, 2001)



Handout 4.9: FULL DISCLOSURE WITH FOSTER FAMILIES: ROLE PLAY FEEDBACK GUIDE - *(Adapted from materials developed by Laura Williams, California Department of Social Services)*

Please help your colleagues improve their practice skills through practice and feedback. Use the guide below to structure your feedback. When giving your feedback, please:

- Be concrete – identify specific strong and weak points
- Be constructive – suggest what the interview could have done differently
- Provide feedback on the interviewer’s ability to...
- **Help the foster parent focus on the best interests of the child**
Including safety, permanency and well-being – status of planning with parents.
- **Be honest and straight forward**
- **Explore if being a resource foster family is right for this foster family and his/her family**
Either decision is fine, but a decision is necessary.
- **Don’t predict the chances of adoption**
Reunification is the plan; concurrent goals are needed.
- **Present the next steps needed**
Such as talking to the child about adoption options, starting a home study, meeting with an adoption worker, looking for a different placement.
- **Clarify the role**
Foster Parent role is to support both outcomes. It’s a roller coaster ride. Foster family has no control.
- **Discuss how to talk with the child and parents about decisions/next steps**
Such as, using a family meeting to discuss options/next steps; how social worker can help foster parent phase in contact and involvement of the parents in child’s appointments or visits; helping foster parent support child’s understanding of where he/she will live if return home can’t happen.
- **Explore resources of support for the foster family – present and future**
Don’t promise support you can’t give.
- **Affirm the foster family’s decision**
Whichever decision, it’s right for them – and moves on respectfully and skillfully.



Handout 4.10: CHARACTERISTICS OF RESOURCE FAMILIES

Characteristics of Successful Permanency Planning Resource Families

(Adapted from Colorado Expedited Permanency Initiative)

- Altruistic
- Satisfied with their lives
- Resourceful
- Tolerant of loss, anxiety, and ambiguity
- Sense of humor
- Involved with the child in the community

Characteristics of Poor Candidates for Resource Foster Families

- Unresolved losses in past and present
- Possessive of the child
- Desperate for a child
- Unrealistic Expectations of foster care/adoption
- High stress and anxiety levels
- Need to do and redo past relationships
- Aggressive
- Power and Control Issues



Handout 4.11: STAGES OF CHILDHOOD THINKING

(Adapted from Claudia Jewett Jarratt, *Helping Children Cope with Separation and Loss*. 1994.)

Magical Thinking

- Earliest stage of understanding and processing observations
- Through 7 years of age
- Children believe they are responsible for whatever happens to them and others
- Focus on self-blame
- Magically believe that they have unlimited power and responsibility
- Literal thinking
- Fantasy and reality blend
- Death can be reversed

Concrete Thinking

- Move into this way of processing and thinking around 6 –7 years of age
- Can revert to magical or concrete thinking under stress (adults as well)
- Lasts until age 11 or 12 or older
- Thinking involves absolutes: good/bad, always/never, either/or
- Little ability to deal with subtleties, ambiguities, euphemisms
- Break down sentences into individual words which are translated into individual pictures and associations
- Choice of words and language can cause worries later
- Grasp information most accurately and clearly when framed in terms of senses: what seen, heard, felt – can reinforce their trust in their own powers of observation; and provide reassurance that it is ok for them to notice that things haven’t been going well



Handout 4.12: GUIDELINES FOR CONVERSATIONS WITH CHILDREN ABOUT CONCURRENT PLANNING

- Get in touch with your own discomfort and reluctance to be open and honest about difficult subjects with children.
- Be brief, concrete and honest – early on.
- The more directly the information is conveyed, the less chance children have to become confused, deny the truth, or to blame themselves for what is happening.
- Clear information helps children become more ready to begin the internal adjustments needed to come to grips with separation, loss and grief.
- Children take in what they can or are ready to understand - what is too much or beyond them will likely come up later when they are older or more emotionally ready to accept it.
- Information shared doesn’t have to be perfect – it can be corrected, expanded, re-discussed, and re-approached.
- Share reasons for parents’ difficulties in clear and yet general terms – frame information in ways children may understand as their own reactions may help them understand their parents behaviors (parents did what they did because things weren’t going well for them in their lives; they hadn’t figured out how to care for themselves and that made it difficult to take care of any child; they have helped us make a plan for you; your mom really tried to take better care of you – here are some of the things she tried – but she just wasn’t able to learn how to do them even though she tried hard).
- In explaining parental mental illness, compare to experiences the child may have had in feeling afraid or confused after a bad dream (when they weren’t sure about what was real or not real); how parents might be feeling all the time.
- Consider whether there is anything the child might understand or feel responsible for.
- Clearly let children know they deserve to have the things they need right now, like food, clothes, hugs, someone to play with, someone to help you with school. That can’t wait. This is their only turn to be _ years old. And they deserve to have a turn like everyone else.
- Tell children why they are unable to return home when it becomes certain that reunification will not work out.
- Convey information in a way that does not suggest the parent is a bad person.
- Children will often lead the way – showing us what they need and when.
- Listen to their questions and let them serve as a guide to what the child might be thinking or needs to hear.
- Help children to tell their stories in a safe way.

**National Resource Center for Foster Care and Permanency Planning
Hunter College School of Social Work – A Service of the Children’s Bureau/ACF/DHHS**



- Use Life Books to help children piece together where they are, how they got there and where they are going.

*Resource
Materials*



SOCIAL WORKER ROLE IN CHILD WELFARE

Case Planner

- Comprehensive assessment of the family and the family environment
- Assess the potential resources available
- Develop permanency goals
- Negotiate service agreement with parents
- Establish well-defined timeframes
- Develop goal-oriented treatment plans
- Maintain careful case records

Case Manager

- Evaluate goal attainment
- Negotiate respective roles with service providers and community resources
- Make referrals
- Plan and manage parent-child visitation
- Help families develop social networks, resources
- Promote collaboration among service providers

Counselor/Teacher

- Help families to cope with personal, interpersonal and environmental problems
- Help families develop productive and positive child rearing environments, and improve family functioning
- Help empower parents with information, knowledge, skills needed to care for children, manage a household and cope with environmental stresses
- Help families make shifts in their family dynamics and behaviors that negatively impact on children
- Help children overcome developmental delays or adjustment reactions to separation and loss
- Provide support and encouragement

Client Advocate

- Find or create community family support resources
- Press agency and legal system to provide mandated services and supports
- Teach family members self-advocacy and assertiveness skills

Court Witness

- Document all important events
- Work with legal system collaboratively
- Prepare clear and meaningful court reports (verbal and written)



PROFESSIONALISM IN CHILD WELFARE

Child Welfare Professionals are:

- Knowledgeable
- Skilled (application of knowledge)
- Guided by values and principles
- Dedicated to being helpful
- Honest/direct about consequences of problems
- Experienced
- Respectful
- Thoughtful
- Empathic and compassionate

Stages in the Professional Helping Process

The Pre-Engagement Phase

- Determining Purpose/Goals for Interview
- Tuning in on Prejudices
- Anticipating Empathy
- Anticipating Obstacles

The Engagement/Assessment Phase

- Outreach and Establishing Rapport
- Exploring Client Problems, Strengths, Needs
- Getting invited in/getting invited back

The Contract Phase

- Goal Setting
- Identifying Available Resources
- Formulating Service Agreements and Action Plans
- Generating Plans

The Action Phase

- Tracking Goal Attainment
- Periodic Review and Evaluation: Re-engagement, Reassessment, Re-contracting
- Motivating Family Members
- Timely Decision-Making for Permanence

The Ending Phase

- Continued Evaluation and Reassessment
- Finding Resources for the Future
- Plans for Moving On



CHILDREN’S ATTITUDES RESEARCH

This material summarizes data about children’s attitudes about their own permanency found in a study at University of California at Berkeley of 100 6 1-2 year olds who had been in relative/non-relative care for at least 6 months. This is new information that hasn’t been covered before.

Selected findings related to children’s attitudes about permanency include:

A heartbreaking large portion of children have no feeling of psychological permanency in foster care.

- Twelve percent (12%) of the total sample reported that they did not know where they would live the following year.
- Sixteen percent (16%) reported that they did not know where they would live as a teenager.
- When asked, ‘Can you keep living here until you grow up?’ 17% replied, ‘don’t know.’

Children in foster care in retain fantasies of living with their biological parents again.

- In response to the question, ‘Do you think that you will live with your [biological mother/father] again someday?’ 61% replied affirmatively.

Even though most children think that foster parents decide if they will stay, the foster parents had not discussed permanency with them.

- When asked, ‘Who decides whether this will be your permanent home?’ nearly half [47%] identified their current caregiver.
- “Ninety-four children¹ were asked ‘Has [caregiver] talked to you about having this be your permanency home – a home where you’ll live until you’re grown?’ Forty-seven percent (47%) of children replied ‘no.’”

While children don’t see social workers as effecting their placement, the social workers didn’t talk to the children about permanency.

- 61% reported that their social worker had not talked to them about living in their home until adulthood.”

¹ “For children who might have assumed their current placement was permanent (mostly children in kin placement), this forced-choice question was not asked (n=14)”



ROLES OF PERMANENCY PLANNING RESOURCE FAMILIES

- NURTURE CHILDREN and SUPPORT THEIR TRANSITION FROM FAMILIAR TO UNFAMILIAR
- SUPPORT BIRTH PARENTS
- FACILITATE VISITATION AND REUNIFICATION EFFORTS
- SHARE/RECEIVE INFORMATION ABOUT CHILDREN
- PARTICIPATE IN PRE-SERVICE TRAINING
- PARTICIPATE IN RESOURCE PARENT SUPPORTS
- SERVE AS MEMBERS OF THE PLANNING/TREATMENT TEAM
- FIND OTHER RESOURCE PARENTS
- SERVE AS A PERMANENCY RESOURCE IF NEEDED



COMPONENTS OF EFFECTIVE RESOURCE FAMILY ASSESSMENT

- Involves respect, cultural competence, objectivity, empathy, active listening, honesty
- Builds on Trust and Mutuality
- Is Strengths-Based
- Considers “Person-in-Situation” and a Comprehensive, Ecological Perspective: Health, education, well-being, finances, formal/informal supports, problem-solving/coping capacities, family strengths, roles/responsibilities/communication patterns, parenting experiences, motivation, family values and cultural issues
- Considers Capacity to Provide Safety, Permanency and Developmental Well-Being for Children
- Provides Information and Clarity about Roles, Responsibilities and Expectations
- Uses Prognostic and Differential Assessment Strategies to Identify, Clarify and Resolve Concerns Families and/or Agencies May Have about Families’ Capacity to Care for an Abused or Neglected Child From Troubled Families: Issues Related to Separation and Loss, Family Continuity, Transitions, Mentoring
- Emphasis on Empowerment, Self-Selection and Joint Decision-Making
- Used to “Screen In” rather than “Screen Out”



FINDING AND BUILDING FAMILY RESOURCES FOR CHILDREN

Adults Who Can:

- Meet the intensive developmental and parenting needs of children who come into care
- Protect and nurture children
- Support and appreciate the important relationships between children and their families
- Work as members of a professional team with caseworkers and birth parents to facilitate early reunification or other permanent relationships if needed
- Understand the impact of separation and loss on children, parents and resource parents
- Address unresolved losses in their own lives
- Understand the importance of attachment for healthy child development
- Anticipate and manage challenges as resource parents
- Connect children to safe, nurturing relationships intended to last a lifetime
- Provide stability, predictability, commitment, acceptance, space to grow and test the world, love over time, and a link to the past-present-future
- Accept children for who they are - appreciating the history each child brings
- Show tolerance for ambivalent and negative feelings and rejection - delay gratification and can recognize that “instant” love doesn’t happen
- Accept problems and not view them as the end of the world\
- Be angry and accept anger as an ok feeling
- Express/show dislike for child’s behaviors, not for the child
- Handle community criticism
- Share pleasures and emotional pain with the child
- Feel comfortable setting limits/structure - making unpopular decisions at times
- Feel secure with him/herself
- Be flexible, with a sense of humor; promote flexibility in family roles; and find and use community supports



STRATEGIES TO FIND AND SUPPORT RESOURCE FAMILIES

- Develop agency policies that welcome, respect, educate and support - while also screen for commitment and capacity
- Nurture the belief that permanency is necessary and possible for children in foster care
- Discuss the importance of having lifetime family connections
- Emphasize children’s need for consistency and predictability in relationships
- Explore various options for permanency: reunification, adoption, legal guardianship, long term care in special circumstances
- Look within pool of former and current foster parents; involve them to help recruit other resource parents
- Look where there are likely to be adults with an interest in children: children’s own family members, schools, residential care programs, colleges, churches with youth programs, community centers, hospitals, etc.
- Look in communities where children come from or that are reflective of children’s cultural background and experiences
- Be honest about what it will take to do this job - what children need, and what it takes to meet those needs
- Share enthusiasm about what it will take to do this job
- Share sample children’s stories