Introduction to Child in Need of Care
Objectives

1. Understand the importance of permanency for children.
2. Understand the importance of family group conferencing and working with foster/relative placement providers to achieve permanency.
3. Develop transition plans to achieve permanency and reduce trauma to children.
National AI/AN foster care

- AI/AN children foster care placement - 2.5 times greater than the total population

Northern/western states much higher

- Idaho (5.1), Iowa (5.2), Minnesota (14.8), Montana (3.7), Nebraska (8.8), North Dakota (3.3), Oregon (3.5), South Dakota (3.6), Utah (3.1), Washington (4.5), and Wisconsin (4.8)
“In our every deliberation, we must consider the impact of our decisions on the next seven generations.”

Iroquois Maxim (circa 1700-1800)
What is our goal?

- Safety
- Financial Security
- Social Health
- Reunification
- Permanency
What is permanency?

A permanent and stable home that maintains an Indian child’s sense of belonging to their extended family, their tribe, and their caretakers (NICWA).

https://www.youtube.com/watch?v=CD06KgR3xzY
Reunification
Guardianship
Long term placement
Adoption/Customary adoption
Tools for achieving permanency

- Circle of Care (family group conferencing)
- Working with placement providers
- Identify child’s needs
- Transition Planning
Circle of Care

A Sacred Circle

https://www.youtube.com/watch?v=IVjJxnHtc2I
Circle of Care Gathering Model

- Brief history of FGC Model within the social service system
  - Assuring our children’s safety and well-being
  - US child welfare systems based on New Zealand traditions (Maori people)
COC/Family conferencing benefits

- Fewer children in care (prevention meetings/earlier resolution)
- Increases the family’s support network, reduces isolation, blends formal and informal services/supports, more options
- Family satisfaction…they feel they have a voice
- Includes father and paternal family
- CPS’s report: time saver, coordination of services, less conflict with family
Benefits (continued)

- Re-abuse rates are lower
- Less time until permanency
- More children with extended family
- Promotes honesty…everyone on the same page
- Less adversarial than court. Promotes trust, team approach, partnering with family and community
- A way to honor and be responsive to culture
- Families are more invested in a plan they help develop
  (American Humane Association)
Circle of Care within AI/AN Communities

- A strengths based service for rural and isolated communities where access to resources can be limited
- CoC is culturally responsive and helps address the fractured family unit
- Assists in protecting the child’s right to maintain their cultural connections
- Builds on the customary function where all children and families are valued
When to have a Circle of Care meeting?

- Prior to the child being placed out of the home
- At the beginning of a case
- When referrals are to be provided for differential response
- Whenever a critical decision needs to be made
- To identify a placement and family support
- Throughout the life of a case
- To discuss permanency for the child
Details

- Who to invite?
  - Family, service providers, child
- Who decides?
- What are the rules?
- What are the case worker’s responsibilities?
Trauma Lens & Circle of Care

- Identify and plan to meet child’s trauma needs
- Clinical team’s collaboration with family
- Identify how family trauma history can impact decisions
- Emphasis on maintaining healthy, significant relationships for child
- Identify parents’ needs, including needs related to past trauma
Circle of Care Meeting Format

Welcome
- Meaning of Circle of Care
- Introductions and honoring of relatives and elders
- Sign in, Confidentiality
- Agreement
- Ground Rules

Information Sharing
- Purpose
- Goals for today
- Absent Parent
- Social History
- Child’s/Parent’s Needs
Circle of Care Meeting Format (continued)

**Protective Capacities**
- Safety Threats

**Planning**
- The Non-Negotiables and conditions of reunification
- Plan will address safety, permanency, and well being.
  - Family time

**Closing**
- Scheduling next meeting for review
- Time for closing considering cultural context
Circle of Care Meeting

Activity
Child In Need of Care Family Group Conference Scenario
The relative placement provider dropped the children off at the office and stated that she can no longer care for them due to a crisis in the family. You place the children in a shelter care facility until you find a new placement. The shelter is filled over capacity and needs the children out in 2 days. You call the family to schedule a Family Group Conference.
Set up 12 chairs in a circle in the middle of the room. The case workers will need a flip chart and markers to write notes.

Need 15 volunteers for Family Group Conference. 3 people will be the case worker. 12 people will be family members/service providers. Roles are below (make sure you combine whoever the previous placement was with the family member name; that person will have two role definitions).

Caseworker
You hold the Conference to figure out where to place the children now. The children are not able to be reunified at this point due to the parents’ continued drinking, domestic violence arrests and failure to participate in services.
You will need to go over the rules of the meeting with the family. (Be respectful, one person talks at a time, this is for the kids, etc.)
The agenda is to find out who is the best placement for James, Mariah, Robert and Brooklyn.
Be prepared to mediate arguments between family members.

Desery
You want the children placed with your side of the family because you do not trust Isaiah’s family and think they are all alcoholics. You really want the children home but know that you are still drinking too. You feel a tremendous amount of guilt and shame for putting your children in this situation and are embarrassed that your entire family knows that you are a bad mother.

Isaiah
You are angry that the children are not home by now and demand their return. You don’t have a drinking problem and can quit at any time. You know that you shouldn’t drink and drive and will get a babysitter in the future if you want to party. You are angry with Desery’s side of the family for blaming this whole thing on you when it really is all Desery’s fault for arguing with you in the car before the accident.

William, father of James
You don’t understand why James doesn’t live with you. You believe he is old enough to make his own decisions and live on his own. You’ve been on your own since you were 14 years old. James doesn’t need treatment, he’s just a teenager doing things that teenagers do. You knew that Desery was an alcoholic and a bad mom. It is her fault you never got to see James unless he ran away.

Relative that could not care for the children any longer
Your family is mad at you for not keeping the children. You feel like you let everyone down, especially the children. It was hard to show up at this meeting today. You want the children to go to someone on your side of the family so you get to continue seeing them.
Cheryl, paternal grandmother
You want Isaiah and Desery to give guardianship of the children to you so that Social Services will get out of your lives. Social Services is and has always been after you and your family. You don’t know what the big deal about drinking alcohol is and think Social Services should cut Isaiah some slack since his father died.

Michael, paternal step grandfather
You are angry that Social Services is involved with family and don’t want to be associated with Isaiah or Desery. You don’t get along with Isaiah. You are fine with Cheryl getting guardianship as long as she gives the kids to their parents right away.

Paternal Aunt Patty
You want the kids to go with you and get away from all of this family dysfunction. That is why you moved away in the first place. You work at a bank and your husband is a rancher. Neither of you drink and you have two children, ages 6 and 10. You have a five bedroom home with plenty of room for the children.

Susan, maternal grandmother
Ever since Social Services became involved with your grandchildren you have been sober and working hard. You know the children should be with you and that you can take care of them better than you did with your own kids. You want this opportunity to show the family that you are capable. Desery stays with you when she is fighting with Isaiah.

Maternal Aunt Charmaine
You think the Mariah and Robert should live with you; James should go to treatment; and Brooklyn with one of the grandmothers. You have kids the same age as Mariah and Robert so they could all go to school together and you could continue to work. You are single.

Maternal Aunt Carmen
You are willing to care for all the children and definitely do NOT think that James should go to treatment. You think all the kids should stay together no matter what. You have a small home but would make it work. You know the children the best because you babysat them all the time. You also have a lot of people in your home that can help out including your husband, Ramone who just got out of jail for DUI.

Maternal Uncle Ramone
You just got out of jail for your first DUI. You realize that you made a mistake by driving after having a few beers at a friend’s house last month. You’ve never been in jail before and always have a job. You work for Tribal housing. You want to help the kids but don’t want to deal with their parents who are junkies.

Maternal Great Aunt Kerrie
You live alone since your husband died two years ago. You haven’t seen Desery in five years, since she had Robert. You used to watch James when he was younger all the time. It makes you upset that the family is torn apart. You wish the parents would stop drinking and get themselves some help. You are willing to care for the children as long as the family promises to help out. You are 68 years old.
Erin, school therapist for Mariah and Robert
Mariah and Robert show signs of trauma and demonstrate difficulty regulating their emotions. You believe the children should be together in a calm home with no substance abuse or chaos. You think the kids should have regular contact with James after he completes drug treatment. You believe that the parents and kids need family therapy before reunification can take place.

Joseph, James’ substance abuse evaluator
You recommend that James go to an inpatient substance abuse facility for methamphetamine and marijuana. James has been exposed to tremendous trauma and abandonment. He is attached to his siblings and needs contact with them. You do not believe James should be placed with his mother or father due to substance abuse and violence in both homes. James is a smart kid that would benefit from counseling schooling.

Mary, Desery’s therapist
You have worked with Desery off and on for 10 years. You believe that Desery is a good mother when she is sober and single. Desery is an alcoholic and uses it to cope with abuse that occurred when she was younger. Desery is the victim of domestic violence and is dependent on Isaiah. You don’t believe Desery can care for her children safely at this point.
Working with Placement Providers

- Responsibilities
- Lessons Learned
- Strategies for Support
Placement Provider Responsibilities

To the child:
- Medical needs; day to day needs; sleeping arrangements; emotional and educational needs

To the caseworker/BIA:
- Communication; home visits; parent/child visitation; attend meetings

To themselves:
- Self care; time off/respite care; training/education; financial assistance
Bureau of Indian Affairs
Crow Indian Agency
Contract for Relative Placement Services

This agreement is between ___________________________ and the Bureau of Indian Affairs, Social Services, effective this ________ day of ________________, 20___. The parties agree to the following responsibilities and duties in regards to the care and supervision of the child ______________________, born on ____________________, and placed in this home.

AGENCY RESPONSIBILITY

1. BIA-Social Services is responsible for planning for the child and will inform the Relative(s) of the case plan. The agency will provide care and supervision with the understanding that alternative placement may be made at the discretion of the placing agency. A child placed in temporary care may be removed by the case worker in the best interest of the child.

2. Social Services will inform the Relative(s), at the time of placement, about issues affecting the child regarding health, safety, and welfare.

3. Social services will actively involve the Relative Placement in planning for the child in placement.

4. Social Services will provide home visitations and assistance to the Relative(s) in meeting the child’s needs, the consultation services and referral to other agencies for services not provided by Bureau of Indian Affairs Social Services. (Social Services will visit the placement at a minimum, once a month.)

5. Social Services will make arrangements for parent/child visitations. Visitations are encouraged, unless otherwise indicated by court order. Visits must be arranged through the case worker.

6. Social Services will make arrangements for medical and psychological services for the child, if needed; referrals will be made for intensive case management.

7. Social Services will establish supervised IIM account for the child and will be the disbursement agent for these funds.
8. The agency superintendent will become the designate payee and disbursement agent for the child in the event SSI Disability or Social Security Survivor Benefits are issued to the child.

9. Social Services will refer relative placements to the local TANF assistance program for “Child Only” grants. If the relative is not eligible for the grant, they will need to bring documentation into Social Services. The relative placement may need to get licensed through the Tribe or State in order to receive Foster Care payments.

**RELATIVE(S) RESPONSIBILITIES**

1. The Relative(s) Placement will carry out everyday activities of maintenance and care necessary for the child’s well being and will keep the case worker informed about the child’s progress.

   a) The Relative(s) will take the child for their medical/dental appointments.
   b) The Relative(s) will follow through with parent/teacher meetings of school age children and/or educational evaluation appointments, i.e., IEP, testing.
   c) The Relative(s) will inform the caseworker if they are unable to keep the above appointments with the child. The caseworker will make arrangements for the child to keep their appointments.

2. The Relative(s) will inform the caseworker within 48 hours on any changes in their family/home situation, illness in the family, accident to the foster child, intent to move to another residence or location or if a new family member joins the home (adult or child).

3. The child will be immediately taken to the emergency room/clinic/hospital for any type of accident.

4. The Relative(s) will request approval to take the child out of state.

5. The Relative(s) will not plan any custody or placement changes, either independently or with other persons for the child; unless the Relative has agreed to file guardianship of child through Tribal Court in coordination with BIA Social Services.

6. The Relative(s) understands that the caseworker will arrange all visitations between the child and natural parent(s). **No unauthorized parent/child visits are to take place at the Relative's home unless pre-arranged by the caseworker and relative.**
7. The Relative understands that any information they receive from the caseworker is confidential, and agrees to maintain this confidentiality.

8. The Relative(s) will immediately notify the caseworker of suspected abuse and neglect involving the child in their placement.

9. The Relative(s) will immediately notify the case worker or their Supervisory Social Worker of any issues affecting placement.

10. The Relative(s) agrees to submit to a background check for the safety of the child placed in their care.

11. The Relative(s) is aware that a home study of their living conditions will also be conducted.

If I/We cannot keep the child, I/We will notify the case worker immediately so that they can seek alternative placement. I/We agree to allow the caseworker adequate time (minimum of 72 hours) to arrange alternative placement for the child.

Both parties agree that this agreement can be amended at any time as deemed necessary for the well-being of children placed in this home.

SIGNATURES:

RELATIVE: ___________________________ DATE: __________

RELATIVE: ___________________________ DATE: __________

CASEWORKER: ________________________ DATE: __________

SUPERVISOR: _________________________ DATE: __________
CAPS Background Check for (check one):

- □ Permanent Regular
- □ Short Term (90 Days)
- □ Volunteer/Intern
- □ Temporary

Release of Information for CAPS Background Check

A background check is completed as part of the assessment process to assure applicants have not been named as the perpetrator in a substantiated report of abuse or neglect; are of good moral character; and do not pose any risk or threat to the safety or welfare of any resident facility.

NOTE: Any deletions or oversights may result in the denial of your application.

PLEASE PRINT LEGIBLY

First Name  Middle  Last

Aliases/Other Names Used (Maiden)

Current Mailing Address  City  State  Zip code

Date of Birth  Social Security #  □ Male  □ Female

List where you resided since age 18 - attach additional pages if necessary

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I. ________________________________ (print applicant name), am aware Human Resources will request confidential information, in accordance with 41-3-205(3)(o), MCA as part of a review of my personal background in connection with my status as a current or prospective employee.
Release of Information

Name:__________________________________________
Address:________________________________________
City, State, Zip:________________________________________
Date of Birth:________________________________________
Social Security Number:________________________________________
Cities Lived in the last five years:________________________________________

I am an applicant to provide Relative Placement and/or Guardianship on the Crow Indian Reservation. As part of the applicant process, I hereby authorize release of any records regarding myself to the Social Services program.

BIA-Social Services
PO Box 69
Crow Agency, MT 59022

I understand that any information obtained from these checks can be used by the agency to evaluate my application for Relative Placement and/or Guardianship.

Signed:_________________________________________ Date:______________
Parent/Guardian

Signed:_________________________________________ Date:______________
Social Services Rep.
United States Department of the Interior  
BUREAU OF INDIAN AFFAIRS  
Crow Indian Agency  
PO Box 69  
Crow Agency, Montana 59022  

Crow Indian Agency  
Contract for Foster Care Services

This agreement is between_____________________________ and Bureau of Indian Affairs, Social Services, effective this_______day of__________, 20___.

The parties agree to the following responsibilities and duties in regards to the care and supervision of (child)____________________, born on____________________

and placed in this home.

AGENCY RESPONSIBILITY

1. BIA-Social Services is responsible for planning for the child and will inform the Foster Parents of the case plan. The agency will provide care and supervision with the understanding that alternative placement may be made at the discretion of the placing agency. A child placed in temporary care may be removed by the case worker in the best interest of the child.

2. Social Services will inform the Foster Parents, at the time of placement, about issues affecting the child regarding health, safety, and welfare.

3. Social services will actively involve the Relative Placement in planning for the child in placement.

4. Social Services will provide home visitations and assistance to the Foster Parents in meeting the child's needs, the consultation services and referral to other agencies for services not provided by Bureau of Indian Affairs Social Services. (Social Services will visit the placement at a minimum, once a month.)

5. Social Services will make arrangements for parent/child visitations. Visitations are encouraged, unless otherwise indicated by court order. Visits must be arranged through the case worker.

6. Social Services will make arrangements for needed medical and psychological services for the child. If needed, referrals will be made for intensive care management.

7. Social Services will establish supervised IIM Account status on the foster child's per capita payments and will be the disbursement agent for these funds.
8. The agency superintendent will become the designate payee and disbursement agent for the child in the event SSI Disability or Social Security Survivor Benefits are issued to the child.

9. Social Services will guarantee monthly payments to the Foster Parent(s) for the care and maintenance of the child placed with in the home by Social Services. They payment amount will be as follows $15.03 per day, Age 0-12 and $18.09 per day, Age 13-18. This payment includes allowance for food, clothing, shelter and personal needs.

10. Social Services will not pay Foster Care payments if the Foster Parent(s) failed to renew their Foster Home Licenses. Foster Homes must remain licensed for payment to continue. Back pay of Foster Care payment will no longer be paid.

**FOSTER PARENT(S) RESPONSIBILITIES**

1. The Foster Parent(s) will carry out everyday activities of maintenance and care necessary for the foster child’s well being and will keep the case worker informed about the child’s progress.

   a) The Foster Parent(s) will take the child for their medical/dental appointments.
   b) The Foster Parent(s) will follow through with parent/teacher meetings of school age children and/or educational evaluation appointments, i.e., IEP, testing.
   c) The Foster Parent(s) will inform the caseworker if they are unable to keep the above appointments with the child. The caseworker will make arrangements for the child to keep their appointments.

2. The Foster Parent(s) will inform the caseworker within 48 hours on any changes in their family/home situation, illness in the family, accident to the foster child, intent to move to another residence or location or if a new family member joins the home (adult or child).

3. The child will be immediately taken to the emergency room/clinic/hospital for any type of accident.

4. The Foster Parent(s) will request approval to take the child out of state.

5. The Foster Parent(s) will not plan any custody or placement changes, either independently or with other persons for the child nor take any actions toward the adoption of the child.

6. The Foster Parent understands that the caseworker will arrange all visitations between the foster child and natural parent(s). No unauthorized parent/child visits
are to take place at the foster parents’ home unless arranged by the caseworker and Foster Parent.

7. The Foster Parent(s) understands that any information they receive from the caseworker is confidential, and agrees to maintain this confidentiality.

8. The Foster Parent(s) will immediately notify the caseworker of suspected child abuse and neglect involving the foster child in their placement. Foster Parents are mandatory reporters.

9. The Foster Parent(s) will immediately notify the case worker or their Supervisory Social Worker of any issues affecting placement.

10. The Foster Parent(s) will be responsible for keeping their Foster Home license updated. The Foster Parent(s) understands that they will not be paid for children in their care if their license has expired. (Ex: If the foster home license expires on May 31, 2006 and the foster parent fails to renew the license prior to May 31, there will be no payments made to the foster parents after the expiration of their license.) There will be no back pay for foster care.

If I/we can not keep the child, I/we will immediately notify the case worker so that they can seek alternative placement. I/we agree to allow the caseworker adequate time (minimum of 72 hours) to arrange alternative placement for the child.

Both parties agree that this agreement can be amended at any time as deemed necessary for the well-being of children placed in this home.

SIGNATURES:

FOSTER PARENT: ___________________________ DATE: ____________
ADDRESS: ___________________________ PHONE #: ____________
DIRECTIONS TO HOME: ________________

FOSTER PARENT: ___________________________ DATE: ____________
ADDRESS: ___________________________ PHONE #: ____________
DIRECTIONS TO HOME: ________________

CASEWORKER: ___________________________ DATE: ____________

SUPERVISOR: ___________________________ DATE: ____________
Foster Family (partnership meeting)

Foster parents identified the following needs:

- Timely payments
- Communication from case worker
- Schedule regular home visits
- Tribal transfer information/education
- Cultural Awareness training
Casey Family Study Results

Placement providers were:

- Given minimal information at time of placement
- Did not receive copy of case plan
- Phone calls not returned for days
- Homes not visited regularly by workers
- Roles and responsibilities of other team members are unclear
- Fear that foster children will be removed if placement providers speak their minds
- Not treated or perceived as equal members of team
- Perspectives are not acknowledged or honored
Strategies for support, responsiveness, inclusion

- Provide resource families with necessary information
- Ensure responses are timely and productive
- Ensure regular and frequent visitation
- Raising awareness of need for birth family-resource family connections
- Increase understanding of confidentiality issues
Supporting Placement Providers

- Have open communication with resource family
- Recognize resource family as important part of child’s life
- Prepare resource families for separation and grief when placement ends
What can social workers do to help foster parents deal with the feelings of loss that come at the end of a placement? Here are some suggestions:

1. Be direct and honest about the duration of placement; share updated and relevant information with foster parents on an ongoing basis.

2. Learn about the stages of grief. Coping with foster parent anger (or despair) may be easier if you see it as a natural part of the grieving process.

3. 

4. Send a condolence note after the placement ends. Make a follow-up phone call to express your appreciation and concern.

5. Worker could be a stable presence for the foster parent to turn to at the end of a placement.

6. Increase foster parent training related to separation and loss. This will help them understand their own reactions to loss, as well as the reactions of their foster children. This is usually a separate tribal program.

7. Connect to community support. Foster parent associations and self-help groups are another avenue of support during times of separation (Fostering Perspectives, 2004).
Recommendations for caseworkers

- Inform of training opportunities on ongoing basis
- Respond in timely manner to families
- Involve in decision making/case planning
- Invite to participate in meetings and court hearings
- Inform families they are valued
- Arrange for monthly payments
- Provide necessary information
- Facilitate access to peer support
Meeting Needs of Children

- Guidelines, Activity, Transition Plans
EMERGENCY
TRANSITIONING
DISCUSSION
TRANSITIONS OF INFANTS (0-18 mos)

- Attachment
- Daily Routine
- Sensory Tools
- Importance of parent/caregiver and placement provider relationship
- Visitation Guidelines
- Infant trauma screening tool
Safe Sensory Tools

Senses Safe Association:

Smell: Apple Pie like grandma made, laundry detergent from home, etc

Taste: Macaroni and cheese, mashed potatoes, favorite flavor Jolly Rancher, etc

Touch: Blanket, siblings’ sweater, stuffed animal, pillow, pet, etc

Sight: Pictures of loved ones and friends, art/painting, plants, travel destination, etc.

Sound: A musical CD, humming child to sleep, audio nature sounds, etc.

Questions to Consider:

What will you carry with you to offer as safe sensory tools (for young children, school age children, or adolescents)?

What questions might you ask the child or on-the-scene caregivers in order to collect some soothing sensory items for the child?

How can you work with others (parent, foster parent, other professionals)? to create a set of safe, sensory tools that will accompany the child during the initial investigation, removal and placement?
Working with School-aged Children
(4-12 yrs)

- Talk about it/prepare
  - Need to make sense out of the situation
- Help name emotions
  - Learn to use words instead of behaviors/anger
- Contact with important peers/relatives
- Visitation Guidelines
VISITATION GUIDELINES

Infants
- How often: 2 to 5 visits per week; each 60 minutes minimum. Where: Home or homelike environment.
- What: Parent meets child’s needs.
- Who visits: Parents and siblings separate or together. Other key people with emotional attachment.

Toddlers
- How often: 2 to 4 visits per week; each 60 to 90 minutes.
- Where: Home or homelike environment; Doctor appointments.
- What: Parent meets child’s needs.
- Who visits: Parents and siblings separate or together. Other key people with emotional attachment. Listen for who child asks to see.

PRE-SCHOOL
- How often: 2 to 4 visits per week; each 60 to 90 minutes.
- Where: Home or homelike environment. Community setting: parks, playgrounds, childcare, doctor appointments.
- Who visits: Ask child who he wants to visit. Parents and siblings together or separate. Other key people with emotional attachment.

ELEMENTARY SCHOOL
- How often: 1 to 2 visits per week; each 1 to 3 hours.
- Where: Child helps to choose home or homelike environment, or where child already is; school, sports, park, restaurant, therapist, doctor.
- What: Child helps to choose: What child likes to do: sports, games, What child must do: homework
- Who Visits: Ask child who he wants to visit. Parents and siblings together or separate. Other key people in the child’s life who have an emotional attachment.

ADOLESCENTS
- How often: At least once a week. 1 to 3 hours.
- Where: Teen helps to choose; Where teen already is; school, sports, park, restaurant, mall, therapist, home of parent or caregiver, doctor.
- What: Teen helps to choose; Where teen already is; school, sports, park, restaurant, mall, therapist, home of parent or caregiver, doctors. What child must do, homework and chores. Ask child about his/her life Ask about discipline.

- Who: Ask teen who he/she wants to visit. Parents and siblings together. Other key people with whom the teen has an emotional attachment.
Helping Adolescents Transition (13-18 yrs)

- 5 Step Integration System
  - Accurate life history
  - Identify attachment figures
  - Gain cooperation
  - Permission message
  - Communication
- Visitation Guidelines
Transition Plan Example

Handouts:
- Sample Transition Plan
- Tips for Transitioning Children Back Home

Bad Plan - Man visiting Yellowstone puts buffalo calf in back of SUV
SAMPLE TRANSITION PLAN

On [date], a team of [BIA, Tribe, clinical providers, etc.] determined that it is in the best interest of the child to return home and that transition can be safely accomplished. The Court approved the goal of reunification on [date].

The [caseworker] convened a meeting to finalize the Transition Home Plan on [date]. Input was solicited from [clinicians, teachers, others] who have had contact with the child and family. Birth parents and [foster parents, the child, others] participated. The plan calls for [services, supports, meetings, etc.] to meet needs for [emotional support, problem solving tools, parenting skills, wraparound and therapeutic services and support, etc.].

A home visit to the place where the family is going to live is scheduled for [date]. The [caseworker] will assess the safety and appropriateness of the home, and gather additional information about what is in place to support the transition. Any needs identified will be incorporated in the Plan.

A meeting with the foster parent, the case worker and the parent(s) has been scheduled for [date]. At this meeting, the foster parent will review the care for the child; the child’s school and other activities; and observations of the child's current strengths and needs. At this meeting a plan for the child to say goodbye, and have closure with, or decide on future contact with [current school, church, etc.] will be developed.

Unsupervised visits between the parent(s) and the child will commence on [date]. Visits will occur [frequency, duration, days]. [Parent(s)] will pick up [child] after school and after the visit, return him/her to his/her [foster home]. If all goes well with unsupervised visits, overnight visits will begin. The first overnight visit will take place [date]. If the overnight visit goes well and no concerns arise, then overnight visits will continue on [series of consecutive dates].

On [date], [parent(s)] will pick up [child] from school and take him/her home where he/she will live permanently.

The six-month calendar for this plan is attached.
Tips for Transitioning Children Back Home

There are many factors to take into account as you create a Transition Home Plan for children and young people. The following are suggested tips for facilitating transition home planning with parents.

- Create a list of all upcoming events or appointments for the child. Review this with the parent(s). Ensure that all events are recorded on the calendar. Discuss transportation logistics. Work with the parent(s) and the child to develop a comprehensive plan that will facilitate the child attending all appointments and events.

- Schedule special meetings and appointments with the child’s school, doctors, and therapists. Ensure that the parent(s) can attend. Use these meetings as an opportunity to explain to the teachers, administrators, doctors, and therapists that the child will be returning home and to express your trust in the parent’s ability to be involved. Explain that CYFD will no longer be attending meetings and appointments.

- Have a realistic conversation with the parent(s) before the transition home regarding budgeting and expenses. Often the reality of the expense of supporting a child with high needs can be overwhelming. Discuss realistic options with the parent(s). Encourage them to seek resources such as budget management training that will help them succeed.
Transition Guidelines for Planned Placement Change

1. Preparation
2. First meeting in foster home
3. Visitation in neutral setting
4. Visitation in new home
5. Overnight visitation
Review

- Time for transition
- Dependent on the child’s needs
- Permission to grieve
- Permission to love
- Time and permission to say Good-bye
- Belongings
- Continuing contact

T.I.P.S. Handouts
Trauma Informed Practice Strategies (T.I.P.S.)
For Caseworkers

As much as is safe and possible, the following is suggested:

1. Plan investigations, assessments, possible removals ahead as much as possible; reduce the element of surprise.
   - Slow down, plan out investigations and removals.
   - Let the family know an assessment is going on, that removal is a possibility. Suggest they keep a school aged child at home so the child doesn’t have to be interviewed at school.
   - Work with the parents to identify support individuals for their children during the assessment and/or for placement resources – relatives, friends, etc. Ask the parent and the child - Who does this child know and trust?
   - Collaborate with other agencies, especially law enforcement.
     - For example, in Multnomah County the Child Abuse Team police detectives are housed in the same building as the child abuse hotline.
     - The hotline sends people to police academies to educate and train – How can they better collaborate out in the field? Clarify roles and expectations.
   - If possible, identify a placement before removal.
   - If the child needs to wait at the DHS office while a placement is found, try to find a comfortable place for them to wait, away from your phone conversations with prospective placements (to avoid hearing rejections), and perhaps with something to do to entertain themselves.
   - Ask the child if they are hungry or thirsty.
   - Follow current placement policy and procedures – e.g. in order of preference: placement with relative, someone the child knows and trusts, same culture, same language, same school, etc. If diligently followed these can reduce the impact and trauma of removal for many children.

2. Try to keep things calm during the investigation, assessment and removal. Engage the parents in helping the child.
   - Remain calm. Move slowly.
   - Talk down the parents. Calm the parents to calm the child.
   - Separate children from the chaos of arrest, interrogation, or resistance on the part of the parents.
Let the parent put child into the car seat, say good-bye, assist in the process of removal.

3. Provide sensory comfort, familiarity, help with settling in.
   - Ask the parent, or the child, to gather together some familiar things before taking them away.
   - If picking a child up from school to remove, create a chance for the child to go home and pick up some things from home. Perhaps a relative or friend could meet them there or go with them to help pack some belonging.
   - Ask children if they are hungry or thirsty. Provide comfort food. Ask them what they would like.
   - Ask the parent and the child about medical conditions, allergies, medications.
   - Especially for babies and very young children, ask the parent for information about feeding, schedules, routines.
   - Take time to help the child transition into the foster home. The child may have connected to you during the removal. They have already had one abrupt separation. It may be reassuring to the child to know that the worker knows the people and place where they will be staying. Be a constant in the child’s life until visits with parents can start.
   - If at all possible avoid moving the child, even from shelter care to foster care.
   - Ask the foster parents to meet with the bio parents to exchange information about the child and the child’s living situation.

4. Empathize, connect, and try to understand the child’s perspective.
   - Be open to listening if they want to talk.
   - Acknowledge their feelings and the difficulty of what they are going through.
   - Acknowledge their love for their parents and their parents love for them.

5. Provide information
   - To the child:
     - Explain what is happening. Tell them where they are going.
     - Assure them that this is not their fault.
     - Assure them that they are safe and will be cared for.
     - Assure them that their siblings, if separated, are safe and will be cared for.
     - Don’t make promises you can’t keep.
To the foster parent:

- About the child – medical conditions, allergies, medications, known behavioral and emotional issues, important people, anything that will help them to understand the child and to help them feel safe and comfortable.

6. Support child’s relationships and family connections

- Place siblings together, even if only in a temporary setting (e.g. the receiving center) until a placement can be found where they can be together.

- Visitation is extremely important. In addition to their own trauma of being separated, children may worry about the safety and wellbeing of those family members from whom they are separated. Seeing that they are OK can ease that worry.
  - If siblings are placed separately, arrange for sibling visits ASAP, and/or ask foster parents to allow and arrange for sibling contact.
  - Set up visitation between child and parents as soon as possible.

- For cross cultural placements, do a cultural assessment. NOTE: There are numerous unofficial cultural assessment forms throughout the agency. Something more standardized is suggested.

- Notify the child’s school so they can be supportive, if the child remains in the school, or to provide classmates the opportunity for closure or continued connection if the child is to attend a different school.

- Allow the child to resume attending school as soon as possible. School may have been the one place where they felt safe.

7. Provide services aimed at healing and well-being as soon as possible, including trauma informed services.

- For the child:
  - Make sure the child has someone to talk to about what’s happening that they feel comfortable with.
  - Mental health assessment
  - Counseling and/or other trauma informed therapy

- Provide training, information and support to the foster parents to help them care for the child and to address the child’s particular needs.

8. Ongoing training for caseworkers

- Workers may be uncomfortable with removals where a child is distressed and crying. They need more training about what they might experience during this process and how to help a child through it.
Trauma Informed Practice Strategies (T.I.P.S.)
For Foster Parents

1. Provide sensory comfort, familiarity, help with settling in.
   - Ask children about their favorite foods, their bedtime routines, hobbies and favorite things to do.
   - Have a welcome basket for new children when they arrive.
   - Babies and very young children (e.g. preverbal) need physical soothing, maybe a snack when they first arrive.
   - Cooking kids’ favorite foods can provide soothing sensory stimulation which has an effect on the brain, relieving stress and anxiety.
   - Show them around the house when they arrive.
   - Show them their room and what is theirs.
   - Ask them if they’re hungry or thirsty.
   - Show them where there are snacks that they can have whenever they want. For younger children, have a snack drawer that they can reach.
   - Ask them what they would like to do.
   - Ask if they take any medications.
   - If they come in the middle of the night, offer to rub their back (be sure to ask if it’s OK before touching or hugging), stay with them for a while if they want, play soothing CD’s, have stuffed animals, be available if they need anything.
   - If they mention something they didn’t bring with them or that they wished they had, ask the caseworker if he or she can get it.

2. Empathize, connect, try to understand the child’s perspective, but don’t probe.
   - Be open to listening if they want to talk, but don’t probe or grill them.
   - Acknowledge their feelings and the difficulty of what they are going through.
   - Assure them that they are safe and will be cared for.

3. Support child’s relationships and family connections
   - Honor the relationship between children and their parents. Acknowledge their love for their parents and their parents’ love for them. Realize that, despite abuse or neglect, the child is experiencing grief and loss at being separated from their parents (and siblings if in a different placement).
   - Support contact with siblings.
Support visits with parents.

Provide the parent with information on how the child is doing, what their routines are and what it’s like in your house (e.g. at the beginning of visits if transporting the child, at icebreakers, family meetings, etc.). Parents may convey worry to the child if they don’t know where they are or what it’s like where they are.

If there is an opportunity (e.g. to attend an icebreaker) ask the parents about the child’s routines, what is soothing to the child, likes and dislikes, medical conditions, allergies, etc. (especially important for babies and very young children).

Children benefit and feel reassured when they see all the adults (foster parents, parents, caseworkers, school staff, etc.) working together to resolve issues, to make a good plan and to make things better.

4. Provide structure, control, inclusion, predictability

Create a positive environment in the home.

Keep the menu kid friendly, include them in making dinner.

Talk to them about their likes and dislikes and honor those during the first few weeks, or even days.

Older children – talk to them. Let them know what to expect around your house. Gradually introduce them to rules.

Ask them if there’s anything they need or would like to happen for them to feel safe and comfortable.

5. Advocate for the child by advocating for personal support and training.

Seek ongoing education and training. Additional training and feelings of competency in the foster parent can help relieve stress for you and the child.

Ask the caseworker if you need assistance with a child.

Seek clarity with regards to policy and case specifics around contact between siblings or other family members.
Trauma Informed Practice Strategies (T.I.P.S.)  
For Parents

1. Focus on your child’s needs during the investigation and removal
   - Try to stay calm and maintain a calm atmosphere for the child.
   - Be cooperative with police and/or the caseworker to reduce the shock and chaos of removal.
   - If you are arrested, or know you are likely to be arrested, contact, or provide names and numbers of relatives, friends or someone your child knows and trusts, to come and be with the child and assist with the process of removal.
   - Gather together some items for the child to take with them that may be important to them – a few clothes, items they may use for soothing (e.g. blanket or stuffed animal), pictures, favorite toy, etc.
   - Tell the worker or police about medical conditions, medications the child takes. If available, send the medication along with the child.
   - Assure your child that you will be OK.
   - Assure your child that they will be taken to a safe place and cared for.
   - Assure them that you will see them and talk to them as soon as possible.
   - Assure them that you will be doing all that you can and working with others to solve the problems leading to the removal.

2. Help the agency in working to maintain connections with people (e.g. relatives, friends) and places. For example, work with the agency in finding a relative placement or placement with someone your child knows and trusts.

3. Do all you can to provide the agency with important information about your child – medical conditions and needs, medications, concerns about their development or well-being, activities they may have been engaged in prior to removal (e.g. sports or other programs).

4. Focus on your child’s needs during your visits and while they are in substitute care.
   - Be faithful and regular in attending visits.
   - Engage fully with your child during visits. Focus on their needs.
   - If it comes up, acknowledge the child’s feelings and the difficulty of what they are going through.
   - Continue to assure them that you love them and are doing all that you can to solve problems so that they can come home.
➢ Provide information to the foster parents about the child’s likes, dislikes, routines, what works to comfort them.

➢ Let them know that you are OK.

➢ Tell the caseworker if you notice that something is not right with your child, or if you are worried about them for any reason.

➢ If given the opportunity, meet with the foster parents. Ask them what it’s like at their house and how your child is settling in.

➢ Be amiable with foster parents around your child. They will feel more secure if they see the adults in their life cooperating and working together.

5. If possible and allowed, attend medical appointments and school appointments for your child. To the greatest degree possible, continue to play a role in their life.

6. Advocate for your child to receive mental health services and other services they may need to assist them in dealing with the trauma of separation from you as well any trauma they may have experienced before removal.

7. Learn about and assess your child’s risk factors and protective factors. Consider what you might do, and prepare to do what you can to increase your child’s protective factors and reduce their risk factors after reunification.
GOING HOME

Transition Plan Activity
Child In Need of Care Transition Plan Scenario

Guardianship Scenario

**1 year later**

Desery and Isaiah are no longer together. Isaiah is living on the streets and continues to use alcohol daily. Desery is in a new relationship with a convicted violent offender and is the victim of domestic violence. Desery continues to use alcohol and methamphetamine on occasion. Desery and Isaiah have not seen their children in 6 months. The current relative placement provider is able to care for the children in the present but not long term. A Family Group Conference was held with several family members and identified Gina and Rick, maternal great aunt and uncle, as the long term providers. Desery and Isaiah have agreed to a guardianship. Gina and Rick moved back to town about 6 months ago after being away for several years. They have seen and met the children at family events. James is at inpatient treatment in Texas and will be there for the next 3 months.

Reunification Scenario

**1 year later**

Isaiah has been sober for the last 9 months and continues to go to individual sessions with his substance abuse counselor. He has held a job for the last 3 months. Isaiah completed a court ordered Batterer Intervention Group and participates in counseling with Desery and the children. Desery has been sober for the last 6 months and attends weekly mental health counseling at IHS. She watches Brooklyn two days a week while the relative placement provider works. These visits have went really well the last 3 weeks. Desery is involved in phone counseling once per week with James and his treatment counselor as well. She is on anti-depressant medication and anxiety medication and sometimes still struggles with Depression.

The couple has moved into a 3 bedroom apartment with all utilities paid. A Family Group Conference is being held to determine a reunification plan. Develop a transition plan according to the sample in the training materials and all the training material presented in this section.
Follow up Services

- Reunification
- Permanent Placement
- Case Closure