

# Protection and Permanence

## An Integrated Model of Child Welfare Practice

### Mission

To provide children, who have been or are at risk of being, abused, neglected, or sexually abused, with a safe, permanent, and nurturing family in which to develop to their potential.

A safe, permanent family may include the child's biological parents, members of the child's extended family, the child's foster family, or an adoptive family, in a relationship that is legally and psychologically intended to be permanent.

The child welfare agency, in collaboration with members of the child's immediate family, extended family, and other resources and service providers in the community, will work to stabilize, educate, empower, and support families in a manner that promotes safety and permanence for children.

### *Foundation Values*

*All children have an absolute right to a safe, permanent, stable home, which provides basic levels of nurturance and care, and is free from abuse, neglect, and exploitation.*

This general child welfare value is the overriding moral end targeted by all aspects of the child welfare field of practice. It is a derivational incorporation of the fundamental values of the social work profession; freedom, justice, human dignity, and social responsibility.

For children, *freedom* includes the possibility to grow and develop free from harm and exploitation. For children, *justice* includes access to basic care and nurturance. Children do not ask to be born, and this is their birthright. These rights exist because children, like adults, are human beings with intrinsic and *irreducible worth*. And finally, if we have any unselfish obligation to others, it is especially so for children. We cause them to be, they are dependent upon us, they are fragile, and they are without power and influence.

## *Parents' and Children's Rights*

Children's rights to care and safety are absolute. By the fact of being born, children have an absolute right to certain levels of care and support, and to an environment free from abuse or neglect. These rights have no contingencies. They should not depend upon children's economic circumstances, the religion of their parents, their genetic inheritance or its phenotypic expression, their culture or race, or even the behavior of their parents.

The depth and breadth of parents' rights is considerable. Our society has clearly and correctly determined that, in the vast majority of circumstances, parents should have the authority and responsibility to make decisions for their families and children. Parents are the legitimate source of most major decisions regarding their children's physical, social, emotional, and psychological development and well-being. Parents' rights are, however, not absolute rights. They are contingent upon parents meeting their responsibility to provide their children with minimum levels of nurturance and care, and a safe environment free from abuse, neglect, or exploitation.

Our society has evolved a clear position regarding the state's interest and moral obligation to assure the absolute rights of children to certain levels of care and nurturance, and to a safe environment. The legal concept of "parens patriae" conveys to the state the legal authority and moral responsibility to assure that children are not neglected or abused by their caregivers. In exercising this authority and responsibility, public child welfare agencies, as agents of the state, can fulfill not only their obligation to protect the absolute rights of children, but they also can facilitate parents in meeting their responsibilities to nurture and protect their children, thus helping parents to meet the contingencies of their parental rights. Our society has a moral responsibility to support and facilitate parents and families in meeting the needs of children.

This combination of protecting children and empowering permanent families for them is the foundation of child welfare practice. When parents meet their contingent parental responsibilities, sometimes with empowering and supportive family services, then parents' rights and children's rights become integrated and interfused ends. Family-centered child welfare practice is the recognition of this potential compatibility. However, a family centered approach to child welfare does not imply that we can preserve all families. When children cannot be safely reunited with their own families in a timely manner, we identify, develop, empower, and support permanent families for them, and we utilize developmental and supportive interventions to strengthen these families to promote permanence.

## *Guiding Principles*

- 1) The primary goals of all child welfare activities are to protect children from abuse, neglect, sexual abuse, or exploitation, and to provide them with safe, nurturing, permanent families.
- 2) Our first choice of intervention is to strengthen and empower a child's own family, thus assuring the child safe and nurturant care at home. When successful, this not only protects children from abuse and neglect, but also prevents the traumatic and often lifelong developmental and psychological consequences for children, and their families, of separation and out-of-home placement.
- 3) While the legal authority vested in child welfare professionals is an essential prerequisite for child protection, the exercise of this authority is not always the most effective method of intervention in achieving our goals. Intrusive protective authority is used only when family members cannot be engaged, supported, and empowered to collaborate with the agency to assure their children safe and nurturant care, free from maltreatment. The model fully supports the appropriate use of authority, but stresses the role of the caseworker as an enabler, facilitator, and educator.
- 4) When services to support and empower families cannot assure protection of children at home, the child welfare agency must act immediately and decisively to protect children. This may include out-of-home placement. Placement is a legitimate child welfare intervention, albeit an intervention of last resort, to be utilized only when other less intrusive measures are unlikely to assure the child's safety.
- 5) Children should remain only briefly in "temporary," impermanent placements – only as long as is necessary to develop and implement a permanent plan. This plan may include reunification with the child's biological family, or permanent placement with an alternative family.
- 6) A "family-centered" approach to child welfare is not restricted to a child's biological family. Supportive, developmental, and therapeutic services must also be provided to a child's kinship family, foster family, or adoptive family. This creates a supportive family, neighborhood, and community milieu in which families can access resources and services to help them provide a safe and healthy home environment for their children.

- 7) This model reflects a developmental perspective for all child welfare activities. A developmental perspective contends that development is a continuous process, influenced by personal, interpersonal, and environmental factors. This model also asserts that individuals and families have inherent strengths and capabilities, and that most people continue to grow and develop throughout life, particularly when given the proper enabling and supporting interventions. However, a developmental model does not acknowledge only personal and family strengths in its assessments and planning. Problems and limitations can not be ignored or minimized, particularly when these contribute to risk of maltreatment for a child. A developmental model concurrently considers problems, strengths, and potentials. But, while a purely "deficit model" might assume that problem traits and behaviors are permanent, immutable, and unchangeable conditions, a developmental model contends that, with the proper enabling supports and interventions, positive development can occur, and problem areas can be modified, compensated for, or eliminated.
- 8) This model promotes the development of personal and institutional cultural competence. To become culturally competent, practitioners must first understand themselves and the effects of their own culture on their values, perspectives, behaviors, and judgments about others. They must use culturally relevant information to establish mutually respectful and productive relationships with families; to inform all case judgments and decisions; to identify and help families access culturally relevant service providers; and to assure cultural continuity and development of a positive cultural identity for children.
- 9) This model promotes a collaborative, community-based, multi-disciplinary approach to child welfare practice. It recognizes the necessity of strong community support and direct involvement with families, if we are to achieve our mission. The model promotes the development of a community-based network of formal and informal service providers and resources that can support the child welfare agency's interventions, and that can stabilize, support, and sustain families after the child welfare agency is no longer involved.

## ***FOUNDATIONS OF CHILD PROTECTION***

- The reasons parents abuse or neglect their children are often complicated, situationally specific, often not easily understood. Thus, child

maltreatment cannot be explained using simplistic cause-effect models. Each family situation must be fully and individually assessed to identify the individual, family, and environmental contributors to child maltreatment in the family, as well as strengths and resources within the family, extended family, and community that can mitigate risk.

- Risk assessment is a technology that facilitates decision making at critical points throughout the life of a case. Risk assessment is essential to effective child welfare practice. We cannot safely maintain children at risk of harm in their own homes unless we can quickly and accurately calculate the level of risk, identify the particular factors that create the high-risk condition, and begin immediate interventions that target those contributing factors. Similarly, without formal risk assessment, we are also more likely to make inaccurate assumptions about risk and remove children from their families unnecessarily. Risk assessment provides us with critical information to assure protection of the child with the least disruption to the family.
- Because maltreatment usually results from the combined effects of many variables, the determination of risk can become quite complicated. A formal risk assessment process is an attempt to make this decision-making process more objective, systematic, consistent, and predictively valid. Risk assessment models and instruments attempt to standardize the questions workers ask and the data they gather, thereby promoting a decision-making process that is more thorough, more objective, more consistent, more accurate, and presumably more just. However, given the present state of risk assessment technology in social services, the risk assessment instrument is best used to inform and support the clinical decisions of professional, well-trained, well-supervised, and experienced caseworkers, rather than to supplant such decisions.
- When children are determined to be at risk of harm, intensive, in-home supportive services that build on family strengths are utilized, whenever possible, to prevent placement of a child in out-of-home care.
- Services are planned and delivered in collaboration with both formal and informal community resources and service providers, including family and neighborhood-based support networks, that can address complex family needs and promote stability and permanence after the child welfare agency is no longer involved. This network should include: extended family members; indigenous neighborhood groups and organizations, and formal service organizations such as the juvenile court; county prosecutor; local law enforcement; the mental health system; the

education system; health care providers; agencies that offer supplemental income and supportive services, and organizations that address highly specialized service needs.

### *Sexual Abuse*

- Child sexual abuse is categorically different from either physical abuse or neglect. While sexual abuse in families may coexist with either neglect or physical abuse, it cannot be considered a subcategory or subtype of either. The dynamics and contributing factors to child sexual abuse have little in common with the dynamics and contributing factors to physical abuse or neglect. The approaches to assessment and intervention are also quite different. Child sexual abuse intervention requires skills and expertise that are not normally acquired through the more general practice of child welfare.
- Parents who physically abuse or neglect their children are a very heterogeneous group, and the contributing factors to maltreatment are quite variable. By contrast, the basic cause of child sexual abuse is the pathology of the perpetrator. Perpetrators are sexually aroused by children, and have the propensity to act on their deviant sexual fantasies, regardless of the harm it causes their victims. While social and environmental factors may affect where or when a sexual offense occurs, they do not cause the abuse. This pathology is often difficult to detect, is highly destructive, and extremely difficult to treat.
- In sexual abuse, children remain at almost certain risk of future reabuse if they remain in the care and custody of the perpetrator. In physical abuse and neglect, we try to keep the family intact while we address the underlying problems. In child sexual abuse, the only way to assure protection of the child victim is to prohibit contact of any kind with the perpetrator. This always requires that either the victim or the perpetrator be separated from the family. We prefer that the perpetrator leave the home; however, placement of the child may be necessary to prevent reabuse or retaliation. The separation must remain in force until the perpetrator completes intensive therapy that enables him to successfully control his behavior. Premature reunification almost certainly reinstates the risk of reabuse. In many cases, reunification is never possible.
- While the preferred goal of intervention is to help parents, including perpetrators, become able to safely care for and nurture their children, the

supportive, relationship-building process that characterizes both the investigation and ongoing casework in situations of physical abuse and neglect is not effective when working with sexual abuse offenders. Casework is a therapeutic tool that can engage and empower parents who have abused or neglected their children to become collaborators in a mutual process of positive change. With child sex abuse offenders, these same methods will not, by themselves, be successful in protecting children from future abuse. However, the principles of casework, including empowerment and collaboration, are essential approaches to working with the child victim, the nonoffending parent, and other family members in cases of child sexual abuse.

- Because of the complexity and difficulty of child sexual abuse, it is impossible for the child welfare field to respond effectively without the assistance of law enforcement, prosecutors, mental health professionals, and the court. The preferred intervention model is a community team approach to investigation, family assessment, treatment planning, and monitoring. The child welfare caseworker participates in all aspects of this process; however, the worker's role may vary greatly, depending upon the scope and nature of available resources within the community. Workers must, therefore, be well trained and fully prepared to assume these responsibilities, if they are to effectively protect children.

## ***CASE PLANNING AND FAMILY-CENTERED CASEWORK***

### ***A Casework Approach to Child Protection***

- One of the most significant dilemmas for child welfare professionals is the need to balance the dissonant and conflicting responsibilities of being both an intrusive protective authority, and an empowering and collaborative family advocate.
- Casework is our preferred method of intervention. In a casework approach to child welfare, the caseworker is an enabler and educator with responsibility to protect children by developing, strengthening, and supporting safe, nurturant, permanent families for them. Family members are viewed as unique persons with inherent strengths and capabilities that can often be mobilized and further developed to achieve productive change. Families are engaged to participate as equal members in a collaborative change process to reduce or eliminate risk and to strengthen their capacity to provide safe and nurturant care to their children. However, casework cannot always sufficiently protect children at high

risk of harm when their parents are unable or unwilling to engage in strategies that reduce risk.

- The strength of a protective authority model is that it allows workers to intervene immediately to protect children at high risk of harm, when other less intrusive methods cannot. However, the exercise of this authority can interfere with the development of a collaborative family-worker relationship and the establishment of an effective change process. Thus, children may remain at high risk of future harm, since family members may neither perceive the need for change, nor develop an investment in the change process.
- Effective child welfare requires the effective balancing of these dual responsibilities of a protective authority and facilitating advocacy, and knowing when, and how, to utilize the appropriate intervention approach.
- A thorough assessment of contributors to risk, family needs, and family strengths must precede the development of any intervention plan. This assessment is best conducted jointly with family members, in the context of a supportive casework relationship. This promotes honesty, and helps to assure the accuracy and relevance of assessment conclusions on which intervention is based. Without the supportive environment of a trusting relationship, family members will be reticent to disclose and discuss personal and sensitive information, and will be cautious about investing themselves in the change process.
- Case plans are working contracts between the agency and families, which outline in detail the family's needs and strengths, the goals and objectives to be achieved, the interventions and services to be provided by the agency, and the expectations of family members. Case plans must be based on accurate assessment information, must be individualized for each child and family, must be regularly reviewed and updated, and should drive the agency's provision of services.
- The casework interview provides the safe environment in which families can consider, develop, and implement strategies to change and improve their life situation and care of their children. The worker uses targeted communication and intervention strategies that enable families to achieve this goal.

### *Culture and Diversity*

- Child welfare professionals should strive to become culturally competent. Cultural competence incorporates a complex and interrelated array of cognitive and psychological behaviors, which include:
  - a) Understanding that the world's cultures are social inventions of humankind, each with its own adaptive strategies for a life of meaning and worth;
  - b) Recognizing and understanding the effect our own culture has on our values, beliefs, thoughts, communications, and actions;
  - c) Understanding how our own "cultural lens" affects our world view, and can distort our interpretation of other cultures;
  - d) Understanding how cultural differences may affect perception, communication, and our ability to interact with people whose cultural backgrounds are different from our own;
  - e) Understanding how cultural "blindness" and bias contribute to racism, prejudice, and discrimination;
  - f) Understanding that, to achieve cultural competence, we must be "lifelong learners." We should never become complacent and believe that we know all there is to know about culture;
  - g) Being able to learn about other cultures from the people who know them best – the members of other cultural groups – and the willingness to be open to cultural differences;
  - h) Being able to transcend cultural differences to establish trusting and meaningful relationships with persons from other cultures;
  - i) Understanding that cultures are dynamic and continually changing, permitting continued successful adaptation to changing life circumstances; and
  - j) Being able to integrate cultural concepts appropriately into child welfare casework to enhance and strengthen families within their own cultural context; and to provide families with opportunities to grow and develop in ways that might promote a better adaptation to their situations and environments.

- Culture is defined as a system of values, beliefs, standards for behavior, and rules of conduct that govern the organization of people into social groups, and regulate personal and social behavior. Culture is transmitted through learning. In this respect, it is different from either race, determined by an individual's heredity, or ethnicity, determined by place of birth.
- All cultures have common universal elements, and often, very similar fundamental values. However, the ways in which these common elements are expressed may differ widely between cultures, creating a diversity of both objective (visible) and subjective (limited to a person's inner experience) individual and group attitudes, codes of conduct, traditions, and behaviors.
- Cultural misunderstanding and miscommunication can result from many factors:
  - a) Ethnocentrism, characterized by an lack of exposure to persons from other cultures, an unwillingness to objectively consider alternative ways to live, and a naiveté about about a person's own beliefs and values. One's own world view is believed to be the "best one," "right one," or even the "only one."
  - b) Reliance on stereotypes to provide information about other cultures and their members, thus promoting judgments and interactions based on faulty or inappropriately applied information.
  - c) Presuming that members of a culture are a homogeneous group, resulting in failure to individualize our assessments and conclusions about the traits of another person.
- Ethnocentrism and stereotyping are common contributors to fear of difference, misinterpretation of other people's behavior and intent, prejudicial attitudes, and discriminatory behaviors.
- Cultural competence is a prerequisite to effective child welfare practice. Failure to recognize, interpret, and respond to cultural differences and dynamics can interfere with the development of a collaborative worker-family relationship; promote inaccurate assessments and judgments about families and children; contribute to the ineffectiveness of services; deprive children of healthy cultural identities; and foster the development of institutional barriers, all of which have significant negative consequences for children and their families.



## ***CHILD DEVELOPMENT AND CHILD WELFARE***

### ***Effects of Maltreatment on Child Development***

- Child abuse, neglect, and sexual abuse can have pervasive and serious consequences for children's development in all four developmental domains – physical, cognitive, emotional, and social.
- Children with significant developmental delays or developmental disabilities may be at higher risk of maltreatment, since their care and management often places considerable stress on their families.
- Early recognition of developmental delays or unusual developmental patterns, appropriate assessment, and timely intervention can greatly minimize the negative effects of maltreatment on children's development.
- To best address the developmental needs of the children they serve, child welfare caseworkers must:
  - a) Be able to recognize the negative effects of abuse and neglect on a child's development, refer the child for a comprehensive developmental assessment, and routinely include both developmental and remedial services in the family's case plan.
  - b) Know age-appropriate behavioral expectations, and be able to educate and counsel parents and other caregivers regarding proper child care practices and discipline strategies.
  - c) Be able to assist parents and caregivers to access services and activities that meet children's special needs, and that enhance development.
  - d) Utilize information about the child's development to plan and implement placement age-appropriate activities that minimize the child's stress and help them cope with placement, thus preventing crisis and its potential long-term negative consequences.
  - e) Understand that behavior problems are often indicative of a child's developmental delay, since many "inappropriate" behaviors would be considered developmentally appropriate if the child were of a much younger chronological age.

- f) Recognize early warning signs and symptoms of developmental disability, and begin early intervention and family supportive services.

## ***PLACEMENT AND PERMANENCE***

### ***Attachment and Separation***

- Abused and neglected infants and children are at high risk of developing insecure or maladaptive attachments. Because the quality of early attachments has such a strong and enduring influence on children's social and emotional development, child welfare workers must be vigilant in identifying signs of attachment problems in children who have experienced maltreatment and/or separation. Workers must also routinely include interventions in family case plans that promote and strengthen healthy parent-child attachment, and that provide specialized therapy for children with attachment disorders. (683-688)
- Separation of children from their families is potentially one of the most damaging and traumatic of all separation experiences. Children who have experienced repeated traumatic separations often become permanently damaged. Generalized cognitive and language delays, attachment disorders, sociomoral immaturity, and inadequate social skills are highly correlated with early traumatic separation. These children may be subject to chronic mood disorders such as depression and anxiety. Many adults with a clinical diagnosis of personality disorder experienced repeated traumatic separations in their early lives. Their behavior is often characterized by dependent or manipulative relationships, and an absence of social conscience, concern, empathy, or intimacy. (701-708)
- To prevent the potentially traumatic and harmful effects of separation and placement, the best possible outcome of protective services would be for children to be protected and nurtured in their own homes. However, there will always be children who cannot be protected at home, even with intensive services, and who must be placed to assure their protection. Where reunification is not possible, a carefully planned and executed separation and prompt replacement into a permanent family environment should be achieved. (701-708)

## *Placement Technology*

- Workers must be highly skilled in the technology of child placement to prevent crisis, and to help children manage and master the placement experience with the least amount of distress and pain. The following placement strategies minimize trauma to children.
  - 1) The effects of making placement decisions without first conducting a comprehensive assessment of risk and family strengths can be disastrous. Children not at high risk, as well as their families, may be unnecessarily subjected to placement trauma, while children at high risk of harm may be left unprotected in their homes. Placement decisions must always be based upon sound factual information about the child and family, gleaned from a thorough assessment of risk and strengths.
  - 2) The decision of where a child should be placed is as important as the decision to place. A properly chosen placement will meet a child's physical, emotional, social, and cultural needs, will strengthen and preserve the child's relationship with family members, and will minimize the changes to which the child must adapt. Children should be placed in the least restrictive, most home-like environment possible, as similar to the child's own family, and as close to the child's own home as possible. In order of preference, a temporary placement setting should be: a) with members of the child's extended family; b) with an unrelated family whom the child knows and trusts; c) in an agency-approved foster home in the child's home community. Children whose special needs require a therapeutic treatment milieu should be placed: a) in a family treatment foster home; b) in a family group home; c) in a community group home; and d) in a residential institution.
  - 3) A "transition" method of placement should be used. This allows the child to develop some familiarity with the new home and family, and to develop a beginning affection for and dependence upon the new caregivers, prior to being moved. Strategies include: a) thorough pre-placement preparation of the child for the move; b) thorough pre-placement preparation of the new caregiver to receive the child; c) pre-placement visits prior to moving; d) follow-up support to the child and caregiving family; e) maintenance of relationships with members of the child's own family through involvement of family members in choosing and executing the placement, and through frequent and regular visitation.

### *Promoting Reunification*

- Reunification should be the goal for most families whose children have been placed. However, it is not the best outcome for all families. In some situations, reunification is not possible, either because the parents cannot be engaged to reassume care of their children, or because they have not been able to make the changes necessary to assure safety for their children.
- A thorough family assessment to identify continuing risk factors, and family strengths that can potentially mitigate risk, should precede the development of any reunification plan.
- Providing intensive supportive and therapeutic services that build on family strengths and enable families to work on resolving areas of risk can greatly increase the likelihood of reunification success.
- Families must be linked to naturally-occurring, dependable supportive resources in their extended families and home communities to provide ongoing help and services. This will help to stabilize and sustain the placement after reunification.
- When children cannot be reunified with their biological parents, permanency should be established in a family the child knows and trusts, which might include a kinship family, a child's foster family, or an agency-approved adoptive family, with legal security assured through guardianship or adoption.
- Timely permanence for children is assured by identifying potential alternative permanent families, and developing contingency plans to be implemented should efforts to reunify a child with his biological family fail.

### *Foster Care*

- To be effective, foster care must be viewed as an integrated component on a continuum of child welfare services – a broad range of community-based, family-centered services needed to assure that each child we serve has a safe, permanent family. Foster care should not be viewed as a separate and isolated program, a system of last resort that is involved only

when other child welfare interventions have failed. Foster care services are considered one of many services that protect children and strengthen families.

- A well-integrated, agency-based foster care system has the capacity to provide a hierarchy of services to children and their families along a continuum of increasingly complex problems and needs. Homes along this continuum can be divided into four general types:
  - a) Respite homes, which provide short-term, hourly or daily child care, including protective day care, which can prevent the need for 24-hour placement;
  - b) Traditional foster homes, which provide 24-hour a day care to children for a period of weeks to months;
  - c) Specialized foster homes, which care for children who have unusual physical, cognitive, or developmental problems which require caregiving skills exceeding those needed for traditional caregivers; and,
  - d) Treatment foster homes, in which the day-to-day home environment essentially becomes a treatment milieu for the child in a manner similar to that of a residential facility or group home, but in a consistent family setting.
  
- Foster caregivers are members of an integrated service delivery team, and can contribute to the delivery of services in several ways.
  - a) Caregivers are actively involved in the assessment of the child and family, and in the development of the case plan. Trained caregivers can provide valuable information about the child's development, behaviors, needs, and strengths, and can help determine the most appropriate service interventions to meet the child's needs.
  - b) Caregivers may assume partial to full responsibility for implementing the service activities outlined in the child's case plan.
  - c) Properly trained caregivers can provide valuable supportive and educational services directly to the families of the children in their care to help them increase their parenting capacity, while keeping them involved in their children's lives.
  - d) Caregivers can facilitate reunification through developing and implementing a plan for regular, frequent, and successful visitation between the child and members of the child's immediate and extended family.
  - e) Caregivers may assist in locating, training, and supporting permanent alternative families for children who cannot go home. In many

instances, foster caregivers may, themselves, provide a permanent home for a child through legal guardianship or adoption.

## *Recruitment, Development, and Support of Foster, Kinship, and Adoptive Families*

- To assure that the best temporary and permanent family placements are available for children who cannot be protected at home, programs must be developed that identify, prepare, support, and maintain a variety of foster, kinship, and adoptive placement resources. The most effective programs provide prospective families with essential information needed to make well-informed choices about caregiving, and then prepare them to assume these responsibilities.
- Developmental activities for foster, kinship, and adoptive families can be divided into four general program components: recruitment, screening, family assessment, and both preservice and ongoing inservice training.
- Recruitment programs are best conducted as a regular part of agency operations, rather than as a "special event." Grass roots recruitment, targeted for the types of families the agency is seeking, is more effective than broad-based media blitzes. Recruitment is best conducted by trained caseworkers and caregivers, with considerable personal and one-on-one contact with prospective families.
- Screening helps the agency identify prospective caregivers who do not meet minimum qualifications, or whose backgrounds would preclude them from being approved as caregivers. However, while the agency must screen out families who do not meet basic requirements, the goal is to encourage most interested families to continue to assess their suitability as caregiving families.
- The family assessment is a collaborative and mutual process. The assessment worker does not conduct an assessment *of* the family, but rather, *with* the family. The family assessment serves several important purposes.
  - a) It is an educational process that helps the family refine their conception of foster care or adoption, fully assess their own interests and commitment, evaluate how their life experiences may have prepared them for caregiving, and develop realistic expectations for the experience.
  - b) Families are helped to identify their strengths and areas of potential vulnerability as caregivers, and helps them further consider the types

of children they are best suited to parent, and the types of children for whom they should not provide care.

- c) The family assessment helps define, develop, and strengthen the collaborative relationship between the applicant family and the agency. A positive relationship based on a team approach will promote honest communication, and will provide the framework for collaborative case planning and service delivery. The expectation that the agency-family relationship will be based on trust and mutual respect should be developed from the time of the initial contact, but is strongly reinforced during the family assessment.
- Preservice training gives prospective caregivers sufficient information about caregiving to fully assess their interest, commitment, strengths, and vulnerabilities, and to make an informed decision whether they want to pursue foster care, kinship care, or adoption. Training also prepares them for the caregiving experience. Ongoing inservice training, including standardized Core training, must be provided to promote skill development in competencies identified as high priority needs.
  - The first step in placement support is to assure that the caregiving family has the characteristics and abilities necessary to meet the special needs of the child to be placed. All families have strengths, skills, vulnerabilities, and established patterns of family structure, organization, and intrafamily relationships. Before selecting a family for a child, we must assess whether a family can meet the child's needs, and whether they have the ability to cope with the specific problems and behaviors the child is likely to present. Otherwise, placing the child can create undue stress and disruption for the family, ultimately undermining the placement.
  - Proper preparation of the child and the caregiving family prior to placement is essential. Thorough preparation of children greatly reduces stress and the likelihood of crisis. Prepared caregiving families can anticipate a child's needs, and will be better prepared to respond in constructive and appropriate ways. Families should always be given complete and accurate information about the child prior to placement. When possible, the caregiving family should talk directly with the child's parent or other primary caregiver to obtain this information firsthand.
  - Foster, adoptive, and kinship families should be provided with essential supportive services and linked with service providers in the community to strengthen the caregiving family's capacity to meet the child's needs. A continuum of supportive and therapeutic services for the child and the

caregiving family must be made available. These may include: financial support, developmental services, educational services, medical care, mental health services, help in addressing a child's special needs or problem behaviors, respite services, and services that promote cultural continuity and identity.

- Post-legalization services are an essential component of effective adoption programs, assuring supportive and therapeutic services to adopted individuals and their families throughout the life span, to help sustain and preserve permanent and healthy family relationships.