

ADDENDUM A

FAMILY-CENTERED, NEIGHBORHOOD-BASED (FCNB) SERVICES THE FOSTER PARENT, BIRTH PARENT AND SOCIAL WORKER PARTNERSHIP

FRAMEWORK FOR RELATING

August 2000

Acknowledgment

The following professionals are responsible for the development of the Family-Centered, Neighborhood-Based Services Framework For Relating. Without their guidance and support, this document would not have been possible. PCSAO acknowledges the following individuals for their commitment and respect for the health and well-being of all children and families: Logan County Children Services Foster Parents: Susan Shields, Don Jaunzemis; Logan County Children Services Staff: Rachael Gillespie, Penny Forman, Dianna Thompson, Gail Finch; Stacey A. Saunders, PCSAO project manager for FCNB statewide integration of FCNB. Without the continued support of the Ohio Department of Job and Family Services this document would not have been printed. Finally, PCSAO thanks Angela Sausser Short, PCSAO FCNB Program Coordinator for her user-friendly formatting of this document.

Policy Statement

A family-centered, neighborhood-based services approach to child welfare requires pro-active, careful planning, thoughtfulness and consideration by all involved parties. To form successful partnerships between the birth family, foster family and social worker the roles, responsibilities and protocols for the relationship must be clearly defined and agreed upon by the involved parties. The following framework has been established for this critical partnership. Its ultimate purpose is to assure that children and families can be reunited and maintain independence from the child welfare system.

This document is a “jumping off point” for initiating the dialogue, planning first steps and for reviewing, on a regular basis where the partners are and where they need to go for reunification and family stability to be realized. This Framework is not “written in stone” nor is meant to be. Each county, agency and the individuals involved are different and unique. Circumstances and situations may call for this Framework to be revised, refined and rewritten to meet the unique needs and circumstances of each partnership.

ADDENDUM A

FRAMEWORK FOR RELATING

Partnership Roles and Responsibilities

1. Birth Family

The role of the birth family is to work towards and meet case plan goals and objectives. The birth family's cooperation and assistance is needed. They are responsible for working with the foster family, the agency and other identified community persons. As the primary care givers of the child, the parents have a responsibility to share child-specific information with the agency and foster family to ease the placement process and to assure the child is comfortable in the foster family home.

2. Foster Family

The role of the foster family is to work with the child welfare agency, the child and the birth family for the safe reunification of the child with his/her family. The foster parent is responsible for the day-to-day care and supervision of the child in the foster family's home. In addition to providing food, shelter, clothing, personal care and recreation activities, the foster family acts as an extension, not a replacement of the birth family. As such, there is an expectation that the foster family partners with the child's family to the extent that it is safe to do so, and to the extent the foster family is comfortable in doing so. While the foster family may choose to have a "low" relationship with the birth family, the agency will likely expect a foundation of interaction such as participating in the Family Team Meeting, interaction during planned visitation at the agency, involvement in case plan review sessions, exchanging mail and weekly phone contact. The agency recognizes the challenge of providing foster care to children and is prepared to assist the foster family in any way possible to make the transition of the child into the home and the maintenance of the child once in the home, a positive and worthwhile experience for the foster child and foster family members.

3. Social Worker

The social worker assigned to the child and foster family (which may or may not be the same professional) is responsible for supporting the child and foster family and for assisting the foster and birth family in successful completion of the case plan for reunification. It is essential that the social worker be responsive to the needs of the child, foster family and birth family. Returning calls, regular face-to-face contact, twice monthly reviews of the case plan with the family and planning with the family are critical to assisting the primary stakeholders in the reunification effort.

ADDENDUM B

FRAMEWORK FOR RELATING

BIRTH FAMILY PROFILES

Relationships take time, and to develop, there must be a foundation of trust. Foster families across the state articulate an interest and willingness to partner with the foster child's family when they are confident that doing so will not put their family or themselves in harm's way. The child welfare agency has a responsibility to accurately assess the child and family prior to working with the foster family on their partnership with the child's birth family. A series of family profiles have been developed to assist the practitioner in differentiating five birth family profiles often seen in a child welfare agency. These profiles act as a guide and must not be construed as the only type of birth family profiles that exist. Each family is unique with their own set of strengths and areas of vulnerability. The profiles are to guide the practitioner with structure to successfully build constructive partnerships between the key stakeholders in the child's life.

A. *Profile 1 - Emergency (Short-Term Involvement)*

- ⚙ The family has difficulties, perhaps catastrophic needs created by environmental factors beyond their control. Their present situation has caused them to "slip below" the level of function that the community can tolerate in regards to the care of their children. **There is low to low-moderate risk to the child with one or more of the following underlying sources of risk:**
 - a. acute illness of child/caretaker or close family member;
 - b. acute behavior of child that frightens, frustrates or causes the family to seek help;
 - c. death of the primary caretaker;
 - d. income of family "cut-off";
 - e. housing eviction of family;
 - f. "relapse" of sobriety of primary caretaker;
 - g. first disclosure of sexual abuse within the family.
- ⚙ The family has no access to supportive family, friends, neighbors and community resources to care for the child. The family is currently unable to provide for the safety of the child in the home. Temporary removal of the child from the home is necessary.
- ⚙ The parents appear to be non-violent, non-threatening and while cautious and non-trusting, seem willing to work with the agency to be reunited with their child.

ADDENDUM B: BIRTH FAMILY PROFILES

B. *Profile 2 - Situational (Limited Involvement)*

- ⚙ The family has begun a cycle of maladaptive interaction, which can be arrested by a change in two to three areas of functioning. **There is moderate risk to the child with one or more of the following underlying sources of risk:**
 - a. chronic physical illness of the primary caretaker;
 - b. emotional instability of the primary caretaker as a result of a domestic turmoil, violence or other adult caretaker;
 - c. untreated depression of primary caretaker;
 - d. chronic mental illness of the primary caretaker;
 - e. unacceptable housing and no kinship or support system accessible;
 - f. developmental disability or retardation of the primary care giver;
 - g. use of alcohol or drugs by a primary care giver or other family members living in the home;
 - h. lack of parenting/home management knowledge.
- ⚙ The family has no access to supportive family, friends, neighbors and community resources to care for the child. The family is currently unable to provide for the safety of the child in the home. Temporary removal of the child from the home is necessary.
- ⚙ The parents appear to be non-violent, non-threatening and while cautious and non-trusting, seem willing to work with the agency to be reunited with their child.
- ⚙ With time-limited, intensive effort the CPS agency and community resources can assist the family in regaining their equilibrium and return to a level of functioning that allows for independence from the CPS system.

C. *Profile 3 - Multiple Needs*

- ⚙ The family has a host of problems, including several risk factors that are contributing to child abuse/neglect. **There is high risk to the child. Multiple behavioral changes in several areas are needed to reduce risk sufficiently to reunite the child with the family:**
 - a. debilitating physical disease of one or more family caretakers (confirmed by a physician);
 - b. chronic mental illness of one or more family caretaker (confirmed by a mental health professional);
 - c. chronic addiction of one or more family caretakers (confirmed by a certified alcohol/chemical dependency counselor);
 - d. developmental disability or retardation of primary caretaker (determined by a psychologist).
- ⚙ The circumstances of the family are such that there are no extended family members to help care for the children, and the caretaker cannot provide care at the time the family came to the agency's attention. Temporary removal of the child from the home is necessary.

ADDENDUM B: BIRTH FAMILY PROFILES

C. Profile 3 - Multiple Needs, continued

- 3-A** ⚙ The parents appear to be non-violent, non-threatening and while cautious and non-trusting, seem willing to work with the agency to be reunited with their child.
- 3-B** ⚙ The parents are angry and hostile. The social worker believes that after the initial anger "wears off" the family will likely agree to work with both the worker and foster parent towards reunification.

D. Profile 4 - Multiple Needs with History of Violence

- ⚙ The family has a host of problems, including several risk factors that are contributing to child abuse/neglect. Multiple behavioral changes are needed to reduce risk sufficiently to reunite the child with the family.
- ⚙ The child has been exposed to regular violence in the home. The caretaker is either violent towards self, spouse, other family members or others outside of the home.
In addition, there are likely two or more of the following underlying sources of risk to the child involved:
 - a. debilitating physical disease of one or more family caretakers (confirmed by a physician);
 - b. chronic mental illness of one or more family caretaker (confirmed by a mental health professional);
 - c. chronic addiction of one or more family caretakers (confirmed by a certified alcohol/chemical dependency counselor);
 - d. developmental disability or retardation of primary caretaker (determined by a psychologist);
 - e. record of criminal activity.
- ⚙ The family has no access to supportive family, friends, neighbors and community resources to care for the child. The family is currently unable to provide for the safety of the child in the home. Temporary removal of the child from the home is necessary.
- ⚙ The parents are angry and hostile. Nonetheless, they appear to be non-violent, non-threatening and while cautious and non-trusting, seem willing to work with the agency to be reunited with their child.

ADDENDUM C

FRAMEWORK FOR RELATING

FOSTER FAMILY PROFILES

Foster families, like birth families come to the agency with varying readiness levels. Some foster families are ready to jump in and partner with the birth family for a speedy, safe and lasting reunification. Other foster families prefer not to interact with the birth family at all, while others are willing to have limited interaction. The child welfare agency has a responsibility to the child, birth and foster families to articulate in writing and through face-to-face contact, the expectations the agency has for interaction of the adult stakeholders (social worker, birth and foster families). The agency has a further responsibility to assist and support the development of this relationship for the safety and well being of the child and for the safe reunification of the child with his family.

The following Foster Family Profiles are useful in working with the foster family to identify their readiness level to partner with the birth family, and to discuss, come to agreement and plan for their low, moderate or high involvement with the birth parents.

A. Profile 1: Low - Moderate Willingness to Partner

- ⚙ Foster family has a low to moderate willingness to partner with birth families for the safe and speedy reunification of the child and family.
- ⚙ These foster families would rather not have face-to-face contact with the birth family, but are willing to have some contact in order to support the child and the case plan goals and objectives.

B. Profile 2: Moderate - High Willingness to Partner

- ⚙ The foster family has a moderate to high willingness to partner with birth families for the safe and speedy reunification of the child and family.
- ⚙ If physical interaction occurs, they prefer that interaction be limited to outside of the home but are not opposed to a planful and safe event being in their home under specific circumstances and under certain situations cleared by the agency.

ADDENDUM D
FRAMEWORK FOR RELATING

Social Worker: Competent, Confident and Committed to Family-Centered, Neighborhood-Based Services

The agency social worker and foster care worker understand the underlying values and goals of family-centered, neighborhood-based services. These professionals have the skills to manage small group meetings and are adept at responding to and managing conflict (and/or seeking support when necessary) that may arise as a result of the relationship between the birth family, foster family and himself/herself.