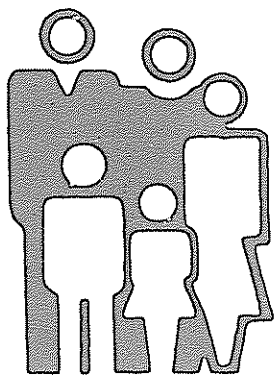# Protection of Children in Foster Family Care

A GUIDE FOR SOCIAL WORKERS

March 1983

Foster Care
Child Protection Project

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ACKNOWLEDGEMENTS

PREFACE

The maltreatment of children placed in foster homes supervised by social agencies is a matter of great concern. Foster child maltreatment constitutes harm to children; but it also represents a serious failure of public responsibility to protect children who have been placed and maintained in foster care by the public child welfare authority. The abuse and neglect of foster children cannot be attributed solely or primarily to individual foster parents. Shortcomings in the performance of foster care agencies and the larger child welfare system contribute to its occurrence. This guidebook is designed to help ameliorate the problem of foster child maltreatment. It aims to provide guidance to foster care agency staff on methods of preventing foster child maltreatment so that foster children can be spared the damaging effects of abuse and neglect. In addition, it aims to help agency staff improve the quality of foster family care.

There is no quick-fix to the problem of foster child maltreatment. The most effective way to reduce the incidence of this problem is to institute and maintain high-quality foster family care service: to provide children with temporary, nurturing care in a foster family while help is provided to reunite the separated biological family or while an alternative permanent placement is arranged for the child. Accordingly, this guidebook is intended to be comprehensive in scope; it addresses child protection issues in all aspects of the placement process. Although its scope is comprehensive, the guidebook necessarily has certain limitations. It is not intended as an all-purpose manual for foster family care. Particular topics to which we have devoted a single chapter would require a full volume to cover thoroughly -- e.g., homefinding and casework services. We have highlighted those areas of practice that we believe are most important for protecting foster children from maltreatment.

One omission deserves particular mention. The topics of permanency planning and casework with biological families of foster children are not approached systematically here. Issues related to these topics are discussed in all the chapters in Part Two, which concern prevention of maltreatment in the placement process. The guidebook, however, does not instruct workers on how to determine and implement permanency plans nor on how to work effectively with biological families to achieve these plans. These areas of practice obviously are critical to achieving the purposes of foster care; and they have been increasingly emphasized in recent years. They are omitted from this guidebook for three reasons: First, to do justice to these topics would require a separate manual; second, useful resources are available that provide guidance in permanency planning;* and third, the areas of practice discussed in this guidebook appear to be of greater significance for preventing the maltreatment of children while placed in foster homes.

This guidebook is addressed primarily to foster care social workers: caseworkers who supervise foster homes, casework supervisors, homefinders, intake workers, foster home care administrators, and agency directors. It should also be of use to other professionals concerned with foster family care -- psychiatrists, psychologists, nurses, training staff, judges, and attorneys -- and to foster parents. The guidebook has been designed for use as a text in training foster care social workers and as a reference source for practitioners.** It

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* See Victor Pike et al, Permanent Planning for Children in Foster Care: A Handbook for Social Workers (Portland, Ore.: Regional Research Institute for Human Services, Portland State University, 1977) and Theodore J. Stein and Eileen D. Gambrill, Decision Making in Foster Care: A Training Manual (Berkeley, Cal.: University Extension Publications, 1976).

** The Vera Institute has developed and pilot tested a training program for foster care caseworkers and supervisors on preventing the maltreatment of foster children.

is also intended to provide guidance to agency administrative staff concerning practice tools and procedures for upgrading the quality of foster family care service.

The guidebook is divided into two parts. Part One describes the nature of foster child maltreatment and practices that place foster children at risk of maltreatment. Part Two reviews issues of child protection in each aspect of the placement process -- homefinding, certification, training of foster parents, matching, ongoing casework, and recertification -- and presents guidelines for improving the quality of foster family care. The final chapter presents a review of law, regulations, and guidelines concerning reporting and investigation of foster child maltreatment.

PART ONE: FOSTER CHILD MALTREATMENT

I

AN OVERVIEW OF CHILD MALTREATMENT

The phenomenon of foster child maltreatment represents one aspect of the social problem of child abuse and neglect and needs to be understood in the context of this broader framework. What is child maltreatment? What are its various manifestations? What factors contribute to the occurrence of child maltreatment? What are its consequences for children? This section presents a brief overview of child maltreatment as an introduction to the more detailed discussion of foster child maltreatment which follows.

DEFINITION

Over the past two decades, the problem of child maltreatment, especially physical abuse, has received increasing attention by policy makers, health and social service professionals, researchers, and the news media. Although there is widespread awareness concerning the existence of this social problem, there is no widely accepted definition of child maltreatment. Two reasons appear to be principally responsible for this lack of agreement in definition. First, the notion of child maltreatment refers to treatment of children that falls below minimal standards for child care. These standards depend upon community norms and values, which may differ between various groups in our multi-cultural society. Second, a range of professionals with different orientations—social workers, pediatricians, lawyers, and researchers—have been concerned with the problem of child maltreatment and have proposed divergent definitions, reflecting their different perspectives.

For the purpose of a broad overview of this problem, the following conceptual definition seems useful. (The New York State legal definitions of child abuse and neglect are reviewed in chapter X.)

A maltreated child is one who has suffered,
or is in imminent danger of suffering, harm

inflicted non-accidentally by the acts or
omissions of a caretaker.

The key points in this definition are: (1) that a child has been harmed, or is at serious risk of harm (this harm may consist of physical injury or emotional damage); (2) that this harm is not accidental—it must have been inflicted intentionally or resulted from negligence; and (3) that the harm is attributed to the conduct of a caretaker—a parent, foster parent, child care worker, or other responsible adult. In addition to persons functioning in a parental role, institutions, social agencies, and even the community as a whole may be regarded as responsible for child maltreatment.

Typically a distinction is drawn between abuse and neglect. "Abuse" refers to harmful acts of a caretaker; "neglect" refers to omissions by a caretaker to provide minimally acceptable child care.

MANIFESTATIONS OF CHILD MALTREATMENT

Child maltreatment occurs when caretakers directly harm children or they fail to perform their role in accordance with minimal standards of child care. Because there are many different ways in which caretakers can harm children, child maltreatment takes on various manifestations. There is no standard typology of child maltreatment accepted in the literature. The following classification distinguishes major types of maltreatment. An individual child, of course, may be maltreated in more than one way.

1. Physical abuse: injury directly inflicted on children by adult caretakers, which may result from beatings (often with an object such as a belt or electric cord), shaking, burns, scalding, etc. Physical abuse may result from a single, explosive outbreak of violence by a caretaker or may occur repeatedly.

2. Sexual abuse: child subjected to sexual intercourse or sexual contact by an adult caretaker.

3. _Lack of supervision_: caretaker negligently leaves children without competent supervision temporarily or for an extended period of time, or fails to take minimal precautions to protect children from environmental hazards.

4. _Failure to provide physical necessities_: caretaker intentionally or negligently fails to provide children with adequate food, clothing, physical care, or safe living environment. Also included in this category is failure to assure that a child receives proper medical care.#

5. _Emotional maltreatment_: caretaker fails to provide the minimal attention and emotional nurturance required for a child's growth and development; or a caretaker repeatedly degrades or demeans a child such that his or her emotional health is impaired.

6. _Educational neglect_: caretaker prevents a child from attending school or fails to respond when aware that a child is repeatedly truant.

7. _Fostering delinquency_: caretaker requires or encourages children to engage in illegal activity, such as stealing or prostitution.

8. _Abandonment_: primary caretaker deserts a child and evidences no intent to resume care.

CAUSES OF CHILD MALTREATMENT

Child maltreatment needs to be understood in the context of a multi-dimensional array of causal factors—individual personality, environmental stresses, interpersonal relations, and broader social factors—that may contribute to the occurrence of this problem. Outlined below are some of the principal causal factors that have been identified in the literature on child

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\# To the extent that financial assistance and social services provided to poor families are insufficient to enable caretakers to meet minimal child care needs, government agencies or the community as a whole may be regarded as responsible for the resultant maltreatment of children.

maltreatment.* An individual case of child maltreatment is likely to be the outcome of a complex dynamic of interrelated factors.

    A.   Individual caretaker characteristics

        1. Psychological disturbance
        2. Low frustration tolerance, lack of self-control
        3. Alcoholism, drug addiction
        4. Deficiencies in parenting skills
            a. lack of knowledge or ability to provide physical care
            b. unrealistic expectations of children
            c. lack of nurturing feelings
            d. excessive rigidity, belief in the need for harsh discipline
        5. Experience of maltreatment as a child

    B.   Situational stress

        1. Poverty, financial strain
        2. Unemployment
        3. Poor housing
        4. Too many children
        5. Disruptive life changes (e.g., loss of job, death of family member, illness, separation or divorce, moving to a new location)
        6. Conflict between parents
        7. Social isolation (lack of family or friends or formal support services to provide help)
        8. Unwanted child
        9. Child's behavior problems or handicaps

    C.   Social norms: e.g., approval of physical punishment

        to discipline children

The following hypothetical case illustrates the multidimensional character of child maltreatment.

> Mrs. Smith is under investigation for alleged child abuse after a report was made by a neighbor who suspected that Mrs. Smith's children were receiving frequent and severe beatings. On a visit to Mrs. Smith's home, the child protective worker discovered that Mrs. Smith's 18 month old son had extensive bruises and welts on his buttocks and thighs, which appeared to be in various stages of healing. Mrs. Smith admitted that she has recently beaten her son with a belt when he has failed to control his bowels. She insists that he soils himself on purpose, to spite her.

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* See the references in the Bibliography under the heading, "Child Maltreatment."

In the course of the interview, Mrs. Smith related that she
sometimes has difficulty controlling her temper, and that she has
felt particularly distraught recently because she has separated
from her husband and is under considerable financial strain.
(There are three other children under 10 years of age in the house-
hold.) Mrs. Smith also revealed that as a child she had been beat-
en occasionally by her mother with a belt, and that she believes
in "strict discipline."

A variety of factors appears to underlie the maltreatment in this case,

including aspects of Mrs. Smith's personality, her upbringing, her current

beliefs about child care and deficient understanding of child development

and behavior, and stress resulting from marital breakdown, financial pressure,

and an extensive burden of child care.

In preparation for the sections that follow, this case should be examined

as an example of foster child maltreatment. Imagine that Mrs. Smith is a foster

parent and that the 18 month old boy is her foster child. (The other three

children are her natural children.) You are a caseworker who has recently been

assigned to this foster home. The condition of Mrs. Smith's foster son was

discovered by you on a home visit.

--How would you respond to this situation?

--What measures might have been taken to prevent the

occurrence of maltreatment of this sort?

It might be useful to review this case once again after you have read the

section on reporting, investigation, and child protective action and the sections

on preventing child maltreatment in the various stages of the placement process.

CONSEQUENCES OF MALTREATMENT

Beyond the immediate harm to victims, maltreatment often has far-reaching

consequences for the development and behavior of children. A review of the

damaging effects of child abuse and neglect underscores the importance of pre-

vention. Awareness of the possible consequences of maltreatment is especially

important for foster care social workers since many foster children have ex-

perienced parental maltreatment prior to entry into foster care.

The consequences of maltreatment for an individual child may depend upon a variety of factors: the type of maltreatment, the severity of harm associated with the incident, the age and sex of the victim, the persistence of maltreatment prior to intervention, the treatment services available to the child and family, and the quality of care received by the child after the occurrence of maltreatment. Research has indicated that maltreated children are prone to a range of neurological deficits, emotional disorders, and behavior problems.[*] These include:

    °developmental delay

    °neurological abnormalties

    °language deficits

    °learning disorders

    °low intelligence

    °low self-esteem

    °depression, apathy, detached/withdrawn behavior

    °violent behavior

Maltreated children may suffer from multiple deficits. Some maltreated children who manifested primarily depressive behavior as young children become increasingly aggressive as they enter adolescence. Because many maltreating parents were abused or neglected as children, the consequences of maltreatment may extend from one generation to the next.

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[*] For a review of research on the consequences of maltreatment, see Julius Segal, "Child Abuse: A Review of Research" in Families Today, Vol. 1, 1979.

NATURE OF FOSTER CHILD MALTREATMENT

Although there has been considerable research on child maltreatment in natural families, few studies have been conducted on the maltreatment of children placed in foster homes. Accordingly, little systematic knowledge has been acquired regarding the dynamic factors underlying foster child maltreatment and the significant characteristics of victims and perpetrators. The only research to date on this problem concerning New York City children placed in foster homes (and one of the very few studies addressing this problem) is the Vera Institute's Foster Home Child Protection Study, which surveyed 73 substantiated cases of abuse and neglect of New York City children placed in foster homes that were investigated in 1979. Some of the findings from this exploratory study are reviewed in this section, as background to the discussion of preventing foster child maltreatment.

THE ROLE OF THE FOSTER CARE AGENCY

What principally distinguishes the maltreatment of children placed in foster homes from the maltreatment of children in natural families is the involvement of a social agency in all aspects of foster family care. Foster parents are certified caretakers under the supervision of an agency charged with promoting the welfare of children placed in foster care. Accordingly, shortcomings in agency performance may contribute to or prolong the occurrence of foster child maltreatment.

A variety of agency problems were found to be associated with cases of foster child maltreatment in the Vera study. These included:

°Homefinding investigations that did not probe the disciplinary practices and attitudes of prospective foster parents.

°Deficiencies in matching of foster children with foster families. For example, a 13-year old child with emotional problems (she had been sexually

abused by her natural mother's common law husband), was placed along with her sister, aged six, in the home of a 23-year old, single foster mother. This foster mother, who had been a foster parent for only four months at the time of the investigation, also had an infant of her own to care for. The foster mother was constantly in conflict with her adolescent foster daughter and repeatedly threatened to have her removed from the foster home. (The foster mother was cited as perpetrator for scratching the child, apparently in a fight.) In another case, in spite of a foster parent's request not to care for infants, a new-born child was placed in the home and received a fracture due to negligent handling during bathing.

°Placement of too many foster children in a home.

°Failure to decertify a foster home known to be deficient.

°Absence of home visits by the agency social worker for a period of three months or more prior to the investigation.

°Failure of caseworkers to assure that working foster mothers had arranged adequate substitute child care.

°Lack of training of foster parents regarding understanding of foster children's behavior and alternatives to physical punishment.

Guidelines for agency staff that address these problems are presented in Part Two.

CHARACTERISTICS OF MALTREATMENT CASES

Physical Punishment

Severe physical punishment was a common characteristic of the maltreatment cases examined in the Vera study. In most of these cases, foster parents hit their foster children with objects—usually a belt, switch, or electric cord. (Other objects used included dog leash, paddle, hairbrush, plastic baseball bat, breadboard, and broomstick.) The injuries to children ranged in severity from

minor laceratons to extensive bruises and welts, deep wounds, and, in one case, the death of a seven-year old foster child (after a beating with an extension cord by his foster father). Physical punishment in some cases also may have caused suspicious injuries of young children, such as fractures, which did not correspond with the explanations offered by foster parents according to the opinions of examining doctors.

Physical punishment cases also differed with respect to the persistence of this method of discipline. In some cases, the physical punishment appeared to represent an unusual, explosive use of force by a foster parent, prompted by the misbehavior or provocation of a foster child. For example, a foster father beat his foster son with a belt immediately after the child's school bus driver came to the foster home to report that the boy had been fighting on the bus and would not listen when told to stop. This beating, which caused welts, appeared to be an isolated incident: the record indicated that the boy had been hit on one other occasion by his foster father without injury and spanked a few times by his foster mother. After the incident, the foster father was described in the record as very remorseful.

In other cases, by contrast, the physical punishment revealed in the investigation was found to be part of a pattern of discipline. Some foster parents openly stated to investigators that they regularly used a belt or switch to discipline their foster children. One foster mother investigated for alleged abuse, who admitted beating her two foster sons, told the investigator, "My husband and I would never have become foster parents if we knew we couldn't whip the children." The investigator described as "hideous" the series of bruises, lacerations, and scars found on the legs, thighs, and buttocks of one of these boys. In another case, the foster mother reported to the investigator that, when necessary, she beats her natural and foster children with an electric cord. This woman indicated that she was beaten by her own mother with a switch or a

cord and that she regards this as an acceptable method to get children to conform to rules of behavior and to command respect.

Lack of Supervision

The majority of cases examined in the Vera study involved various deficiencies in supervision of foster children. Most of these can be classified into the categories described below.

°Foster parents delegated responsibility of daily care for younger foster children to a teenage natural or foster child living in the home. For example, a 14-year old foster son was made responsible for the care during the summer months of four other foster children and one adopted child, aged nine to 12 years. While both foster parents were at work, the oldest child prepared meals and took the younger children to the park for recreation. In another case a nine-year old mentally retarded foster child was supervised in the home by a 14-year old natural son during the time that his mother, a single foster parent, was at work.

°Foster children left completely unsupervised for extended periods of time. (Agency action and child protective investigation occurred in these cases after the situation had been brought to the agency's attention by the complaint of the children in one case and a neighbor in another.)

°Isolated, temporary instance of lack of supervision. For example, a foster mother left her two foster children, aged three and four, locked in her car for 45 minutes while she went to pay her overdue telephone bill. The children were discovered by a police officer and removed to the precinct station house. During the investigation, the foster mother admitted using poor judgment in leaving the children in the car and attributed this lapse to the strain she was experiencing due to recent separation from her husband and pending divorce proceedings.

°Foster parent failed to exercise the degree of supervision and careful attention required for the care of a mentally retarded or physically handicapped child.

Other Types of Maltreatment

Sexual Abuse: Sexual abuse of a child by foster parents was found to occur in two cases in the Vera study. In one case an adolescent foster child accused her foster father of requesting sexual contact. In the second case, an adolescent foster child alleged that she and her sister had been forced repeatedly for several years to undress and have oral sexual contact with their foster father.

Because it lacks the overt signs of physical abuse and physical neglect, sexual abuse is difficult to detect. Children who are sexually abused within the family are often reluctant to tell persons outside the family about their situation.

No research data exist comparing sexual abuse of natural and foster children. Foster children may be more vulnerable to sexual abuse, since the incest taboo prohibiting sexual relations between members of the biological family is not operative in the relations between foster parents and foster children. The literature on sexual abuse of children in biological families suggests that female foster children may be at greater risk of sexual abuse than male foster children. Foster children also may be subject to inappropriate sexual advances from or contact with other natural or foster children in the foster home. (These cases are not classified officially as sexual abuse since they do not involve the acts of caretakers or responsible adults; foster parents are liable to be cited as perpetrators of lack of supervision for failure to protect foster children from sexual contact with other children in the foster home.) Caseworkers need to be alert to the possibility of sexual abuse of

foster children and to intervene whenever it is suspected.

In addition to severe physical punishment, deficiencies in supervision, and sexual abuse, other types of foster child maltreatment in the study cases included: lack of adequate medical care; lack of adequate food, clothing, or shelter; emotional neglect; and promoting delinquency (teaching and requiring children to steal).

CHARACTERISTICS OF VICTIMS AND PERPETRATORS

Further research is needed to develop an accurate profile of foster child maltreatment victims and perpetrators as an aid in preventing this problem. However, the Vera study identified some characteristics of victims and perpetrators that have implications for prevention.

Victims

Age: Foster children of all ages may be victims of maltreatment. Younger children—under three years of age—are naturally more vulnerable and at greater risk of receiving serious injury. Nearly all the children in the Vera study with injuries requiring medical attention were in this age group.

Placement history: In the Vera study it was found that, as compared with the general population of children in foster homes, children who were victims of maltreatment were more likely to have experienced multiple foster care placements and have been placed in foster care because of a determination of parental maltreatment. Children in these categories, therefore, may be at greater risk of maltreatment in foster homes. The behavior problems manifested by these foster children may place considerable strain on foster families. Foster parents who care for these children should be selected carefully and should receive intensive training in understanding and managing foster children's behavior as well as ongoing support from caseworkers.

Perpetrators

Family status: Foster parents cited as perpetrators in the study cases were substantially more likely to be single parents (almost all foster mothers) than foster parents in general. Accordingly, single-parent foster homes may be at greater risk of producing foster child maltreatment than two-parent foster homes. This does not mean that single-parent foster homes are generally suspect or that single parents should be excluded from selection as foster parents. Rather, single foster parents should receive adequate support and monitoring, and they should not be overburdened by placement of more children than they can care for competently.

Experience: Contrary to what might be expected, foster parents cited as perpetrators were not predominantly new to foster care. Only 17 percent had less than one year of experience at the time of the maltreatment investigation. (Their mean length of time as foster parents was five years.) Preventive efforts, therefore, need to focus on foster homes currently in the system as well as on the selection and training of new foster parents.

III

PRACTICES THAT PLACE FOSTER CHILDREN AT RISK

Child care in each of its dimensions—physical care, discipline, supervision, emotional nurturance—may be regarded as conduct that falls along a continuum. At one extreme lies positive child care that optimally satisfies the developmental needs of children; at the other extreme lies maltreatment—acts or omissions of a caretaker that are harmful to children. A wide range of parenting behavior, which is more or less adequate for the care of children, falls in between these extremes. Along each dimension of child care there exist problematic practices that approach the borderline of maltreatment, that place children at risk of harm. Identification of these risk-producing practices is important for planning intervention to prevent maltreatment.

The chart below illustrates the continuum of child care. Each category of child care spans a range of territory and the boundaries between them are not sharp. A two-pronged approach is needed to prevent foster child maltreatment. First, agency practice should strive to provide and maintain foster home placements that fall within the adequate-optimal end of the continuum. Second, foster care practices in the problematic area should be addressed, through assessment and intervention, so that they do not reach the point of maltreatment.

CONTINUUM OF CHILD CARE

Optimal	Adequate	Problematic	Maltreatment
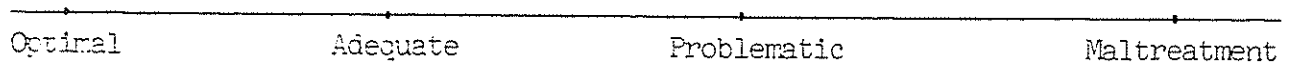
In this section we examine practices of discipline and supervision that place foster children at risk of maltreatment. The review in the last chapter of substantiated maltreatment cases involving foster children points to these two basic areas of child care as demanding special attention in the effort to prevent maltreatment. Physical punishment will be examined in some detail, since excessive use of physical punishment is a common characteristic of child maltreatment cases (in both biological and foster families); and, although

problematic, it is a widespread and generally approved method of discipline in our society. Efforts to reduce the frequency and severity of physical punishment of foster children would contribute greatly to improving the protection of foster children. We will also discuss some other problematic disciplinary practices and some issues concerning the supervision of foster children that are important for preventing maltreatment.

DISCIPLINE

Physical Punishment

The use of physical punishment is a traditional method of discipline in our society; and recent studies indicate that a majority of American parents use physical punishment.# Although corporal punishment (including spanking) of foster children is prohibited by New York State regulations,## it is probable that foster parents do not differ markedly in their use of physical punishment from other parents of similar ethnic and socio-economic status.### In spite of its widespread use and social approval, physical punishment, especially of foster children, is problematic for a number of reasons.

Rationale for prohibiting physical punishment: First, physical punishment of foster children violates child welfare policy incorporated in state regulations. As in other aspects of child care, foster parents are held accountable to a more stringent standard than biological families. Although the prohibition

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#For recent data on the extent of physical punishment by parents, see Richard J. Gelles, "Violence Toward Children in the United States," American Journal of Orthopsychiatry, Vol. 48, 1978.

##18 N.Y.C.R.R. 441.9.

###Some data on the use of physical punishment by foster parents are described in Vera Institute, Foster Home Child Protection Study, p. 8.

is clear--it covers all corporal punishment including spanking--it is important
to understand the problem for foster parents posed by this prohibition. Child
welfare standards favor a normal family environment for foster children and
oppose differential treatment of natural and foster children living in the same
foster home. Foster parents who physically punish their natural children must
either discipline their foster children differently or violate the regulations.
A foster mother interviewed about discipline of her foster child stated, "I know
that I am not supposed to hit her but I treat her like I treat my own children
whom I spank when they do not listen."

Second, the practice of physical punishment is connected with the incidence
of child abuse. A spanking that does not cause physical injury to a child does
not constitute abuse or maltreatment; however, our society's approval of physical
punishment as a method of discipline contributes to the incidence of abuse. Con-
doning or approving physical punishment raises the risk that some children will
be injured severely as a result of parental discipline. Giovannoni and Becerra
in their recent study of child abuse observe:

> The public view seems to be: "It's all right to hit your child, but
> not too hard; in fact it's all right to hurt your child -- but not too
> badly." This issue needs to be faced more squarely than it is at present.
> As long as we as a society condone corporal punishment of children, we
> must admit that we are also willing to place some children in danger of
> being hurt badly. Child abuse education programs would do well to empha-
> size not so much the bizarre, extreme situations but the borderline types
> of mistreatment, the bruises and welts that come from "normal" hitting, the
> threshold of child abuse. The ambiguity that surrounds the demarcation of
> that threshold increases the risk generated by the social acceptance of
> physical punishment. In a very real sense, all parents are at risk of at
> some time crossing the threshold into "child abuse."[*]

Two cases drawn from the Vera study of foster child maltreatment illustrate
this point. A foster mother responded to the misbehavior of her adolescent foster

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[*] Jeanne M. Giovannoni and Rosina M. Becerra, <u>Defining Child Abuse</u> (New York:
The Free Press, 1979) p. 243.

child by attempting to hit her on the buttocks with a breadboard. The child

placed her hand in the way of the blow and received an injury that required

medical attention. In a second case, a foster mother apparently intended to

beat her disobedient foster son with a belt on the buttocks, but he turned

around and was struck in the face, causing bruises. "Routine" discipline can

unintentionally cross the threshold to abuse. Caretakers who resort to physical

punishment (especially with an object) not only risk the possibility of hitting

their children in a more sensitive area than intended, but also may strike with

greater force than anticipated or lose control, thus leading to serious injury.

Third, child development experts have condemned the practice of physical

punishment on several counts:*

(a) Persistent parental physical discipline is correlated, in several

studies, with aggressive behavior of children.

(b) Parents who use physical punishment serve as models to their children

in the use of violence: "...by being hit by you when you are angry, children learn

to hit others when in turn they are angry. Later when you try to help your

child learn to talk out a problem rather than fight, you will be trying to undo

a response that you helped establish in the first place."**

(c) Punishment, although it may suppress undesired behavior, does not

teach children desired behavior.

(d) Physical punishment is ineffective as a tool of moral education of

children: "A child may learn how to avoid successfully any guilt feelings for

bad behavior by setting up a cycle in which the punishment cancels the 'crime'

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*For a general review of the literature on the effects of physical punishment
of children, see Norma D. Feshbach, "The Effects of Violence in Childhood,"
in Child Abuse and Violence edited by David G. Gil (New York: AMS Press, 1979).

**James P. Comer and Alvin F. Poussaint, Black Child Care (New York: Simon
and Schuster, 1975) p. 55.

and the child, having paid for his mischief, is free to repeat the act another time without attendant guilt feelings."*

(e) Physical punishment may even reinforce undesired behavior in the case of some children, who provoke punishment in order to get parental attention. (This latter consideration may be especially significant for foster children who were abused or neglected by their parents prior to entering foster care.)

Fourth, the effects of physical punishment may be more detrimental to foster children than to natural children. Corporal punishment tends to produce anxiety and resentment in children; these feelings may be stronger in the case of foster children who are uncertain of their status in the foster family and who may interpret physical punishment by foster parents as rejection. Foster children may lack the sense of being loved, which tempers the experience of punishment. In addition, children often react to physical punishment with a temporary loss of self-esteem. Since foster children are especially vulnerable to developing low self-esteem, persistent physical punishment is likely to reinforce a foster child's poor self-image.

Finally, the use of physical punishment by foster parents is incompatible with the emerging role of foster parents as professional parents who are members of the agency child welfare team. Like biological parents, foster parents are called on to provide love and nurturing for children; but they also need to cultivate understanding and develop special skills to care temporarily for troubled children pending their return to biological parents or adoption. The growing recognition that foster parents should receive training supports this perception of foster parents as professionals. As trained practitioners,

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* Selma Fraiberg, The Magic Years (New York: Scribner's 1959) pp. 253-254. The use of physical punishment has been found to be negatively associated with the development of conscience in children in a number of studies: See Maria R. Yarrow, John D. Campbell, and Roger V. Burton, Child Rearing (San Francisco: Jossey-Bass, 1968) pp. 110-112.

foster parents should be expected to refrain from the use of physical punishment.

To fulfill their role competently, foster parents need to be equipped with the understanding of children's behavior and skills of behavior management that can help them produce effective discipline of foster children without physical punishment or other potentially harmful practices. Foster parent training on foster children's behavior, discussed below in chapter VI, constitutes an important means to this end.

Reasons for parental use of physical punishment: Why do parents use physical punishment? Understanding the reasons or motivations underlying the use of physical punishment is important for developing effective programs to protect foster children. The following motivating factors have been identified in the literature.

(a) Conventional child-rearing norms permit, if not encourage, the use of physical punishment.

(b) Parents tend to repeat the styles of discipline they experienced as children.

(c) Physical punishment seems effective to many parents; in addition it may be regarded by parents as necessary with children at a certain developmental stage (e.g., children not old enough to reason with) or with certain types of children (e.g., aggressive or hyperactive children).

(d) Frustration or anger at repeated or flagrant misbehavior may cause parents to lash out with physical punishment.

(e) Physical punishment is convenient: it is quick and easy. It may be easier for parents to whack a child who breaks a glass object than to child-proof the home. Burdened parents may not feel they have the time to reason with children.

(f) Many parents resort to physical punishment because they are unaware of alternative, effective techniques of discipline.

(g) Parents may continue to use physical punishment because the experience is reinforcing; physical punishment may extinguish in the short-run children's undesired behavior and may operate as an emotional catharsis for parents.

Intervention

We have reviewed in detail problems associated with the practice of physical punishment of foster children. Policy prohibiting this practice is incorporated in state regulations. What have been lacking are adequate enforcement and programmatic efforts to assist foster parents in managing foster children's behavior without resort to physical punishment. Use of physical punishment to discipline children should be addressed in the homefinding and certification process, in orientation and training of foster parents, in the course of ongoing casework with foster families, and in periodic foster home evaluations. Guidelines for prevention and enforcement are presented below as we discuss child protection in the placement process.

Other Problematic Disciplinary Practices

In addition to corporal punishment, state regulations on foster care prohibit the following disciplinary practices:

(a) deprivation of meals, snacks, mail, or visits from family;

(b) room isolation and solitary confinement;

(c) discipline delegated to children.*

Threats to remove children: A potentially harmful disciplinary practice that is not included in this list is threatening to remove foster children from the home. Commenting on this practice as it affects children in natural families, Bowlby observes:

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* 18 N.Y.C.R.R. 441.9.

When used repeatedly, or even only occasionally, but with in-
tensity, such sanctions or threats of sanction can have calamitous
effects on a developing personality. In particular, because they
deliberately cast grave doubt on whether an attachment figure will
be available when needed, such threats can greatly increase a per-
son's fear that he will be abandoned, and thereby greatly increase
also his susceptibility to respond to other situations fearfully.#

When applied to foster children, such threats are likely to exacerbate separation

anxiety and reinforce their sense of being unwanted.

Indeed, the threat of removal may encourage foster children to act out in

order to force the termination of placement. As Reistroffer notes:

Self-induced termination keeps him from involving himself
emotionally and prevents the inherent risk of again losing a
family or persons who have meaning for him. As a foster child, he
has a distorted self-image and is likely to regard himself as fail-
ure-prone or as a loser. Faced with the threat of removal or re-
placement, he may attempt to get the indecision over with.##

It is not difficult to understand how exasperated foster parents may be

provoked to issue threats of removal. Foster children may not only engage in

disturbing behavior but may directly challenge foster parents' disciplinary

authority: "I don't have to listen to you, since you're not my parent." Foster

parent education and social worker intervention should help foster parents under-

stand the potentially damaging effects of threats to have children removed and

help them cope with the provocative behavior that may prompt such inappropriate

disciplinary responses.

Verbal abuse: Verbal abuse constitutes another type of mistreatment to

which foster children may be particularly vulnerable. It may range from subtle,

demeaning messages conveyed to foster children to blatant, derogatory criticism.

Five types of verbal abuse are discussed below: (1) criticism of the foster

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John Bowlby, Separation (New York: Basic Books, 1973) p. 209.

Mary Reistroffer, "Is It Possible to Psychologically Brutalize Your Child?"
In Foster Family Care: A Collection of Papers and Abstracts (University of
Wisconsin Extension, 1973) p. 12.

child as a person; (2) unfavorable comparison of foster children with biological children; (3) demeaning comments about a child's foster status; (4) criticism of a foster child's biological family; and (5) racial epithets or negative statements about a child's cultural heritage. Instances of verbal abuse may combine one or more of these types. Persistent verbal abuse of a child represents a form of emotional maltreatment.

Parents continually face behavior of children that prompts criticism. Occasionally, parents may be induced to make derogatory comments about their children -- e.g., "You're a slob!" -- rather than indicating their disapproval of specific behavior -- e.g., "Eat with your fork, not with your fingers." Criticism of the child as a person -- as lazy, sloppy, bad, etc. -- is generally unproductive and bound to cause resentment in the criticized child.

Foster children may be especially hurt by such criticism from foster parents, since they tend to have low self-esteem. Some comments by foster parents may be particularly harmful. For example, a foster mother may be pro-voked to berate her foster daughter who has just been caught stealing: "You're no good, and you're going to turn out just like your mother." (The girl's mother was incarcerated after being convicted for shoplifting.) Such criticism represents a double-attack: it condemns the child and the child's mother.

Foster children not only are prone to low self-esteem, but they may adopt a negative self-image. They may see themselves as bad, and believe that their badness caused their removal from their homes. (The negative self-image of foster children is discussed in detail in chapter VIII.) Derogatory comments about the child as a person may confirm a foster child's negative self-image and reinforce acting-out behavior that corresponds with this self-image.

Criticism of a foster child that compares the child unfavorably with natural children in the foster family also can be harmful. The unfavorable

comparison highlights negatively the different status of the foster child and is likely to diminish the child's already meager self-esteem.

Verbal abuse may take the form of drawing attention in a demeaning way to a foster child's status. Case records of one maltreatment case in the Vera study revealed that foster children in the home were sometimes called "welfare" children by the foster parents.

Foster parents may issue critical remarks about a foster child's biological parents in the presence of the child. These may be deliberate statements addressed to the child or comments made inadvertently in the child's presence.

Finally, in the case of placements of a child in a home with a different racial or cultural background, foster children may be subjected to critical comments about their racial group or their cultural heritage. Like the other forms of verbal abuse, this type of criticism interferes with the foster child's development of a positive identity.

Agency staff, through formal training and ongoing casework, should help foster parents appreciate the damage to children of verbal abuse in its various dimensions and its blatant and more subtle manifestations.

SUPERVISION OF FOSTER CHILDREN

As noted above, deficiencies in supervision of foster children were involved in many of the maltreatment cases examined in the Vera study. Three areas of supervision seem particularly important for reducing the risk of maltreatment and protecting foster children: (1) care of infants and young children, especially prevention of accidents; (2) care of special-needs children—mentally retarded, physically handicapped, or emotionally disturbed, foster children; and (3) substitute supervision when foster parents are working or otherwise unavailable for child care.

Care of Younger Children

Many children suffer harm because adequate precautions were not taken to assure their safety. When this harm results from clear parental negligence, it can be regarded as approaching, or within, the maltreatment end of the child care continuum. Accordingly, programs of accident prevention can be seen as preventing maltreatment.

Preventable accidents constitute a leading cause of death and injury for infants and pre-school children. According to the Report of the Select Panel for the Promotion of Child Health, "Half of all childhood injuries occur in the home -- from fires, scalds, falls, poisonings, and unsafe or improperly used products."* Infants and young children are especially vulnerable to injury resulting from lack of careful handling -- e.g., in bathing or diaper-changing -- and from dangerous objects in the household environment. Risks are posed by electrical outlets and appliances, ovens and burners, radiators, hot tap water, sharp implements, handguns, slippery floors, open stairways, bathrooms, open windows, medicines and poisonous substances, plastic bags, and many other common household features or items. Children in older buildings are at risk of ingesting lead by swallowing paint chips.

Since foster parents have raised their own children, they may be presumed to be skilled in physical care and alerted to environmental hazards for young children. However, some childless couples become foster parents, and experienced parents nonetheless may fail to take adequate precautions to protect their children. Accordingly, agencies should implement accident prevention programs

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* Better Health For Our Children: A National Strategy (U. S. Department of Health and Human Services, 1981) p. 83.

for all foster homes that care for young children. Foster parents should be provided information on environmental hazards and how to "child-proof" their homes. In addition, careful screening of foster parents is needed to assure that young children receive competent physical care.

Special-needs Children

Mentally retarded and physically handicapped children need more careful supervision than normal children. They may be more vulnerable physically to injury, they may be deficient in balance or motor control, or they may be less able to assess risks of injury. Emotionally disturbed children -- e.g., children who are self-destructive -- also need more intensive supervision than normal children. Agencies should provide careful screening, specialized training, and support for foster parents who care for handicapped children so that they are equipped to meet the demands of supervision and care posed by these children.*

Substitute Supervision

Failure to arrange competent substitute child care when foster parents are not available poses a risk of foster child maltreatment. Several cases examined in the Vera study involved supervision of younger children delegated to teen-age children in the household. There are a number of problems with such delegated supervision. Teen-agers given responsibility for regular, daily child care may not be competent to meet this demand or may be overburdened. In addition sibling rivalry, which can be exacerbated when foster children are involved, may place foster children at risk of maltreatment when supervised by

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* The Child Welfare League has developed a foster parent training curriculum for care of mentally retarded children, "Foster Parenting a Retarded Child." Eastern Michigan University has developed three curricula for care of handicapped children: "Fostering the Physically Handicapped Child", "Fostering the Mentally Retarded Child", and "Fostering the Emotionally Disturbed Children".

other children in the home. State regulations for the care of foster children stipulate that:

> Children under the age of 10 years
> shall not be left in the home without
> competent adult supervision, nor chil-
> dren above that age except as might
> reasonably be done by a prudent mother
> in case of her own children. (18 N.Y.C.R.R.
> 444.6 (f))

Because delegated supervision by working parents is a common practice, agencies need to inform foster parents regarding policy for supervising children. Foster parents should make plans for regular substitute care of foster children in conjunction with their social worker, who should occasion-ally make checks to assure that the children are being competently supervised.

PART TWO: CHILD PROTECTION IN FOSTER FAMILY SERVICE

IV

SELECTION OF FOSTER PARENTS

Efforts to select foster families on the basis of a comprehensive and careful study, with close attention to child protective issues, are necessary for the prevention of child maltreatment in foster homes and the identification of applicants with the greatest potential for foster parenting. The recruitment and selection of foster parents are the responsibilities of each agency providing foster family care services. There are New York State regulations* and basic principles of practice to follow in the two importantly linked processes of recruitment and selection of foster families. Specific guidelines to inform practice are set out below.

RECRUITMENT OF FOSTER PARENTS

In order to secure an adequate number of homes that are capable of meeting the needs of children coming into foster care, each agency should have a planned, multi-method approach to recruitment: e.g., speaking engagements, outreach and community education programs, distribution of literature, and use of the media. Foster parents currently working with the agency can significantly help in the recruitment program through informal contacts with neighbors and speaking engagements with community groups. The demand for particular foster homes may fluctuate during certain periods or may be dependent upon the specific needs or cultural background of children coming into foster care. This necessitates a planned approach to recruitment that includes projection of the number of foster homes needed and takes into account the characteristics, the service needs, and the geographic location of children and biological families.

The recruitment program should realistically present the capabilities foster parents need to provide care for special kinds of children (e.g.,

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* Title 18 N.Y.C.R.R. Parts 443 and 444 (amended as of July 7, 1981).

emotionally deprived or disturbed, neurologically impaired, mentally retarded, physically disabled). There may be reluctance to emphasize the amount and kind of commitment expected of foster parents so as not to discourage people from making the first step in the application process. However, for those people who neither withdraw during the screening process nor have their application rejected, the recruitment and homestudy process is the beginning of their relationship with the agency. Perceptions about the agency, the children and their families, and foster parent-social worker roles formed during this period affect expectations for placement later on.

The recruitment program should be evaluated periodically by the agency and foster parents. Particular attention should be given to the approval rate for applicant families and turnover rate for recruited families; and the agency should review periodically the extent to which the results of the recruitment program match the service needs of the foster child population.* In addition, agencies should consider co-sponsoring recruitment programs. This kind of program initiative could contribute to the effective use of resources (limited staff and foster homes) and diminish the competitive and duplicative efforts of agencies to secure foster parents.

THE HOMESTUDY

Selecting foster parents is time-consuming and requires special skill. Homefinding practices vary from agency to agency and span a range of methods, techniques, and decision-making processes. These differences in practice among agencies include: who conducts the homestudy, the type and amount of interviews seen as adequate, the specific assessment tools used to judge the fostering ability of applicants, who decides acceptance or rejection of a home, and the

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* American Public Welfare Association, Standards for Foster Family Services Systems for Public Agencies, (Washington, D. C.: American Public Welfare Association, 1979) p. 55.

grounds on which this decision is made. In spite of variations in approach, there are essential components within the homestudy that must be adhered to in order to protect foster children and select the most competent foster parents.

An entire volume could be devoted to the selection of foster parents.# The intent of this chapter is to provide an overview of the homestudy process and to discuss in depth particular elements of this process that contribute to the protection of foster children and to successful placements. The guidelines set forth below draw on current practice, established standards, and recent research in two areas -- the selection of foster parents and child maltreatment in foster care.

Purposes

The major purposes of the homestudy are to determine if the prospective foster family:

1. Meets the State certification regulations and the basic requirements of the agency;

2. Can provide for the physical, emotional, social, and educational needs of children who may be placed in their home;

3. Is capable and willing to relate to foster children's families in a helpful way by facilitating visitation, and assisting foster children to develop positive relationships with their families;

4. Is capable and willing to work as part of a team with agency staff, other agencies, schools, and community resources to reach the objec-tives set forth in both the permanency and service plans for the child.

A useful training manual for foster home licensing workers has recently been developed under a grant by the U. S. Children's Bureau: Kenneth Krause, Guidelines for Licensing Family Foster Homes (Jane Addams College of Social Work, 1981).

5. In addition, one aim of the homestudy should be to determine specific
    recommendations for matching children coming into care with an appro-
    priate foster family.

Detailed information in many different areas must be gathered from pro-
spective foster parents to make the best informed judgments in light of these
purposes. Conversely, the agency has the responsibility to provide informa-
tion about foster care to applicants so that as the homestudy process proceeds,
prospective foster families can evaluate their own interest and capabilities
in caring for foster children and adapting to the demanding role of fostering.
Outlined below are the general areas of information which the agency should
obtain from and provide to prospective foster families during the homestudy
process.

Information About the Foster Family

Agencies are responsible for obtaining comprehensive and complete informa-
tion about the prospective foster family in order to determine their capacity
to provide care for a foster child. This includes:[*]

°Reasons for wanting to become foster parents

°Present level of family functioning, in terms of individual members
and the family as a unit (e.g., marital, parent-child, sibling, and ex-
tended family relationships)

°Experience with children, attitudes toward and expectations of
own children

°Attitudes and practices concerning discipline and supervision of
children

[*]See Child Welfare League of America, Standards for Foster Family Service (New
York: Child Welfare League, 1975) pp. 59-61; American Public Welfare Associa-
tion, Standards pp. 57-58.

°Relationships with relatives, friends, neighbors

°Current employment status of applicants, work schedules, work history, and salary earned

°Education completed for each applicant

°Social relationships and activities patterns including interests, hobbies, and how leisure time is spent

°Religious affiliations, observances, and activities

°Current patterns of everyday living

°Experiences with and responses to stress or crisis

°History of applicants' childhood relationships with parents, siblings, or significant others

°History of how applicants were disciplined as children including reaction to this experience

°History of applicants' experiences with separation or loss through death, desertion, or divorce and reaction to these experiences. (This experience may affect the applicants' feelings about separation from foster children who are returned to their parents or placed in another home for adoption.)

°History of experience with special-needs children and feelings about caring for them

°In two-parent situations, capacity of husband and wife to share with each other the care of foster children

°Attitudes toward parents of foster children

°Willingness to work cooperatively with the agency to achieve plans for foster children

°Information about Kinship foster families should be gathered as thoroughly as it is with regular prospective foster families; especially with regard to contact with biological families.

Information About the Agency

Agencies are responsible for providing applicants with a realistic description of what foster family care entails. At the outset prospective foster parents need to learn the expectations the agency has of them and the roles that the foster parent, biological parent, and agency each serve. Information to be given by the agency to applicants should include:

°The agency's responsibility for conducting a study of the prospective foster home including an explanation of the homestudy process and the information to be shared between the applicants and agency

°The characteristics of foster children served by the agency

°The reasons and situations underlying placement of children

°Confidentiality of information about foster children and their families

°The special problems encountered by foster children, including effects of separation from their biological families, anticipated reactions to foster family placement, and feelings of being different from other children in school and the community

°The importance of stability of care for foster children, and of avoiding unnecessary replacements, as well as abrupt placements, in case replacement becomes neccessary

°The temporary nature of foster care and varying lengths of time children may require placement

°The differences between foster family care and adoption

°The special characteristics of being a foster parent, and how this differs from biological parenthood

°The relationship of the agency to the foster family, to foster children, and to biological families of foster children

°The interaction of foster families and biological families

°Agency reimbursement rates and payment procedures, provisions

for clothing, medical care, psychological and psychiatric services, education,
and religious training

°Regulations and agency procedures regarding the care, supervision, and
discipline of foster children

°Availability (mandatory and optional) of foster education programs
and support/discussion groups

Applicants' Self-Assessment

The homefinding process involves applicants' self-assessment as well as
assessment by the agency. Homefinders should help prospective foster parents
consider carefully and evaluate their capacities to provide care to a foster
child, including:

°The types of children they feel most qualified to help

°Their ability to relate to the child's family

°How they can deal with a child's varied feelings about self,
the biological family, and the foster family

°Their working relationship with the agency social worker and
other staff

°Their ability to use community resources

Methods and Procedures for the Homestudy

To ensure that the homestudy process achieves its intended purposes, it is
necessary for the agency to establish a set of relevant policies and procedures;
and for the homefinder to use various techniques of interviewing and collecting
information.

A series of planned, structured interviews should be arranged by the home-
finder with prospective foster parents and with their children or other members
of the family residing in the home. Family group and individual interviews
with each parent and child should be conducted. Children — even those as

young as three years old -- can provide the homefinder with a rich source of information about themselves, their relationship with their parents and how they are treated, the family's functioning and their own feelings concerning the addition of another child to the family. As would be expected, the way in which questions are asked and phrased for children differs from adults. Special attention should be given to developing interview methods and questions geared to children. In two-parent families, husband and wife should be interviewed together and separately, with similar questions being asked of each person. There are several benefits in this procedure: the homefinder has the opportunity to experience the prospective applicants individually and as a family unit; information received in one interview can be compared and then probed and clarified in another; and each applicant has the chance to respond freely in his or her own interview and to speak together in a joint session on subjects they may not frequently discuss.

It is important that interviews be conducted both in the home and at the agency. This enables the homefinder to talk with the applicants and observe the family dynamics on their "home territory." The social worker also needs to assess certain aspects of the home in order to comply with certification regulations* (e.g., sleeping arrangements, physical facilities and condition of the home, etc.). Conversely, additional contacts at the agency help to formalize the homefinding process and permit applicants to become acquainted with the agency since, if approved, foster parents are expected to come to the facility for various kinds of meetings. This also mirrors the process which occurs later on in placement where the social worker visits the home and the foster parents periodically accompany their foster children for agency appointments (e.g., visitation, medical exams, therapy, etc.) or attend workshops and training programs.

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* See Title 18 N.Y.C.R.R, part 444.

Group meetings of prospective foster parents held at the agency during the initial application process can provide an opportunity for useful information exchanges between applicants and the homefinder.* Discussing agency policies and procedures, the characteristics of foster children and biological families, and expectations of foster parents in a group setting can serve as a screening device for the homefinder and assist the applicants in deciding whether or not to pursue the application process. However, group interviews should never serve as a substitute for individual interviews once the homestudy proceeds past initial screening or orientation to foster care.

References from persons who know the prospective foster parents are an important source of information for the homestudy. In addition to obtaining written references, face-to-face interviews should be conducted (e.g., with school personnel and neighbors). New York State regulations now require that in-person interviews be held with at least two of the four persons applicants must give as references to the agency.**

Interview guides and checklists for homefinders and questionnaires for prospective foster parents should be developed to assure that all relevant information is covered and documented. For each purpose and general category of information outlined above there should be a series of specific questions and probes that will enable the homefinder to collect substantive and meaningful data.

Because of the complexity and significance of selecting foster parents, agencies should designate for this task social workers who have foster care experience, who have special skills or training, and whose primary or sole

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* See Chapter VI for a discussion of preservice training and orientation for foster parents.

** See Title 18 N.Y.C.R.R., part 444, Section f.1.

function is to conduct the homestudy. Social workers responsible for the home-studies must be adept at conducting interviews of varied type and duration and possess assessment skills. The ability to collect, organize, and analyze a substantial amount of information (factual, attitudinal, and behavioral) from different sources is essential to achieving the purposes of the homestudy. In addition, homefinders must be familiar with and sensitive to the cultural values that influence prospective foster parents, particularly child rearing attitudes and practices. Agencies should also assure that social workers conducting the homestudy are able to speak the primary language of the applicants.*

CHILD PROTECTIVE HOMEFINDING

To select foster parents with an eye to child protection, homefinders need to be alert to indicators of attitudes and practices that place foster children at risk. Homefinders should probe for any signs that prospective foster parents:

°Would be likely to resort to severe physical punishment (especially with an object) as a method of discipline

°Are highly intolerant of misbehavior or deviance in children or have highly unrealistic expectations regarding children's behavior

°Subscribe to strong beliefs about the need for harsh punishment to combat children's misbehavior

°Have low frustration tolerance and inability to control their temper

°Lack sufficient maturity, judgment, or concern to protect children from harm

°Would exploit foster children or treat them as inferior members of the household

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* See section in Chapter VIII "Cross-Cultural Casework" for a discussion of cultural sensitivity issues in foster family care.

°Would respond to foster children in a way that is consistently cold, rejecting, insensitive, or demeaning

°Are likely to abuse alcohol or drugs

°Are engaged in illegal activities that could negatively influence foster children

°Are subject to overwhelming stress stemming from, e.g., burden of child care, marital discord, financial strain.*

Signs of high potential of maltreatment may be elicited from prospective foster parents by direct questioning and indirectly in the context of exercises that probe child rearing attitudes; from observation of or questioning directed to the children of prospective foster parents; from interviews with neighbors, teachers, or other references; and from official records -- e.g., child maltreatment information systems.

New York State Screening Requirements

The New York State Social Services Law** requires that the agency make an inquiry to the statewide Central Register of child abuse and maltreatment to determine if the applicant is the subject of an indicated report of abuse or maltreatment.*** In addition, no person can be certified as a foster parent by more than one agency. Homefinders should make inquiries to the State Child Care Review Service concerning current and previous certification of the applicant. It is important for the homefinder to know if the applicant maintained a foster home that was closed involuntarily and the circumstances of decertification.

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* This list of indicators of maltreatment potential was derived from a review of the literature on child maltreatment and the findings of the Vera study on foster child maltreatment.

** New York State Social Services Law, Title 6 - Child Protective Services, Section 424-a.

*** Foster parents should be told that the Central Register will be checked to determine if they are the subject of an indicated case of child abuse or maltreatment.

Assessment Tools

The assessment tools suggested here focus primarily on applicants' understanding and attitudes concerning children's behavior and their concurrent discipline practices. We concentrate on these issues since they have important implications for child protection.

Probing for the childhood experiences of applicants: A valuable method of eliciting information on the disciplinary attitudes and practices of prospective foster parents is to probe their childhood experiences. People derive their child rearing values in part from their own upbringing and tend to model their parenting according to this experience. The homefinder should question the applicants on how they were disciplined in the context of gathering background data on the applicants' childhood and family history. The following topics should be covered:

°Kinds of behavior applicants exhibited as children that upset their parents or significant adults

°Kinds of discipline used by applicants' parents or significant adults

°Differences in the discipline used by applicants' parents according to age and sex of children

°Applicants' feelings about the discipline used by their parents

°Applicants' acceptance of the discipline used by their parents as effective, valuable.

It is not sufficient to know that an applicant may have feared and loved his or her parents or that physical punishment, in the form of spanking or hitting with an object, was used. Prospective foster parents' attitudes concerning the discipline practices of their parents can provide the homefinder with insights about how an applicant may or may not behave in certain situations. At

the least, information that reveals an acceptance of practices (past or present) which are contrary to state regulations or pose a potential risk of maltreatment should be questioned further and evaluated carefully by the homefinder.

A child abuse case in the Vera study illustrates the significance of exploring this issue with prospective foster parents. One foster father seriously injured one of his foster children by beating him with a belt. This foster father indicated in the homestudy that as a child and adolescent he had been disciplined by being hit with a belt. More importantly, he had stressed that this method of discipline had helped build his character and without these beatings he would not have turned out as well as he did. Never did he express disapproval of the manner in which he was handled as a child. However, he stated that as a parent he was inclined to deny privileges rather than administer physical punishment.

This kind of information must be weighed carefully within a total appraisal of the functioning of the foster family. While this particular foster parent in his responses to questions to discipline did not endorse physical punishment, he viewed positively his own childhood experience of severe physical discipline. Social workers need to be alert to these nuances which emerge during the interviews. Factors like the one mentioned above should be considered when deciding whether to approve the home and should guide specific recommendations for ongoing assessment and support when a home is accepted.

Using hypothetical examples: There are different ways to assess and determine applicants' potential as foster parents. Direct questions enable the homefinder to collect certain types of factual data (income, employment, family history, number of children, etc.) A combination of direct questions and probes facilitate the gathering of more in-depth information. For example, in collecting material on the family background of prospective foster parents direct

questions would be followed by probing and exploring the significance of particular childhood experiences.

In an interview setting people naturally can be quite suggestible. Direct questions asked by the interviewer run the risk of suggesting to the applicant the specific content of an answer that may be desirable or not desirable. In order to avoid this type of biasing, and to obtain the information that is needed to make judgments concerning applicants' suitability as foster parents, use of indirect hypothetical questions is recommended.

Several examples of the indirect approach are offered below.* These questions can easily be incorporated into the homestudy interviews and can provide the social worker with valuable insights concerning the parenting style of the family. Prospective foster mothers and foster fathers should be asked to respond separately to these examples.

Example I

°David is an eight-year old child who just won't mind; he talks back or yells at you almost every time you ask him to do something.

-How do you think you might handle this type of behavior?

-Why do you think a child would behave in this way?

Example II

°Jill is an eleven-year old child who is often careless with her clothing, toys and the furniture in the foster home. She doesn't put her clothes away and breaks or damages the other items.

-How do you think you might handle this type of behavior?

-Why do you think a child would behave in this way?

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* These examples are adapted from Patricia Cautley and Diane Lichstein, The Selection of Foster Parents, Manual for Homefinders (University of Wisconsin Extension, Center for Social Service, 1975). This manual includes a useful and comprehensive range of interview questions and provides guidance on how to elicit, code, and analyze the responses of applicants.

Example III

     °Brian is a six-year old who consistently wets the bed at night.

     -How do you think you might handle this type of behavior?

     -Why do you think a child would behave this way?

Example IV

     °Laura is a twelve-year old who from time to time has taken change from the kitchen counter without asking. Today you discovered from a younger child in the home that Laura took ten dollars from your purse and spent it among her friends at school.

     -How do you think you might handle this type of behavior?

     -Why do you think a child would behave in this way?

Example V

     °Curtis is a sixteen-year old who has periodically talked about quitting school. Today you were informed by the school that he is failing two subjects and has not been to classes for one week.

     -How do you think you might handle this situation?

     -Why do you think a teenager would behave in this way?

In each of these examples several factors need to be assessed. First, you must look at how the applicant would respond to the behavior. To what degree does the response represent a firm, consistent handling of the situation? Is the discipline that is indicated related appropriately to the behavior and age of the child? Is there any attempt to teach the child different ways of behaving or is the corrective action primarily punitive? For example a style of harsh discipline may be determined not by the nature of the discipline alone but also by assessing whether applicants are motivated by anger or revenge instead of a desire to teach the child. In addition, the homefinder should assess the applicants' insight into children's behavior.

Additional assessment factors: In the material presented above we have focused on applicants' attitudes and practices concerning children's behavior and child rearing methods. There are other assessment factors outside this realm of inquiry which bear upon child care and child protection. These additional factors not only have significance for the homestudy but for matching, initial placement, and case management decisions which are made subsequent to the selection of foster parents.*

The following list of factors is not intended to be exhaustive but rather highlights areas for special attention. These points are stressed here because when ignored they may contribute to child maltreatment or to the breakdown of a placement. The homefinder is in a position to assess these factors first hand and to make specific recommendations to colleagues and prospective foster parents concerning: (1) the suitability of a home for children of a particular age-group or with special characteristics, and (2) situations that do not necessarily preclude applicants from foster care but need special attention by other social workers at and during placement.

°The specific child caring experience of the applicants. The homefinder should assess the experience of prospective foster parents with children of different age groups. This includes experience with their biological or adopted children. If prospective foster parents do not have children, contact with the children of friends' families, or volunteer and work experiences with children should be explored with the applicants.

°Employment status of applicants. In two-parent households or a single, working parent household provisions for child care should be explored and verified. Even in instances where employment may be part-time and during hours

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* See sections on each of these areas for a full discussion of child protection issues.

that the children are in school plans for supervision and arrangements for emergency situations should be assured.

°Preference of prospective foster parents concerning children they are able and willing to care for.* Applicants' preferences should be discussed and explored with the homefinder. Based on the assessment of both the worker and the prospective foster parents, specific, substantiated recommendations should be made so that the preferences will be respected by intake workers who select particular foster homes for children needing placement.

°The willingness of applicants to work with the agency and the social worker. Applicants must be given information that helps them clearly understand the role of the foster parent and agency. The homefinder must assess the openness of applicants to accept home visits, to discuss problems with the worker, to receive suggestions about discipline and care of foster children, and to work within a team framework.

Decision and Recommendations

Many foster parent applicants withdraw prior to completion of a homestudy. In some instances evidence may surface which clearly indicates that a family is not appropriate for fostering (e.g., any strong evidence of the indicators of potential maltreatment reviewed above). However, in most cases homefinders will need to make a recommendation for certification based on developing a total profile of the prospective foster family and weighing this in terms of state regulations and agency policy. The grounds for this recommendation should be thoroughly documented in the homestudy record. The decision whether or not to certify a foster home is made in consultation with the homefinder's supervisor

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* See Chapter VII for important variables concerning foster parent preferences.

or other administrator in the foster care agency.

In addition to guiding the selection of foster families, the homestudy generates valuable information on new foster families, which can help agency staff make the best use of foster home resources. Recommendations for matching foster families with different types of foster children should be formulated with supporting evidence.* The homestudy also can indicate areas in which foster families need development. Suggestions for special training needs of new foster parents and for areas of child care in which the new foster parents require close monitoring and support also should be presented in the homestudy. To maximize the utility of the information obtained in the homestudy, a conference should be scheduled with the homefinder and the caseworker whenever a first placement is made in a newly-certified foster home.

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* Matching is discussed in Chapter VII.

V

CERTIFICATION

FOSTER BOARDING HOME AGREEMENT

Once the homestudy has been completed and the application of a prospective foster family has been accepted, foster parents are certified and their home becomes available for placement of children. (Caretakers -- usually relatives -- who have taken in children not their own may become "special study" foster parents after agency investigation.) The formal relationship between the foster parents is documented in the Foster Boarding Home Agreement signed by the foster parents and an agency representative. The process of signing this document offers a useful tool for specifying foster care policy regarding the respective roles, responsibilities, and rights of foster parents and the agency and for obtaining the commitment of both parties to observe the provisions of the Agreement. The Agreement also can provide a framework for periodic evaluation of the quality of foster family care services.

Careful drafting of the Agreement is necessary to insure that it is sufficiently comprehensive in scope; accurately reflects the operative federal, state, and local laws and regulations; and is formulated in language that is comprehensible to foster parents. (Copies should be available in Spanish as well as English.)

Foster parents should become familiar with the terms of the Agreement in the course of orientation so that questions can be aired and policies can be clarified. It is important that the Agreement not be viewed as pro forma, as a legal technicality that must be followed but is not taken seriously. Rather, the Agreement should be regarded as setting the terms of the foster family care partnership aimed at achieving the goals of foster care. Agency representatives present at the signing should satisfy themselves, by questioning the foster parents, that the Agreement is understood. To achieve these purposes, the

Agreement should not be written in the legalistic style that is used in many current agency Agreements.

In order to keep the Agreement within manageable proportions, it should be limited to summary statements that highlight respective roles and responsibilities; more detailed specification should be contained in an agency handbook distributed to all foster parents. Outlined below are recommended topic areas for the Foster Boarding Home Agreement. In addition, each agency may wish to incorporate provisions concerning specific agency policies or procedures. Legal requirements for the Agreement are stipulated in regulations of the State Department of Social Services.#

A. Purposes of Foster Family Care

    1. Temporary care of children pending return home, adoption, or independent living

    2. Provision of care in a family environment

B. Role of Foster Parents

    1. Primary care providers

    2. Team members with agency staff

C. Foster Parent Responsibilities

    1. Provide daily care

        a. affection, emotional support

        b. food, clothing, shelter

        c. supervision (health, safety, and welfare)

        d. discipline (refrain from physical punishment, threats of removal, or other inappropriate techniques)

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18 N.Y.C.R.R. 444.5 (c) and (d).

    e. recreation

    f. integration in family

2. Promote foster child's healthy development

3. Promote education and participation in school

4. Promote religious observance and education in accordance
   with wishes of parent

5. Promote child's appreciation of his or her cultural heritage

6. Cooperate with agency in providing medical care and clinical services

7. Allow agency and authorized public officials to visit home to monitor
   the quality of foster care

8. Cooperate in visitation of child with biological family

9. Participate in planning for child

10. Attend regular case conferences

11. Maintain confidentiality of information about child and family

12. Participate in foster care education programs and agency workshops

13. Keep the agency informed about the progress of the foster child and
    discuss any problems in care of foster child with social worker

14. Refrain from boarding children from other agency

15. Provide sufficient notice to agency of wish to have foster child
    removed from the home

16. Inform agency about family life changes

    a. change of address

    b. family membership

    c. employment

    d. illness

17. Inform agency about vacation plans

18. Report accidents, illnesses, injuries, or emergencies involving foster child

19. Maintain required records

D.   Agency Responsibilities

1. Provide legal custody and guardianship for foster children

2. Plan for foster child's return home, adoption, or preparation for independent living

3. Plan services for child

4. Provide payments for maintenance, medical expenses, and other reimbursable expenditures

5. Make regular visits to foster home

6. Provide social work support and guidance for foster family

7. Provide professional services for child as needed

8. Promote child's family ties and arrange for visitation

9. Provide foster parents with all available pertinent information about foster child and biological family

10. Place children in accordance with an assessment of the foster family's capabilities and preferences

11. Provide opportunities for continuing education of foster parents

12. Inform foster parents regarding foster care regulations and agency procedures, including provisions for subsidized adoption.

13. Conduct annual evaluations of the foster home

14. Provide emergency assistance

15. Report suspected abuse or neglect of children

E.   Foster Parents' Rights

1. Preference for adoption after 18 months of continuous care and right of intervention in custody proceedings concerning foster child

2. Request conference with supervisor or foster home director to
   address grievances

3. Removal of child

   a. notification

   b. administrative review

4. Refusal to accept children whose needs cannot be met

FOSTER PARENT HANDBOOK

Each agency should prepare a foster parent handbook, which explains
foster care policies and procedures on all the topics included in the Foster
Boarding Home Agreement, outlined in the preceding section. This should be
distributed to prospective foster parents during the homefinding process and
should be thoroughly reviewed in group or individual orientation sessions.
(Copies should be available in Spanish.) A useful guide for developing foster
parent handbooks has been prepared by the Child Welfare League.[*] Agencies
periodically should review their handbooks to assure that they are up-to-date
regarding foster care policies, regulations, and procedures.

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[*] Helen D. Stone and Jeanne M. Hunzeker, Creating a Foster Parent – Agency
Handbook (New York: Child Welfare League of America, 1974).

TRAINING OF FOSTER PARENTS

RATIONALE

Foster family care is a complex service, which places great demands on foster parents. In addition to basic parenting knowledge and skills, foster parents need to understand the impact of separation and foster care status on the development and behavior of foster children, the significance of the biological family to the foster child, the impact of fostering on the foster family, the policies, standards, and practices of the foster care system and the agency, and the legal context of foster care. They need to develop skills to manage the often difficult behavior of foster children, to collaborate with agency staff, and to work with troubled families. Traditionally, education of foster parents has been seen as a component of casework. It has come to be recognized, however, that individual orientation sessions prior to certification and individual counselling by caseworkers are not sufficient to assure adequate preparation and development of foster parents. Programs of foster parent group education are needed for this purpose. In addition, group education offers an opportunity for foster parents to learn from each other, which may be more effective than casework counselling, and to provide mutual support.

Programs of foster parent group education were initiated as experimental projects in the early 1960s and were greatly expanded in the 1970s. During the past ten years an increasing number of state or local jurisdictions have mandated training of foster parents. Results of evaluative research indicate that foster parents participating in training have shown positive changes in beliefs and attitudes pertaining to foster care; and that when compared with untrained foster parents, trained foster parents are more likely to remain licensed and more likely to view their placements as successful.*

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* See, e.g., Lawrence Boyd and Linda Remy, "Is Foster-Parent Training Worthwhile?" _Social Service Review_, June 1978.

In this section we review briefly the state of the art in foster parent group education and discuss in more detail a recommended program aimed at helping prevent the maltreatment of foster children by training foster parents in understanding and managing foster children's behavior.

OVERVIEW OF FOSTER PARENT TRAINING

Types of Training

Foster parent education programs generally have been designed for either pre-service training of prospective foster parents or in-service training of certified foster parents. Pre-service training programs tend to concentrate on providing a general introduction to fostering. Topics covered often include: agency policies and procedures, reasons for placement, characteristics of children needing placement and their biological families, the effects of separation and foster care status on children's behavior, how caring for a foster child affects family life, the relationship with the social worker, and working with the biological family. In addition to conveying knowledge and influencing attitudes regarding foster family care, pre-service training operates as a screening device. Prospective foster parents learn about the role and responsibilities of foster parents; they may decide as a result of this orientation that they are not genuinely interested in assuming the demanding task of fostering. Clear explanation of child care policies regarding discipline and supervision of foster children in the context of pre-service training should help in screening out prospective foster parents who may be prone to mistreat foster children. Pre-service group education, therefore, can function as an important component of the homefinding process.

In-service foster parent training provides an opportunity for more intensive training in particular aspects of fostering. Topics covered include:

child development, discipline and behavior management, fostering children in particular age groups such as infants and adolescents, fostering special-needs children (physically handicapped, mentally retarded, emotionally disturbed), communication skills and teamwork with the agency, working with biological families, and the legal context of foster care.

Training Methods

The most widely disseminated curricula of foster parent education, developed by the Child Welfare League and Eastern Michigan University, adopt similar methods of training. An adult education approach is followed, in which instructors facilitate active involvement and interaction of learners rather than lecture to a passive audience. Group discussion is emphasized, so that foster parents can learn from each other. General principles of fostering are conveyed as they bear on discussion of concrete issues of concern. Group activities -- role-playing, brainstorming, and breaking down the group into smaller groups for intensive discussion, with reporting back to the larger group -- constitute an integral part of the training. Audio-visual materials, such as tapes and films, are used. Foster parents are provided workbooks and packages of reading materials for home assignments.

TRAINING IN UNDERSTANDING AND MANAGING FOSTER CHILDREN'S BEHAVIOR

Objectives and Rationale

Prevention of maltreatment has not been an explicit goal of foster parent training. The connection between the practice of physical punishment and maltreatment suggests that foster parent training in understanding and managing foster children's behavior may be a promising preventive tool. To be effective, this training should be designed to achieve the following objectives: (1) to convey factual information regarding the development and behavior of foster

children; (2) to address the problematic nature of physical punishment and other inappropriate disciplinary techniques; (3) to facilitate open discussion of attitudes and values concerning discipline of children; (4) to develop foster parents' skills in using appropriate behavior management and problem-solving techniques, and (5) to encourage communication between foster parents and social workers. The rationale for each of these objectives is discussed below.

Behavior of foster children: As noted in Chapter I, the literature on child maltreatment indicates that unrealistic expectations of children's behavior are often a factor in child abuse. Children may be punished for behavior they are developmentally incapable of controlling. Understanding that "offensive" behavior -- e.g., thumb-sucking, bed-wetting, lying, sexual experimentation -- is normal for children at different stages may help temper the disposition of caretakers to respond punitively. Understanding of a child's developmental stage is also needed to select effective techniques of behavior management. Accordingly, a basic knowledge of child development is important for foster parents so that they can be prepared for and respond appropriately to the behavior of their foster children.

In addition to developing insight into child development, training for foster parents should acquaint them with behavior problems of foster children that stem from the foster care experience. The treatment of children in their biological families (especially where it involved severe abuse or neglect), the experience of separation, parental visiting (or its absence), changes in the foster family such as placement of a new foster child, and plans for discharge from care are likely to have ramifications for the behavior of foster children.[*]

Problematic methods of discipline: Because many foster parents, like most

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[*] See Chapter VIII below for an overview of the behavior of foster children.

American parents, may feel that physical punishment, within limits, is an appropriate technique of discipline, training in behavior management must confront directly the problematic character of this practice. The disadvantages of physical punishment as a disciplinary method and the risk of maltreatment associated with its use need to be addressed. Foster parents must understand the reasons for prohibiting corporal punishment of foster children and that agencies take this regulation seriously. The training should also indicate the rationale for avoiding other potentially harmful disciplinary techniques, such as threatening foster children with removal and verbal abuse.

Disciplinary attitudes: The practice of physical punishment is bound up with deep-seated attitudes and values regarding discipline of children. To be effective, the training program must provide an opportunity for foster parents to express their attitudes and examine their values concerning physical punishment. It might be helpful to conduct group activities in which trainees discuss recollections of the way they felt after being physically punished as children and imagine the responses of foster children to physical punishment.

Behavior management skills: Of course, it is not enough to explain why physical punishment is not acceptable for foster children. Foster parents need to be equipped with skills of effective behavior management that do not involve physical punishment or other inappropriate methods of discipline. In addition to reviewing the selection and use of alternative disciplinary and problem-solving techniques, the training should help foster parents gain insight into how their behavior may unintentionally reinforce undesired behavior of their children and how unproductive habits of parent-child interaction can be overcome.

Relationship between foster parents and social workers: Finally, the training program in understanding and managing foster children's behavior should stress the importance of open communication between foster parents and social

workers.* Where a cooperative relationship is lacking, foster parents may try to hide potentially serious problems from social workers that might be resolved or alleviated by forthright discussion or by providing appropriate services. Reluctance to discuss problems in managing foster children's behavior may lead to foster parents insisting that a child be removed from their home or to maltreatment. Training needs to illustrate the benefits of teamwork in behavior management and to convey to foster parents that they have a right to request help from the agency when they are experiencing difficulty in coping with foster children's behavior. The training also should address the dimension of power in the relationship of foster parent and social worker and the associated fears of foster parents that they may have their foster children removed if they reveal the existence of problems.

Participation of Foster Fathers

The participation of foster fathers would be important for the success of the training program. In the Vera study, foster fathers, as well as foster mothers, were found to be perpetrators in maltreatment cases involving physical punishment. Not only should both foster fathers and mothers benefit from training in understanding and managing foster children's behavior, but training of both the foster father and mother in a foster home should help reduce the chance that they disagree regarding proper methods of discipline, which may cause family conflict. The opposition of an untrained foster father to the new disciplinary methods learned by a trained foster mother, or vice versa, may undermine the effectiveness of the training. Moreover, when both foster parents are trained, they may encourage or support each other in experimenting with new disciplinary techniques.

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* The relationship between foster parents and caseworkers is discussed in Chapter VIII.

Training Content

Useful material for developing a foster parent training program in understanding and managing foster children's behavior can be drawn from a variety of sources. A wealth of practical advice regarding discipline of children is presented by Dodson in his book, How to Discipline With Love. Among the impressive range of foster parent education courses developed by Eastern Michigan University, several contain valuable material, which is summarized below. (Detailed outlines of 17 courses have been brought together in a single volume.)

The development of foster children is covered in five courses: "Emotional Development: The Three Families of the Foster Child," "Fostering Infants," "Fostering the Pre-school Child," "Fostering the School Age Child," and "Fostering the Teenager." The course on emotional development introduces foster parents to the developmental perspective and makes the point that foster children usually lag somewhat behind most children in their development. The task of the foster parent is presented as helping the foster child move on from his or her current level of functioning to the next developmental stage. The courses on fostering children of different age groups instruct foster parents on normal development at each stage along five dimensions: physical, emotional, intellectual, social, and moral. For each stage, the key developmental tasks are emphasized and the impact of separation is explored. The training groups in each course examine typical reasons for foster children's behavior problems at each developmental stage, and group discussions center on how to respond to problematic situations. Skills of discipline appropriate for children of different age groups are illustrated.

Additional useful material on discipline is presented in the course, "Handling Lying, Dishonesty, and Destructive Behavior." Foster parents explore reasons for children's negative behavior in light of their developmental level and how the foster care experience may contribute to negative behavior. Concrete guidance is pro-

vided for preventing problem behavior and for managing it effectively when it occurs. Discipline methods discussed include: prevention of negative behavior through environmental control, natural consequences of behavior, temporary isolation (time-out), physical restraint (if necessary), discussion of behavior with child (when he or she is ready), and providing the child with non-harmful outlets for aggression.

The problem of physical punishment is addressed in "Fostering the Battered and Abused Child." One session of this course is entitled, "Alternatives to Physical Discipline." The course material points out that abused foster children may provoke abuse by foster parents, and it is made clear that physical punishment is inappropriate with foster children who have been abused. Alternatives to physical punishment, appropriate for children at each major developmental stage, are discussed. Foster parents identify and discuss disciplinary responses to concrete hypothetical situations in which children engage in behavior that is destructive to themselves or others.

Planning and Implementation

The Bibliography cites resources valuable for planning and implementing foster parent training programs. In this section we highlight points that are important for planning and implementing a training program for foster parents in understanding and managing foster children's behavior.

°A committee of agency staff and foster parents should be convened to help plan the content and format of the training program.

°Individuals selected as trainers should be skilled in leading group discussions, knowledgeable regarding foster care and the behavior of foster children, and sensitive to cultural differences in child-rearing attitudes and practices.

°Experienced foster parents should be recruited as co-trainers.

°Training sessions should be scheduled at times when both foster mothers and foster fathers can participate.

°Participants should be reimbursed for child care and transportation expenses.

°Establishment of regular discussion groups of foster parents who have participated in the training might enhance the impact of the training program and provide an opportunity for mutual support.

°Consideration should be given to conducting joint training of foster parents and social workers to promote teamwork in managing foster children's behavior.

VII

MATCHING

INTRODUCTION

After completion of the homestudy and certification, a foster family is
ready to receive a foster child. The selection of an appropriate foster home
for a specific child is known as "matching."

Why is careful matching needed? If foster parents are carefully selected
and trained, what more is there to matching than finding an open space in an
available home? Children in need of placement come from families with different
cultural backgrounds; they are at different stages of development; they may pre-
sent a variety of behavior problems; and they have different types of special
needs. At the same time, foster families have different aptitudes and limita-
tions, which make them more or less suited to care for certain types of children.
Accordingly, a deliberate process of matching is needed in which agency workers
attempt to achieve a desirable fit between the child and an available foster
home.

In Chapter II, it was pointed out that clear deficiencies in matching were
present in some of the maltreatment cases examined in the Vera study. Mal-
treatment may occur when foster parents are incapable of, or unprepared for,
coping with the difficult behavior of a foster child; when they are insensitive
to the child's needs; or when they are pressed by the agency to take in a type
of child against their preferences. Deficiencies in matching also may cause a
foster family to request or demand that a child be removed from the home be-
cause the foster parents cannot cope with the child's behavior or may result in
a family withdrawing entirely from foster care. In either case, the foster
child must face another damaging separation experience under difficult circum-
stances. Careful matching, therefore, should help reduce the incidence of
foster child maltreatment and improve the quality of foster family care.

The process of matching has two component tasks: (1) assessment of the child, his or her family, and available foster families; and (2) preparation of all parties for the selected placement. In this section we discuss issues concerning these two tasks and recommend guidelines for performing them.

ASSESSMENT

Assessment Areas

The assessment that leads to selection of a particular foster home for a particular child should take into consideration a variety of factors in four basic areas: (1) the child, (2) the biological family, (3) the plan for permanence, and (4) the foster family. Outlined below are factors that should be considered in each of these areas. Not all of these factors are likely to be relevant or important in a given case, nor are they all of equal weight. Recommended guidelines incorporating some of these factors are presented in the following section.

Matching Factors

A. Child

   1. Age

   2. Sex

   3. Ethnicity/cultural background

   4. Religion

   5. Existence of siblings in foster care or to be

      placed at the same time

   6. Existence of handicaps

      a. physical handicap
      b. mental retardation/developmental disability
      c. emotional disturbance
      d. chronic illness

   7. Intelligence

8. Personality

9. Behavior problems

10. History of previous placements

11. Service needs (e.g., medical care, rehabilitation services, special education, psychotherapy)

B. Biological Family

1. Reasons for placement

2. Preference of parent regarding type of foster home suitable for their child

3. Nature and extent of expected visitation

4. Parents' acceptance of placement

C. Permanency Planning

1. Initial plan (return home, adoption, long-term foster care)

2. Expected length of time in foster care

D. Foster Family

1. Age of foster parents

2. Ethnicity/cultural background

3. Religion

4. Family Composition

   a. two-parent or single-parent
   b. presence of other adults
   c. presence of other foster children in home
   d. number of children in home
   e. ages of other children in home
   f. sex of other children in home

5. Socio-economic status

6. Employment of foster parents

7. Education of foster parents

8. Family location

   a. proximity to biological family
   b. type of neighborhood

9. Personality of foster mother

10. Personality of foster father

11. Child rearing experience

12. Fostering experience

    a. new or experienced
    b. performance

13. Preferences of foster parents

    a. age
    b. sex
    c. interest in caring for special needs child

14. Openness to working with biological family

Recommended Guidelines

Matching is not a mechanical process. The factors that need to be con-
sidered for an optimal decision are too complex, and powers of prediction too
limited, to permit hard-and-fast rules for matching. Ultimately, each case
must be decided on its own merits, based in part on experienced judgment about
what makes a desirable match. Nevertheless, there are some principles that can
guide matching decisions. Recommended guidelines are presented below. They
derive from three sources: (1) foster care policy as reflected in State laws
and regulations and local procedures; (2) prevailing prescriptions of good
social work practice, espoused by experienced practitioners and incorporated in
volumes of standards for foster family care; and (3) research findings on the
success of foster family placements and factors associated with foster child
maltreatment. These guidelines represent general prescriptions; there may be
valid exceptions in particular cases.

1. Place child in a foster family of similar ethnic, cultural,

    and religious background. *

2. Place siblings together.

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*Refer to legal appendix for Social Services Law 373.2 regarding this guideline.

3. Respect preferences of foster parents concerning age and sex of child and willingness to take physically handicapped, mentally retarded, or emotionally disturbed children.

4. Avoid placing additional children in a foster home when foster parents do not appear capable of managing competently an increased burden of child care.

5. Avoid placing children in home with other children of same sex and age. (This may cause excessive competition between the children.)

6. If possible, place child in a family without preschool children.#

7. Avoid placing child under two years of age in a home with two or more children of this age. (According to State regulations, a foster family should not be responsible for the care of more than two children under two years of age, including the foster parents' own children.)

8. If possible, place child in home where he or she will be the youngest in the family.##

9. Avoid placing a teenage child with young, inexperienced foster parents (under 30 years of age); it is preferable to place teenage

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Patricia Cautley, in a study of new foster parents caring for children aged 6-12 years, found a negative relationship between the number of preschool children in the home and the success of the placement. (New Foster Parents, New York: Human Sciences Press, 1980, p. 252.)

This was found to be positively related to placement success in Cautley's study. Similar results, linking placement failure with the presence of foster parents own children (if the same age or younger than the foster child), were reported in British studies reviewed by Rosemary Dinnage and M. L. Kellmer Pringle, Foster Home Care Facts and Fallacies (New York: Humanities Press, 1967) p. 16.

children with foster parents who have cared for teenagers previously.

10. Place a child with multiple previous foster care placements (more than one), or who has experienced severe abuse or neglect prior to placement, in a home of experienced foster parents who have demonstrated a capacity to cope effectively with difficult behavior.

11. If return home is the child's probable discharge objective, place a child in a foster home that is accessible by public transportation to the biological family and where foster parents are open to working with the biological family.

12. If the plan for the child is termination of parental rights and adoption, place child in a home where foster parents have some interest in adoption.

Method

The assessment leading to a matching decision relies on gathering and reviewing pertinent information in each of the assessment areas. Depending on the nature of the case, sources of information for assessment may include:

Child and Biological Family

1. Consultation with professionals familiar with the family. (This is especially important, since agency workers responsible for matching may have had no previous contacts with the child or the biological family.)

2. Records of child protective investigation.

3. Psychological evaluation of child.

4. Records of medical examination: diagnosis of handicapping condition or chronic illness.

5. Case records concerning previous placements.

6. Case records of preventive or other social service agencies involved with the family.

7. Interviews with biological parents, or other caretakers, and child to gather additional information and to discuss preferences for a foster family.

Foster Family

1. Homestudies

2. Annual recertification evaluations

3. Consultation with staff familiar with available foster homes. (It is vital to consult with the caseworker responsible for a foster home before placing a new child in that home; recent events in the foster family may make it undesirable to place a new child in that home even though, other things being equal, it would be a good match.)

4. Discussion with suitable foster families regarding placement of particular child.

PREPARATION FOR PLACEMENT

Placement of a child in foster care is necessarily disruptive and may cause

considerable strains for all parties involved: child, biological family, foster

family, and agency worker. The biological family loses a child, at least tem-

porarily. The child is separated from his or her family and placed in a strange

home with unfamiliar caretakers for an uncertain length of time. The foster

family must take in an unfamiliar child whose presence in the home and behavior

may disrupt the normal routine of the family and tax the parenting skills of

the foster parents. The agency worker is responsible for minimizing the damaging

effects of these disruptions and furthering the goals of the placement. Given

this constellation of disruptive forces, it is important that all the involved

parties be adequately prepared for the placement.

Child: Within the limits of the child's developmental capacities, the

child needs to be prepared by the worker for the placement. It is important

to provide the child an opportunity to express feelings in confidence about the

separation and the move to a new home. Standards for foster family care

recommend preplacement visits with the foster family, which give the child

and the foster family a chance to become acquainted before the placement is

consummated.* Preparation through a planned process helps reduce the extent of

disruption accompanying the placement.**

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* Child Welfare League, Standards for Foster Family Service (New York: Child
Welfare League, 1975) pp. 40-41; American Public Welfare Association,
Standards for Foster Family Services Systems for Public Agencies (Washington,
D. C.: American Public Welfare Association, 1979) pp. 35-38.

** Ner Littner, a psychiatrist with extensive experience with foster children,
stresses that preplacement planning is vital for minimizing the trauma of
separation and placement: See Some Traumatic Effects of Separation and
Placement (New York: Child Welfare League, 1956) pp. 24-30.

Biological Family: The child's natural parents need to understand the meaning of placement and their rights and obligations to plan for the child and maintain family ties. They should have an opportunity to express their preferences regarding the care of the child and should be provided with information about the selected foster family.

Foster Family: Foster parents need an understanding of the total situation surrounding the placement, including the characteristics of the child and the biological family and preliminary plans for the case. These issues are discussed in detail in the following chapter.

EMERGENCY PLACEMENT

In cases where a child is seriously endangered and immediate placement is needed to prevent substantial harm to the child, the matching process prescribed above obviously cannot be followed. It is important, however, to limit emergency placements to situations of genuine crisis, since precipitate placement of a child may be damaging for all parties concerned.

When emergency placement is necessary, children should be placed in specially designated short-term foster homes, with foster parents trained for receiving and caring for children placed on an emergency basis. During the period of the emergency placement (e.g., up to 30 days), the public agency determines whether longer-term placement is needed. If so, the matching process outlined above should be followed.

SYSTEMIC CONSTRAINTS

The current functioning of the foster care system in New York City creates a variety of obstacles to matching according to the preferred approach. First, the supply of foster homes is limited. Second, each of the more than 40 agencies providing foster family care conducts matching assessments within the confines

of its pool of foster homes; there is no centralized assessment mechanism that can scan all available foster homes in the New York City system or within a designated geographical area. Third, nearly all foster home placements are made on an emergency basis (i.e., placement is needed the same day as referral); and frequently emergency placements are made in long-term foster homes. Fourth, assessment and decision making responsibility is divided between the Field Offices in Special Services for Children and the foster care agencies. Finally, agency placement workers often lack adequate information about the child and the biological family at the time of intake.

Because of these constraints, careful assessments and preplacement preparation often are not undertaken. System-wide planning initiatives and policy changes are needed to overcome these constraints. However, agency staff can improve the practice of matching within the context of the existing system. The following two guidelines are suggested.

1. Where emergency placement is indicated, place the child in a specialized short-term foster home, if possible, and follow the guidelines for emergencies reviewed above.

2. If specialized, emergency homes are not available, place child tentatively in a general foster home that appears suitable, based on available information. Evaluate the suitability of the foster home within 30 days. If the home does not appear appropriate for a child who needs more extended placement, move the child to a new foster home according to the preferred matching procedure.

This evaluation of the emergency placement in a regular foster home should cover the assessment areas and matching factors outlined above. In addition, the worker should assess the attachment of the child to the foster

family during the initial period, and the possible harm to the foster child that may arise from another separation experience. The current placement must be assessed against available alternatives in order to have reasonable assurance that any replacement of the foster child promises to be more beneficial, and less harmful, to the child than remaining in the current foster home.

VIII

CASEWORK IN FOSTER FAMILY CARE

INTRODUCTION

In the preceding chapters, we have discussed ways to improve the protection of foster children through agency activities that occur prior to the point of placement: homefinding, certification, pre-service foster parent training, and matching. This chapter is devoted to child protection in the ongoing placement of foster children. Topics discussed include: the relationship between foster parents and caseworkers, cross-cultural casework, the early stages of placement, teamwork in understanding and managing foster children's behavior, protective casework, casework with biological families, helping foster children adjust to placement, and case recording.

THE RELATIONSHIP BETWEEN FOSTER PARENTS AND CASEWORKERS

A key to preventing foster child maltreatment, and to safeguarding foster children from deficiencies in care that pose a risk of maltreatment, is the quality of the relationship between the agency caseworker and the foster parents. Preventing maltreatment depends, in part, on successful management of problems that inevitably arise in the foster home placement. Too often foster parents are left on their own to cope with difficulties posed by the behavior of foster children, the relationship with biological parents, and stresses impinging on the foster family from a variety of sources. If the agency, through the caseworker, is not available to the foster parents; if the caseworker does not visit the foster home to assess the care of foster chidren; or if the relationship between the worker and the foster parents is strained and lacking in open communication; then problems in the placement may be exacerbated to the point that maltreatment occurs or the placement is terminated at the request of the foster parents. On the other hand when the relationship between the worker

and the foster parents is supportive and collaborative, the competence of foster parents is enhanced and they become better prepared to cope with and manage successfully the demands of fostering.

Support and Collaboration

Ideally the agency worker relates to the foster parents in a supportive and collaborative manner. Support is vital because fostering constitutes such a demanding responsibility. The worker's support of foster parents is a complex quality, involving availability when needed, active listening, encouragement, assessment and problem solving, and following-through on arranging needed services for the foster child. Some of the basic elements of the supportive relationship are discussed in subsequent sections.

The need for collaboration between workers and foster parents reflects a recognition that foster care is a partnership, with the aim of meeting the needs of children for temporary care pending return to biological parents, adoption, or independent living. Consistency in the treatment of foster children according to agency policy requires collaboration among all the adult figures responsible for the care of the child -- foster parents, workers, other professionals concerned with the welfare of the child, and the biological parents.

This chapter focuses primarily on collaboration between foster parents and agency workers. Effective collaboration is built on two foundations. First, the members of the partnership must possess and exercise the knowledge, skills, and attitudes necessary to work together. They must understand their own role and that of the other members of the partnership; they must be able to communicate with each other about issues of mutual concern; and they must be committed to teamwork and the values that underlie it -- trust, sharing, openness, support, and mutual accountability. Second, the foster care program must be structured

so that collaboration is permitted and encouraged: for example, arranging case conferences in which foster parents and workers share information, discuss concerns, and make plans for the care of the foster child. The first foundation can be established or strengthened through training, including separate training of foster parents and workers and joint training. The second foundation requires development or enhancement of programs and procedures to provide an opportunity for structured collaboration.

Constraints

An important step in building a supportive, collaborative relationship betwen foster parents and agency workers is recognition of the constraints that need to be addressed to facilitate achieving this objective. Principal constraints on the supportive, collaborative relationships are highlighted below.

Role confusion and tension: Although lip service is paid to teamwork, in reality foster parents often are viewed by agency staff more as clients who need help than as team members who collaborate in providing a service. Foster parents tend to view themselves as parents, and they are usually so regarded by agency staff. The parenting role, which normally does not encompass collaborative planning and problem solving with outside professionals, is confused with the fostering role. In addition, the responsibility of caseworkers to monitor the care of foster children to assure that it is adequate may interfere with the trust and openness needed to maintain a supportive, collaborative relationship.

Differences in perspective: Since they view themselves as parents, foster parents are likely to approach foster care from the perspective of their day-to-day experience with child care. Caseworkers are likely to adopt a professional, social work orientation toward foster care.

Foster parents and workers often are at different developmental stages. Foster parents typically are middle-aged and have raised children of their own

prior to becoming foster parents; workers usually are young, have recently be-
come independent from their parents, and have no experience raising children.
Accordingly, foster parents may feel that the caseworker does not understand
the demands of child care, cannot offer useful help in managing child rearing
problems, and overly identifies with the foster child.

Demands on workers' time: The large caseloads of workers, with responsi-
bility for casework with troubled biological families, foster children, as well
as foster families, place limits on time (and energy) available for support of
and collaboration with foster parents. The heavy burden of paperwork similarly
limits the time available to maintain the foster parent-worker relationship.

These constraints do not pose insurmountable barriers to effective collab-
oration between foster parents and workers; however, they need to be addressed
in efforts to build and nurture a supportive, collaborative relationship.
Agency administrators, social work staff, and foster parents need to think
creatively about ways in which they can enhance the worker-foster parent rela-
tionship so that children receive high quality foster care.

CROSS-CULTURAL CASEWORK

Rationale for Cultural Sensitivity

Sensitivity to different ethnic and cultural values has great importance
in foster family care service in New York State where the majority of foster
parents are black or Hispanic, reflecting the ethnic status of foster children.[#]

[#] As of December 31, 1980, 49% of New York State children in foster homes were
black and 13% were Hispanic. The comparable figures for New York City are
59% black and 22% Hispanic. In David Fanshel's recent study of nearly 400
randomly selected New York City children placed in foster homes, Foster
Children and Their Foster Parents (New York: Columbia University School of
Social Work, 1979), 49% of the foster fathers were black and 27% Hispanic;
54% of the foster mothers were black and 25% Hispanic.

The distinctive characteristic of foster home care is provision of substitute care in a family environment. The general preference for foster family care over institutional care, especially for younger children, derives from the social value placed on child rearing in a family setting. Foster families can function competently as families only if their basic values, determined largely by their cultural background, are respected by the agency. Therefore, to work effectively with foster families, social workers must be familiar with and sensitive to the cultural values that influence foster parents. Similarly, cultural sensitivity is required in working with biological families. It is also important in discharging the agency's responsibility to help foster children develop ethnic identity and an appreciation of their cultural heritage.

It may be argued that agencies should match the ethnic/cultural identity of caseworkers with the foster and biological families with which they work. However, white caseworkers can be effective in working with black or Hispanic foster families and vice versa. Regardless of the merits of ethnic/cultural matching, it may not be possible in particular foster care agencies. Caseworkers who are responsible for working with families of a different ethnic or cultural background should receive training in cultural sensitivity. Cultural sensitivity is important in all aspects of foster family care: in homefinding and certification, orientation and training, and ongoing casework.

It is not within the scope of this manual to illustrate in detail the knowledge and insight needed for effective cross-cultural casework. Rather, we review here some basic principles.

Principles of Cross-Cultural Casework

1. Caseworkers should be familiar with the major cultural values and attitudes of the families with which they work. Areas for study include cultural belief and practices concerning: the role of the family; religion; authority;

education; work and success; friendship and personal relations; recreation; nutrition and health care; and expression of feelings. Caseworkers also should be acquainted with prevailing strategies in a cultural group for coping with individual and family problems and acceptance of formal services and helping professionals.

2. Caseworkers should understand in some detail the culturally determined family values of the families with which they work. These include marital relations -- the roles of husband and wife, extended family -- the roles of other significant relatives; typical parenting styles; and child rearing values -- e.g., male and female roles, obedience and respect, discipline, supervision, and sexuality.[#]

3. Caseworkers should be able to speak the language of the foster and biological families in their caseload if the parents or foster parents do not speak English. Many Hispanic foster parents may speak some English but are not sufficiently fluent to speak comfortably in English with a worker about problems they are having with the foster child, with the child's biological family, or with the agency's planning or services. The natural anxiety aroused by being under agency scrutiny, especially in the context of home visits, may interfere with the communication of foster parents who are not fluent in English. Accordingly, ability to speak the primary language of foster parents is of great importance in developing a trusting and helpful relationship between the worker and foster parents. In any case, children should not be used as interpreters in communication between the caseworker and biological or foster parents.

4. Caseworkers need to be prepared for foster children's sensitivities to relations with a worker of different ethnic background: the child may be

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[#] See the bibliography for resource materials on minority families.

hesitant to develop a trusting relationship and concerned about being seen in public--especially in the child's community--with an ethnically-different adult.

5. In assessing problems in the care of foster children, the caseworker should identify cultural values that may be implicated in the problem situation and plan interventions in the light of these values. Consider the following example. A Hispanic foster teenager (14 years old) complains to her caseworker that she has been hit with a belt by her (also Hispanic) foster mother because she had come in late and was seen by a neighbor embracing a boy on the street; the neighbor reported this to the foster mother. In intervening with the foster parents, after assessing the situation, the caseworker should address the inappropriateness of the physical discipline and the harm to the foster child from being hit with a belt. (In this case, the foster child was struck once without injury.) The worker should help the foster parents use alternative, effective disciplinary techniques but should not challenge the foster parents' values about female sexuality, unless they are excessive or deviant in view of the norms of the foster parents' cultural group. Interventions in response to physical punishment of foster children are discussed in greater detail below.

CASEWORK WITH FOSTER PARENTS AT EARLY STAGE OF PLACEMENT

Information Sharing

Standards for foster family care stress the importance of informing foster parents about the child to be placed in their home and the child's biological family. The American Public Welfare Association's Standards state:

Information Shared with the Foster Parents

To assist the foster family to make an informed decision re-garding their acceptance of a particular child, to help the foster family anticipate problems which may occur during the child's place-ment, and to help the foster family meet the needs of the child in a constructive manner, the agency shall provide the following informa-tion to the foster family:

°Strengths, needs, and general behavior of the child.

°Circumstances which necessitated placement.

°Information about the child's family and his rela-
tionship to his family which may affect the placement.

°Important life experiences and relationships which
may affect the child's feelings, behavior, attitudes,
or adjustment. (p. 41)

Unfortunately, this prescribed information sharing often has not occurred.

Interviews with foster mothers, conducted as a component of the Vera study, re-

vealed that most felt that they had not received at the time of placement a

thorough preparation regarding the child's special needs or problems, relevant

family background, and previous foster care history, if any. Several foster

mothers reported that they had learned important and sometimes disturbing details

about the child's previous experiences from the child directly. Foster mothers

cited cases in which they were not informed about, or prepared for, a child's

previous sexual abuse, chronic depression, severe developmental impairment, or

hyperactivity.

Lack of information may cause unnecessary anxiety for a child or the

foster parents. For example, if foster parents have not been informed about a

child's medical history, they may not know how to respond when their foster

child becomes ill. A foster mother may discover that the foster child was

scalded by a previous caretaker only after she observes intense anxiety in the

child when attempting to give the child a bath. Foster parents may become pro-

foundly disappointed when they learn that an infant whom they presumed was normal

shows severe developmental delay and is subsequently diagnosed as mentally re-

tarded.

The effectiveness of foster parents is enhanced when they can anticipate

the behavior of their foster children -- or are not surprised when problem be-

havior occurs — and when they have an understanding of its causes. Discussing pertinent information with the foster parents before, and during the early stage of, placement constitutes an important means by which the agency social worker can aid the performance of foster parents and help develop their fostering skills.[*]

There are obstacles to information sharing that need to be addressed to improve practice in this area. First, in the case of emergency placements, the agency may lack needed information at the time a child must be placed in a foster home. It is important that information be gathered expeditiously and discussed with the foster parents. The foster parents should be told by the worker that information is lacking but will be communicated as soon as it is available.

Second, some agency workers may regard information, especially about the biological family, as confidential and not to be divulged to foster parents. Workers may not trust the ability of foster parents to handle sensitive information professionally. They may worry that information about the treatment of the child by the biological parents would bias the foster parents and impede the plans for reuniting the child with the biological family.

These attitudes regarding information sharing are responsive to genuine problems. There is, however, a more constructive approach: to provide orientation and training to foster parents regarding respect for confidentiality and the professional use of sensitive information. It seems preferable to inform foster parents in a deliberate fashion, since they may learn sensitive information anyway from the child. Withholding information causes resentment in foster parents, who feel they are not trusted by the agency. Moreover, full disclosure

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[*] Research confirmation of this was found in the study by Cautley. Foster families with more extensive preparation for the first placement were more likely to be judged successful: New Foster Parents, p. 205.

of pertinent information signifies that foster parents are members of the agency
team, who share information to provide services for the child but preserve its
confidentiality.

In discussing information with foster parents, it is helpful to observe
some basic principles.

°Make clear the limitations on the extent of knowledge about the child.
The worker may lack sufficient information to predict how a foster child is
likely to behave. In identifying potential problem areas -- e.g., aggressive
or destructive behavior anticipated in the case of an abused child -- the worker
should stress that the problem behavior may or may not arise, but that the
foster parents should be prepared for its possible occurrence.

°Narrow, diagnostic labels should never be used. The foster child and the
biological parents should be characterized as individuals, with particular
strengths and weaknesses, rather than as psychological types who display
characteristic symptoms. Rigid statements about a child's developmental po-
tential also should be avoided, since negative expectations may become a self-
fulfilling prophecy.

°The problems of the biological family that brought the child into foster
care should be conveyed to foster parents in goal-oriented terms. For example,
instead of saying, "Billy was placed because of his mother's inability to pro-
vide proper supervision and excessive corporal punishment," the worker might
tell the foster parents, "I am going to be working with Billy's mother to im-
prove her parenting skills particularly in the areas of supervision and disci-
pline."

°Make clear to foster parents why each item of background information is
being conveyed: indicate in what way it may be significant for the care of the
foster child.

°Take time to help foster parents understand the information and to give them a chance to air their concerns.*

°Emphasize that the worker is available for consultation regarding the behavior of foster children or relations with the biological family.

Initial Case Conference

A useful mechanism for discussing placement information with foster parents is an initial case conference. The purposes of this meeting would be (1) to review pertinent facts about the child and the child's biological family; (2) to discuss the initial service plan for the child; and (3) to establish a plan for regular contacts between the worker and the foster parents. The conference should be attended by the agency caseworker and both foster parents (in the case of two-parent families). If possible, the worker responsible for arranging the placement should attend; and, if needed, other professionals knowledgeable about the case should be asked to participate.

Ideally, the initial case conference would be held prior to placement, during the period of preplacement planning. Because this may often be impossible, due to the pressures of emergency situations, the conference should be scheduled as soon as the required information has been obtained. The following topics should be covered in the initial case conference:

1. Reasons for placement

2. History of pertinent facts about child's care

   a. in biological family

   b. in previous placements

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* In their manual, Guidelines for Placement Workers, Aldridge et al recommend at least two preparatory sessions with both foster parents: "This gives the prospective foster parents an opportunity to think about what they have been told, to discuss it with each other, and to raise further questions with the worker." (p. 8)

3. Relevant background on child's biological family

    a. family composition

        i. significant adults

       ii. siblings

    b. presenting problems leading to placement

    c. agency services aimed at reuniting family

4. Profile of child's physical health

5. Profile of child's emotional health

    a. development

    b. behavior problems

6. Profile of child's intelligence/cognitive development

7. Initial permanency plan for child

8. Pending or planned legal proceedings

9. Relationship with biological family

    a. importance to child of biological family

    b. arrangements for visitation

10. Service plan for child

11. Contact with caseworker

    a. frequency of home visits

    b. telephone contacts

    c. emergencies

The caseworker should be responsible for scheduling the case conference and notifying the foster parents and other participants of the purpose and agenda for the meeting. The worker should plan the meeting and prepare a written summary to be placed in the child's case record.

The formality of a case conference, in which the foster parents participate, reinforces the team relationship. Well-planned case conferences should enhance

the professional orientation of foster parents.

Worker Availability

The first few weeks of a placement constitute an especially important stage of the placement process. In their manual, Guidelines for Placement Workers, based on research with new foster parents, Aldridge et al observe: "There is strong evidence that the pattern of interaction with the foster child is established early in the placement — that is, the expectations the foster parents have of the child, the kinds of discipline they use, etc." (p. 17) The pattern of interaction with the worker is also established at this time. Foster parents are likely to be more open to help at this point; and the quality of casework — the support, insight, and guidance that the worker can convey — may set the tone for the relationship between the foster parents and the worker.

Foster parents need the assurance that they can openly discuss problems and receive responses to their questions. If the worker is not available and supportive at the early stage of placement, it may become difficult for the worker to help the foster parents cope with problems, to prevent inappropriate responses to foster children's behavior, and to assess the quality of care received by foster children. As a consequence, foster child maltreatment may occur or foster parents may give up because they feel incapable of managing the stresses of fostering.

The caseworker should visit the foster home within twenty-four hours of placement or as soon as possible. A plan for contacts between the caseworker and foster parents should be determined at the beginning of placement. The frequency of home visits, case conferences, other in-agency visits, and telephone contacts should be worked out jointly, consistent with requirements of state regulations and agency policy. This plan will vary depending on the experience

of the foster parents, the stage of the placement (e.g., increased visiting in the early stage and before discharge), and the special needs of the foster child.

Each agency should have arrangements for emergency contact, which should be explained to foster parents at the beginning of placement. Foster parents need to know where they can turn for prompt advice and help at any time in the case of a crisis.

Supervisors or other social work staff should be available for back-up consultation when the foster family's worker is not available. These arrangements also should be made known to the foster parents at the time of the first placement.

Workers need to be sensitive to the indirect messages they may send to foster parents. Failure to return foster parents' phone calls may signify that the worker is too busy to attend to the foster parents' questions or problems or is unconcerned.

Foster Fathers

Although often neglected by agencies, foster fathers are important actors in the system of foster family care. Lack of agency involvement with foster fathers has been due to a number of reasons. Foster mothers, like mothers in general, have been traditionally regarded as the primary caretakers in the family. Foster fathers' work schedules make contacts with agency staff difficult. Foster fathers may find it difficult to communicate with female social workers, and vice versa.

Foster fathers are important not only because of the significant caretaking role they play in the foster family, but because they are a valuable resource for identifying problems in foster care. Research has indicated that foster fathers often provide a more accurate picture of problems in foster family care than

foster mothers, who are more heavily invested in the success of the placement.*

Foster fathers should be involved with the agency from the beginning of placement. They should participate in preplacement planning and in case conferences and should have telephone contact with the caseworker.

TEAMWORK WITH FOSTER PARENTS IN UNDERSTANDING AND MANAGING
FOSTER CHILDREN'S BEHAVIOR

Introduction

Failure of foster care placements, through removal of the foster child at the request of foster parents or maltreatment, results in part from the inability or unwillingness of foster parents to cope with the problems presented by foster children. In this section we provide an overview of the knowledge caseworkers need to help foster parents manage successfully the care of foster children. Issues discussed include normal child development, the behavior of foster children, the demands of fostering, and the process of assessment and intervention.

Child Development

Normal child development constitutes an essential background for understanding foster children's behavior. Foster children, like other children, face key developmental tasks as they grow; and their ability to develop by meeting these tasks and moving on to the next depends in large measure on the supports they receive from their caretakers. However, because of deficits in care prior to placement, and the emotional trauma of separation and foster care, foster children may lag behind most children in aspects of their development; and they may experience with greater intensity the anxieties, conflicts, and distress to which children are normally subject at various stages. Even though foster

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* See Cautley, New Foster Parents, pp. 99-108.

children may deviate from what is expected of "normal" children, the developmental perspective illuminates their behavior and is important for selecting strategies of behavior management. Knowledge of child development, therefore should form part of the intellectual equipment of foster care workers.*

Behavior of Foster Children

In order to assist foster parents in managing foster children's behavior workers must understand the impact of placement on the behavior of children and develop an empathetic appreciation of what foster care means to the foster child. This understanding will enable workers to help foster parents put troubling behavior of foster children in perspective, so that they can together arrive at an effective strategy for managing problems that inevitably arise in caring for foster children.

Each foster child is a unique individual. His or her behavior is shaped by a multitude of influences, including experience with caretakers prior to foster care, current developmental level, personality, and the quality of interactions with members of the foster family. Accordingly, foster children will react in different ways to separation from biological parents, to placement in a foster family, to continuing contact with biological parents, and to the prospect of reunification or adoption. Nevertheless, there are similarities in the behavior presented by children in response to the foster care experience. In this section we highlight some of the key behavioral patterns that foster

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* Useful overviews of child development are presented in Eric Erikson, Childhood and Society, 2nd Edition. (New York: Norton, 1963) Chapter 7; Fitzhugh Dodson, How to Discipline with Love (New York: Signet, 1977) Chapters 21-28; and Florence Lieberman, Social Work with Children (New York: Human Sciences Press, 1979) Chapters 1 and 3-5.

children are likely to manifest.*

Separation trauma: Foster care constitutes separation from biological
parents and placement in a strange family environment. All children, as they
develop, learn to cope with separation from parents -- e.g., playing in a
separate room, going to sleep at night, staying with a babysitter, participat-
ing in a day care program, going to school. Foster children, however, experience
a radical disruption in their relationship with parents. At least initially,
placement is likely to have a pronounced effect on the child. Infants and
adolescents are likely to be less disturbed by separation than children in be-
tween these two developmental stages. "Infants younger than six months, though
they are most certainly attuned to care by their particular mothers, are still
pliable enough emotionally and psychologically to develop new attachments with
a minimum amount of stress."** The adolescent may be able to tolerate the separa-
tion and the strangeness of the new environment because of developmental gains.

Children in the middle of these two developmental phases, however, may feel
that all they have come to trust, feel secure with, and rely on as familiar have
been taken away.*** To complicate this, they usually cannot understand the
reasons why placement is necessary. The feeling of loss is likely to be over-

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* For this overview of foster children's behavior we have relied principally
on the following sources: Ner Littner, Some Traumatic Effects of Separation
and Placement (New York: Child Welfare League, 1956); Draza Kline and Helen-
Mary Overstreet, Foster Care of Children: Nurture and Treatment (New York:
Columbia University Press, 1972); Robert L. Geiser, The Illusion of Caring
(Boston: Beacon Press, 1973); and Bert L. Kaplan and Martin Seitz, The
Practical Guide to Foster Family Care (Springfield, Ill.: Charles Thomas, 1980).

** Kaplan and Seitz, The Practical Guide to Foster Family Care, p. 28.

*** The mean age of the 4210 New York City children admitted to foster and pre-
adoptive homes during 1980 was 5.4 years. Sixty-four percent of these chil-
dren were between the ages of one and twelve years. Child Welfare Informa-
tion Services, New York City Total NYC, Series B, "Children Placed in
Adoptive and Foster Homes," 12/31/80, Table 3.

whelming to the child, who may react in a variety of ways. The child may feel abandoned and rejected by his or her parents, and consequently may feel sad, afraid, worthless, empty, humiliated, helpless, angry. With placement one of the child's deepest fears becomes real: the child has lost his or her parents and their future reunion is uncertain.

Regardless of the child's age or ego-strength, his or her capacity to cope and adapt are likely to be reduced due to the stress of the loss, combined with the anxiety produced by the strangeness of the new environment. In times of overwhelming stress and anxiety the child will turn back to earlier sources of security. This involves both turning to his or her parents and returning to previous forms of behavior that provided security and comfort. Since the foster child's parents are no longer available, the child is likely to undergo developmental regression in response to placement. That is, the child returns to behavior that was typical of an earlier phase of development, which had been outgrown. These types of behavior constituted a source of security for the child or produced concern from others that provided security (e.g., thumb sucking, loss of bowel and bladder control, loss of speech functions, fear of the dark, crying, clinging, and disturbances in sleep or eating.)

Another reaction of many foster children immediately following placement is known as the "honeymoon" period. In contrast to children who present overt or symbolic protest behavior in response to placement, foster children may react to the shock of separation and placement by becoming unusually compliant and well-behaved. These children present a misleading appearance of adaptation to separation. The honeymoon is likely to break down, however, when the child feels sufficiently safe in the new environment to act out feelings of anxiety and rage engendered by separation. This change in behavior may be particularly disappointing to foster parents, who now feel that they have a "problem child" to

care for. If the foster parents are aware of the child's need to express feel-
ings in response to separation and placement, they will be less likely to view
the foster child as "difficult" or "disturbed" and more likely to see the child
as making adaptive gains.

The child's comprehension of placement: As the child overcomes the shock of
placement, he or she is likely to face the question -- "Why did this happen to
me?" A natural conclusion for many foster children is that they were taken from
their parents and placed in foster care because they are bad, there is something
wrong with them. The foster child latches on to this explanation for several
reasons. First, the child has limited ability to comprehend how the situation
has, at this time, warranted such a drastic action. This may be complicated if
the child's social worker or foster parents have not explained the placement in
a way that the child can understand. Secondly, since the act of placement was
directed at the child, he or she will probably feel responsible for the removal
from the biological family. Placement is seen as punishment for being bad.
Third, it may be too risky to blame others. To blame parents would reinforce
the child's fears of being abandoned. The child also may hesitate in placing
the blame on foster parents or the social worker as they may retaliate by also
abandoning or punishing him. Finally, the child receives confirmation from what
he or she has learned in life. That is, when something is bad or not good you
throw it away.

Once the child has arrived at this conclusion, the child sets out to identify
specifically what he or she did wrong. The child seeks out the rationale for
his or her punishment. The specific rationale seized on by the child is tied to
his or her age and prior family circumstances. Perhaps he or she cried too much,
disobeyed, or got angry too often. Perhaps the child had trouble

controlling bodily functions, ate too much or too little. Perhaps he or she had trouble sleeping, or performing in school, or stayed out too late at night. As the child fills in this information he or she becomes convinced of being responsible for the placement. This may not seem like a desirable alternative but it gives the child something to grasp. It transforms the child's self-image: the helpless victim is now a bad child, whose behavior caused the placement. Once the child becomes convinced that he or she is bad, this self-image is manifested in behavior in a variety of ways. At one extreme the child may attempt to confirm this negative self-image through action: e.g., if the child feels he or she has been rejected for disobeying then the child will be regularly disobedient with his or her foster parents. At the other extreme, while believing that he or she is bad, the child may try very hard to be good (e.g., the child may become excessively compliant or obey every little request). In this way the child attempts to correct his or her "fault" so that he or she will be allowed to go home and be loved.

Older children and adolescents, unlike younger children, usually can distinguish reality more clearly from subjective feelings and have developed a stronger sense of self. These developmental gains provide them with a broader range of alternatives as they seek to answer the question of "Why me?" They may be able to vent their angry and hurt feelings directly at their parents. More frequently, the adolescent deflects feelings of blame onto the foster parents or the social worker. Besides needing to know why he or she has been placed, the adolescent is struggling with the developmental task of independence. The struggle often involves some "rebellious behavior." In facing this task the foster adolescent often rebels against the foster parents or social worker. This is partly because they are the most readily available adults in his environment. However, this alternative also allows foster adolescents to preserve their love

for their parents and meet the developmental demands of adolescence.

In their effort to come to grips with the placement experience, foster children, then, are vulnerable to developing a negative self-image. The foster parents and worker will need to help foster children feel that they are worthwhile. The task of encouraging a positive self-image in foster children is discussed below in the section on casework with the foster child.

Adjustment to the foster home: As the foster child settles into the foster family environment, he or she is likely to develop an attachment to the foster parents. At the same time, however, the child will probably worry whether his foster family will keep him or, like his parents, also reject him. The foster child may engage in provocative behavior to test whether the foster parents are really willing to accept him or her as a member of the foster family. Kadushin observes that "Testing is the child's plea for reassurance that he is wanted in this home."[*]

Because of the placement experience, the foster child may be hypersensitive to experience of separation from his or her foster parents (e.g., when they leave the child for a short time with another caretaker or when the young child is now ready to go to school). When the foster child senses a separation from foster parents, he or she may become quite anxious and mobilize old ways of mastering similar feelings (e.g., withdrawing into fantasy, displaying regressive behavior, or acting out). The foster child may present similar behavior following visits with — and separation from — biological parents.

Another difficulty that the foster child must face as he or she becomes settled in the foster home is posed by the threat of becoming emotionally close to the members of the foster family. The threat of getting close derives from

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[*] Alfred Kadushin, Child Welfare Services p. 352.

two major sources. On the one hand, the child has learned from past experience that getting close leads to separation and loss. That means if the child feels close to this foster family he or she will lose them. On the other hand, the child may fear that by feeling close to his foster family he or she is being somehow disloyal to his or her own parents and siblings. The foster child consequently may act detached or aloof, which may be particularly frustrating for foster parents who feel they have invested a great deal of energy in caring for the foster child and have received scant affection in return. The caseworker will need to be alert to foster parents' feelings about emotional closeness and intervene to provide support and encouragement to the foster parents concerning the developmental gains achieved by the foster child while placed in the foster home.

Discharge: Foster care is intended to be a temporary arrangement. The period immediately preceding discharge from foster care is likely to be stressful for all parties to the foster care relationship. The foster child faces another separation experience — this time from the foster family. The child may be uncertain about what lies in store in returning home — the most frequent discharge destination. The impending separation and uncertainty are likely to arouse anxiety in the foster child, which once again may be expressed in problematic behavior. Foster parents must cope with the loss of a child to whom they have become attached and accept return to the biological family, which they may perceive as less desirable for the child than continued care in the foster home. The biological parents are bound to be apprehensive regarding their ability to provide adequate care and manage the problems that may arise. The worker has the critical role of preparing all parties for the impending status change and providing support to help the individuals cope with the

anxieties that are aroused by the prospect of discharge.

The Demands of Fostering

Just as the caseworker needs to understand the impact of placement on foster children's behavior and the meaning of foster care from the child's point of view, so the worker must understand effects of fostering on foster families and the perspective of foster parents. Both are needed to enable the worker to assess problems in foster care and intervene effectively to support the placement.

Parenting normally is a demanding (and rewarding) activity. Fostering involves added stresses and strains, which are unique to this mode of child rearing.

°Foster parents are called on to love foster children and treat them as their own, but they must be willing to accept the child's affection for and loyalty to the biological parents, the planning responsibility of the agency, the temporary status of foster care, and the eventual loss of the child.

°The private life of the foster family is open to scrutiny by a social agency.

°The foster child may manifest behavior radically different from that of the foster parents' own children, which they may find especially difficult to understand and manage.

°The introduction of a foster child may cause strains in the foster parents' family by producing disruptive behavior of natural children or conflicts between husband and wife regarding the demands of fostering.

°Foster parents are expected to accept and work in cooperation with biological families, who were previously incapable or unwilling to provide adequate care for their children and whose current contacts with foster children may often be followed by disruptive or disturbing behavior of the children in

the foster home.

Considerable help can be provided to foster parents by the worker who is available as a "sounding board" when the pressures of fostering become difficult for the foster parents. However, the worker from time to time will need to proceed beyond sympathetic listening to helping the foster parents assess the problems posed by foster children's behavior and design an effective strategy for intervention. We turn in the next section to issues of assessment and intervention.

Casework Assessment and Intervention

In deciding an intervention strategy the worker must first assess the relationship with the foster parents as well as the presenting problem. The worker and the foster parents ideally relate to each other as team members, whose primary aim is to work together to care for the foster child. It is, therefore, essential to know how the foster parents feel about working with you in this situation. If the problems are reported by the foster parents, then, gaining their trust and cooperation as team members to help work out the problem may not present a great difficulty. If the problems come to the attention of the worker through observation or from an outside source, then enlisting the foster parents' cooperation and gaining their trust as a team member may require more preparation.

The primary aim for the social worker, whenever working with foster parents to improve the quality of care, is to enhance the foster parent's sense of competence. Some of the general ways in which competence can be built up or facilitated by the worker are as follows. First, the worker must acknowledge the value of the contributions that the foster parents bring to the team's joint efforts. This includes underscoring the significance of the foster parents' roles and responsibilities: it must be made clear that they are invaluable members of that team. Second, the worker needs to focus on the realistic gains that the

child has made as the result of being cared for by these foster parents. These gains may seem small or insignificant to the foster parent. Here it is the worker's task to put them into perspective so that the foster parents can appreciate what they have already done for the child. This also helps to alleviate any undue anxiety the foster parents may be experiencing. Third, the worker should maintain his or her availability throughout the assessment/intervention process. And fourth, the worker needs to help the foster parents recognize their ability to help resolve the present problem situation.

Assessment/Intervention Process: Once the working relationship has been established, the foster parent-social worker team must assess the problem situation and then implement an effective intervention strategy. The assessment/ intervention process consists of five steps: (1) collect, organize, and analyze data to identify the major dimensions of the problem, (2) formulate hypotheses about some of the underlying causal factors of the problem, (3) plan an intervention strategy, (4) implement the intervention, and (5) evaluate the impact of the intervention.

In order to understand these steps more concretely we will use a hypothetical case. Jay, a 9-year old, was placed in foster care because his single mother, Ms. B., needed to be hospitalized after a psychotic episode and no other family resources were available. Ms. B. also has a chronic drinking problem. At first Jay had some initial problems adjusting to the foster home. He would have tantrums and seem oblivious to his surroundings. For instance, he would knock objects over and leave them on the floor. He would also leave his toys and clothes around the house, which annoyed his foster parents. Jay, however, quickly learned to adapt to the rules of the home and had been progressing steadily for the past two years. Within the last three months Jay's mother was released from the hospital. She began making bi-weekly visits with Jay and

sought to regain custody.

In assessing Ms. B.'s life situation the agency judged that essential problems still had to be overcome before a reunion could occur. These included obtaining adequate housing, learning proper management of family finances, and continued treatment for her psychological and drinking difficulties. Ms. B. accepted the agency's services but had prematurely told Jay that he would be coming home soon. Jay's foster parents found Jay packing up his belongings after a recent visit with his mother. He announced that he was ready to go. They attempted to explain to Jay that he would be going home eventually but it would not be right away. Jay's behavior became problematic. He began having tantrums and fighting with his foster siblings. He appeared moody and the foster parents received a report from his school that his school work had deteriorated markedly. The foster parents, after feeling unable to manage Jay's behavior, contacted the agency for help.

In their first meeting the foster parent-social worker team had as its goal to identify the major dimensions of the problem. The foster parents were encouraged to discuss candidly the child's situation in the home. What is he like? How does he get along in his natural family relationship; foster family relationship; peer and school relationships? What problems was he having? What problems were the foster parents experiencing? What gains or improvements had the child made? How have the foster parents contributed to this? How do the foster parents feel toward the child in relation to this problem? Jay's foster parents outlined the situation described above, and they expressed their disappointment with Jay's regression and their anger at his continual disobedience and fighting.

Once the major factors are identified the second step begins. This step involves formulating hypotheses about some of the causal factors underlying the problem. The team attempts to understand why these problems are occurring at this point in time for the child. This involves identifying the antecedent

conditions producing the child's problem behavior and empathetically understanding what the child is experiencing so as to provide the best means of help. In following our example several things become clear in this step. First, that Jay's old feelings of abandonment and negative self-image were reactivated. Second, that these feelings were being complicated by the conflicting messages he was receiving from his foster parents and his mother. Third, that Jay may be feeling abandoned by his foster parents, even though he wants to return to his mother, and by rejecting them first he can accept their rejection more readily. He may believe that they really do not care because they will let him go.

The hypotheses, now having been outlined, need to be tested. This leads to the third step, which is the formulation of an intervention strategy. In the assessment we have determined: 1) that Jay is presently having problems controlling his angry feelings (e.g., tantrums and fighting behavior) and is performing poorly in other areas; 2) that this seems to have been precipitated by his mother's communication that she is taking him home; 3) that the situation was complicated by the foster parents' communication that he was going back but not yet; 4) that these resulted in internal turmoil and the resurgence of painful feelings (abandonment and separation anxiety) related to both the mother and the foster parents. To be effective, the team's intervention strategy must address each of these points.

The worker and foster parents agree that they will work on the following strategy: 1) they will monitor his daily behavior and set up a reward system whereby he will receive a reward for every time he can successfully verbalize what he is feeling instead of acting it out. Also, to inhibit Jay's tantrums and fighting behaviors, they will set up a behavioral system of reward, withdrawal of reward, and punishment, if necessary. For example, if Jay argues

with a sibling that is permissible. If, however, he fights with the other children he will lose his television privileges for that evening. If he has a tantrum he will be encouraged to tell the foster parents what he is feeling, what has upset him so much, but he will not be allowed to throw or break things. Jay will also be given an object on which to vent his aggressive behavior such as a pillow or large stuffed doll. 2) One of the foster parents will sit alone with Jay every evening and help him with his homework. The foster parents can switch this responsibility back and forth. Also one of the foster parents will call Jay's teacher and explain the general situation and express a desire to work with the teacher to help Jay. In doing this they will enlist the teacher's aid and get both regular reports from the teacher and homework assignments. Rewards will also be used for general competence in homework to help Jay feel better about what he is doing and become aware of his improvement. 3) The foster parents will be particularly sensitive to Jay's need to talk about his feelings and they will encourage him to do so when he appears to be ready. 4) The worker will talk with Jay's mother with the aim of helping her to understand the negative impact of telling Jay that he will be coming home soon. The wish to have her son come home before she is ready to provide adequate care for him may be related to a variety of feelings (e.g., guilt for abandonment, fear of never getting her son back, anxiety about being a good mother, etc.), which need to be understood by both the worker and the natural mother so that the reality of the situation can be presented to Jay on a consistent basis from all involved.

Once the intervention strategy and goals have been established they must be put into action. In implementing the intervention, each member of the team strives to carry out his or her area of responsibility. This is the fourth step.

The fifth and final step entails evaluating the impact of the intervention. At this point the team asks: How effective was the intervention strategy? Are

some parts working better than others? If so, why? What can be added or changed to make the intervention more effective? These revisions and modifications are then made and the assessment/intervention process begins again with step one. The process continues until the problem is managed successfully.

Having come full cycle with the assessment/intervention process it is useful to restate the aim of the social worker. The aim is two-fold. First, the social worker tries to help the foster parents alleviate the problem. Second, and perhaps of greater importance, the social worker tries to enhance the competence of the foster parents in understanding and managing foster children's behavior. If the assessment/intervention process is handled effectively by means of a team approach, then the foster parents can face new problems with the foster child, or other foster children, with a sense of gratification and confidence that they can be effective. If the process is unsuccessful then the team as a whole must share the responsibility for the lack of success and begin again to reassess the problem. The worker does not allow the blame to fall on the foster parents' shoulders alone and helps the foster parents to appreciate the difficulty of the problem with which the team has been trying to cope.

PROTECTIVE CASEWORK: MONITORING THE PLACEMENT

In this chapter we have examined the relationship between caseworkers and foster parents and highlighted the knowledge caseworkers need to support and work collaboratively with foster parents. We turn in this section to the responsibility of the worker to monitor foster home placements to assure the protection of foster children.

Home Visits

Visits to the foster home by the worker are critical for assuring the protection of foster children. In the Vera study, gaps in home visiting prior to the maltreatment investigation were found in a substantial proportion of cases.

Frequent home visits do not guarantee that foster children will be spared maltreatment. But without regular visits to foster homes maltreatment may go undetected; and problems that could have been alleviated with support and intervention may become exacerbated, with the result that foster children are maltreated or foster parents demand their removal.

Telephone contacts are important for maintaining the availability of the worker; and valuable contacts with the foster parents and foster children can occur at the agency office. Nevertheless, these contacts cannot substitute for regular home visits. Because it is a service provided in the context of a family environment, foster family care can be monitored adequately by the agency only through home visits. Home visits give the worker an opportunity to observe the quality of the foster child's physical environment and the interaction between foster parents and foster children. They also are used to discuss the adjustment of the foster child in the home, school, and community; problems that have arisen; relations of the child with the biological family; permanency planning; and progress of the child with respect to the service plan. Occasionally, and whenever possible, home visits should be scheduled at times when the foster father can be present as well as the foster mother.

To achieve the purposes of home visiting, the worker must use skills of observation, supportive communication, assessment, and intervention. Accordingly, the home visit is not a casual social occasion. Part of the home visit will be devoted to informal conversation, since the personal relationship between the worker and the foster parents is needed to support the partnership. However, the worker needs to focus carefully his or her skills of observation, communication, and assessment to monitor the care of foster children placed in the home. The worker also needs to encourage discussion by the foster parents of difficulties they are facing in caring for the child so that mutual problem-

solving can be undertaken. In addition, the worker should be alert to the needs of foster parents for support and encouragement to continue the demanding task of fostering.

Private Contact with Foster Children: Depending on the nature of the case, workers will need to have private contacts with the foster child, both to be assured that the child is receiving minimally adequate care and to provide the the child with an opportunity to air feelings about placement. One of the problems identified in the Vera study was failure of some workers to speak privately with foster children in the face of resistance by some maltreating foster parents. In the context of a home visit, the worker may take the child outside the home to speak privately, the worker may also request that the foster parent bring the child in to the agency for a visit. Whenever the worker suspects serious inadequacies in the care of foster children, he or she should not hesitate to speak privately with the child to probe for evidence of mistreatment. Children old enough to use the telephone should be given the phone number of the worker at the agency office to call to discuss problems.

Frequency and Duration of Home Visits: Visits to each foster home must occur at least every three months according to New York State regulations.* Monthly home visits are recommended; less frequent visiting, consistent with state regulations, may be appropriate in the case of long standing foster care relationships where the plan is continued care in the foster home. More frequent home visiting may be needed during the early stage of placement, when discharge is imminent, and wherever problems arise that require the close attention and monitoring of the caseworker.

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* 18 N.Y.C.R.R. 443.4

In view of the purposes and importance of home visiting, regular visits normally should last at least two hours. Agencies need sufficient casework staff to permit monthly visits of this duration to foster homes.

The Risk of Maltreatment

Whenever the caseworker suspects maltreatment of a foster child, he or she is obligated under law to file an official report, which will be investigated by the local child protective service. (Procedures for reporting and investigation are discussed in Chapter X below.) In addition, the caseworker must intervene to protect foster children whenever he or she has reason to believe that a foster child is at risk of maltreatment: i.e., the care of the child appears inadequate but has not reached the point of suspected maltreatment. For example, a worker may have learned that a foster child has received relatively minor physical punishment, has been threatened with removal from the foster home, was verbally abused by a foster parent, or was left for a short time without competent supervision. The worker may suspect that the foster parents are failing to attend to a foster child's emotional needs or are requiring the child to do heavy work around the house that is not expected of other children; the agency may have received a call from a child's teacher indicating that the child arrived at school with torn clothing or not dressed appropriately for the weather; a foster child may have been accidentally injured because of an uncorrected environmental hazard in the foster home; on a home visit the caseworker may observe that the sleeping arrangements for the child violate licensing standards.

Intervention: In such cases the worker should assess the risk to the foster child and intervene to assure adequate care by counselling the foster parents, offering concrete services for the child or foster family, or initiating appropriate administrative action. Intervention in response to a risk of maltreatment is illustrated with respect to physical punishment. The general approach is applicable to other instances where deficiencies in the care of foster

children are suspected or observed.

The caseworker should intervene whenever he or she knows or has reason to suspect that a foster child is receiving physical punishment. Physical punishment of foster children may come to the attention of the worker from a variety of sources: the foster parents, the foster child, direct observation on a home visit, calls to the agency from a teacher or a neighbor, or through a formal report of maltreatment. In all cases the worker must attempt to ascertain the nature of the physical discipline used by foster parents, assess the harm or risk to the child, and take appropriate corrective action.

The severity of the physical punishment and associated risk to the child depends on a variety of factors: the age of the foster child; use of an object; where the child was struck; degree of injury, if any; and frequency of physical punishment. Plainly, a whack on the bottom with an open hand calls for a different response than a slap in the face or a beating with a belt. Also relevant to intervention is whether the physical punishment constitutes an isolated or relatively unusual occurrence or is the usual or a frequent method of discipline.*

Since the severity of the problem of physical punishment is likely to vary greatly from case to case, hard-and-fast rules for corrective action are not appropriate. Corrective action by the agency, after assessment of the situation, may include one or more of the following steps: counsel foster parents on the regulations concerning corporal punishment and the rationale for its prohibition; work with foster parents to identify, use, and evaluate the effectiveness of alternative methods of disciplining the foster child; urge or require the foster parents to participate in training on understanding and managing foster children's behavior; maintain closer monitoring of the care of the foster child through more frequent home visits and telephone contacts; disqualify the foster family temporarily from receiving new placements; remove endangered foster children from

*Isolated incidents of child abuse and neglect should be reported, even though they may not warrant removal of the child from the foster home. Refer to Legal Appendix for Social Services Law 413.

the foster home; decertify the foster home. Whenever the physical punishment is excessive or causes injury, a report of maltreatment must be filed.

Stress: To protect the child from the possibility of maltreatment, the worker should be especially alert to family life changes in the foster home that may produce considerable stress on the foster parents, with possible negative ramifications for the care of foster children. These family life changes include:

°recent unemployment of a foster parent

°marital disruption

°financial strain

°serious accident, illness, or death of family member

°movement to a new location

°placement of a new foster child in the home or birth of a natural child

°impending discharge of a foster child

The foster parents are not clients of the agency, and it is not the proper function of the agency to provide treatment for their problems. Nevertheless, stress impinging on the foster family may affect the quality of care received by foster children. The agency worker should be available for support of the foster parents who are undergoing emotional strain and should offer to make a referral for appropriate services. Failure to assist foster parents at a time of stress may lead to deterioration in the care of the foster child, the need to remove the child from the foster home, and loss of the foster home as an agency resource.

Request for removal: A clear warning signal for prompt intervention is the request, or suggestion, by a foster parent that a child be removed from the foster home. In several cases in the Vera study, the maltreatment incident was preceded by a request for removal of a foster child. The request for removal may have varying significance. The foster parents may be venting their frustration

at the demands of fostering a difficult child, but, on reflection, do not wish

to have the child removed from the home. The request for removal may signify a

"call for help," which if unheeded can lead to maltreatment or summary removal of

the foster child. It may also be a deliberately reasoned response of foster

parents who feel that they are unable to continue care of a particular child.

In any case, the worker must discuss with the foster parents the circum-

stances motivating the request for removal, ascertain their attitudes toward

maintaining the placement, and determine a plan for managing the problems under-

lying the request if the placement appears salvageable. It is particularly im-

portant to discuss the situation with both the foster mother and the foster

father in a two-parent foster home, since one of the foster parents may have

been the moving force behind the request for removal or may be more adamant

about it.

Intensive support of the foster parents through more frequent home visiting

may be needed at this time, coupled with concrete services and counseling for

the foster child. For example, a foster mother calls the caseworker and demands

removal of her 14-year old foster son following his arrest for vandalizing

school property. This child has been living in this foster home for two years;

and the placement, the first for this foster family, had been going well. In

consulting with the foster parents, the worker learns that the child's school

performance has deteriorated recently and he has become involved with a new

group of friends who are having a negative influence on him, according to the

foster parents. The worker finds out that the foster parents have not yet dis-

cussed their desire for removal with their foster son.

The worker's intervention in this situation might include: (1) offering

to help the foster parents arrange a restitution plan that is satisfying to

all parties -- the school authorities, the judge, and the foster child;

(2) recommending that a tutor be arranged for the child; (3) suggesting to talk to the foster child about his behavior; his new peer group, and how this is affecting his foster parents; and (4) reviewing with the foster parents the progress they have made in caring for the child. After discussing the incident and the recommended plan, the foster parents may decide that they wish to continue care of the foster child.

In other situations, however, the damage to the fostering relationship may be irrevocable. If immediate removal is not indicated, the foster parents should be asked to continue care while plans are being made for replacement of the foster child. Placement breakdowns should be minimized by careful work throughout the placement process: in homefinding, matching, training of foster parents and social workers, and ongoing supportive casework.

CASEWORK WITH BIOLOGICAL FAMILIES: CHILD PROTECTIVE ISSUES

Reunion

Since return to the biological family is the preferred plan for foster children, casework with biological parents aimed at achieving reunion of the family is an immensely important aspect of foster family care service. As indicated in the Preface, this guidebook does not instruct workers on how to determine and implement permanency plans for foster children.* Rather, this section briefly highlights some of the child protective issues related to work with biological families of foster children.

In the case of children placed in foster care because of abuse or neglect by biological parents, the factors contributing to maltreatment must be addressed in order to effect reunion. Otherwise, children return to the same conditions

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* For resources on this topic see the publications cited in the Preface and Anthony Maluccio and Paula A. Sinanoglu, the Challenge of Partnership: Working with Parents of Children in Foster Care. (New York: Child Welfare League, 1981).

under which they suffered maltreatment, with a serious risk that they will be victimized once again. In some cases, parents of foster children may only need a period of respite from the burdens of child care, enabling them to resume at least minimally adequate care of their children. However, in most cases changes in parents' life situations, and perhaps parenting behavior, are needed before maltreated children can be safely returned. Parents of foster children may need an array of services including: counselling, housing assistance, employment assistance or job training, financial assistance, day care, treatment for drug addiction or alcoholism, parenting education, support groups, etc.

To achieve plans of reunion, the foster care worker will need to develop a helping relationship that encourages biological parents to take the steps necessary to have their children returned, to assess service needs of biological families, to help arrange these services, and to evaluate their impact. When return home is imminent, the worker should help the biological parents, the foster child, and the foster parents prepare for this outcome in order to minimize the difficulties likely to arise prior to and immediately after discharge from foster care.

Effects of Biological Family on Foster Home Placement

Parental Visiting: Casework with the biological family also has significance for protecting foster children from maltreatment while placed in foster care. The biological parents can influence the interaction between foster parents and foster children. For example, parental visiting (or its absence) may negatively affect the behavior of foster children leading to stress in the foster home. Interviews with foster parents conducted in the course of the Vera study and discussion with practitioners indicate that foster children frequently present troublesome behavior after visits with their biological parents. Foster children may be moody, withdrawn, or depressed; they may display regressive

behavior such as bedwetting or loss of bowel control; they may become aggressive
or disobedient.

The behavior of biological parents in connection with visiting may exacerbate
negative effects on foster children. Unrealistic promises regarding the fre-
quency of visiting or the return of children to parents may be damaging to foster
children. Biological parents may make derogatory comments to their children
about the foster parents; the children may communicate these comments to the
foster parents, thus producing friction in the foster home. In addition,
scheduled visits that are missed by biological parents can upset foster children
and aggravate foster parents, who feel they have wasted time and energy facili-
tating the visit and must cope with the effects on the foster child of the
missed visit.

In spite of the problems it may cause, parental visiting is extremely im-
portant, both as a step in the process of reunion and as a means of maintaining
family ties in the face of separation and placement. At the same time that
agencies encourage parental visiting, workers should alert biological parents
to the possible effects of their behavior on that of their children while in
foster care. Sensitive counselling regarding visiting should help reduce tensions
in the foster home placement and make visiting a productive experience for all
parties involved in the foster care relationship.

Consistency in Discipline: Because they are subject to two sets of parent-
ing figures, foster children may become confused regarding the parenting styles
of their biological parents -- experienced prior to placement or in the context
of visits -- and their foster parents. In particular, the effort to discipline
foster children without resort to physical punishment may be undermined by
biological parents who espouse physical punishment and practice it as a primary
method of discipline. Children of these parents may feel that their foster

parents are weak or ineffectual because they do not respond to their misbehavior with a beating. Differences in disciplinary style may reinforce the tendency of some foster children to challenge their foster parents -- "I don't have to listen to you because you're not my parent!"

Workers should carefully explain to biological parents the agency policy regarding physical punishment and its child protective rationale. It may be desirable for the worker, the foster parent, and the biological parent to discuss discipline in an effort to adopt a consistent approach. Abusive parents should be encouraged to enroll in parenting education courses.

Risk of Maltreatment During Visits

Foster care workers and foster parents need to be alert to the possibility of foster child maltreatment in the context of visiting with biological parents, especially overnight visits to the homes of parents. Five of the 73 maltreatment cases in the Vera study involved maltreatment of foster children by biological parents during visits.

Overnight or weekend visits serve to help prepare biological parents and foster children for pending reunion; accordingly, they should be encouraged to implement return home. On the other hand, extended visits pose a risk of maltreatment. Overnight visiting should not be permitted whenever agency staff have a strong and well-founded suspicion that foster children are at serious risk of being maltreated.[*] The reasons for denying a request for an overnight visit should be documented in the case record and supervisory review obtained. When an overnight visit has been ordered by a Family Court judge, and agency staff have strong reservations on child protective grounds, the supporting evidence should be presented to the court. Biological parents should be offered help to correct the conditions or factors underlying the risk of maltreatment.

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[*]Refer to Legal Appendix for 18NYCRR Section 431.13.

Foster parents should be instructed to notify their caseworkers about any suspicions that foster children have been maltreated after visits with biological parents. If the suspicion appears to be credible, the worker should file an official maltreatment report.

HELPING FOSTER CHILDREN ADJUST TO PLACEMENT

Since maltreatment may occur in response to problematic behavior of foster children, casework aimed at helping foster children adjust to placement may reduce the risks of maltreatment. Foster children need help in coping with the feelings aroused by separation and the uncertain status of foster care. Two related areas seem especially important in work with foster children: (1) helping them understand the reasons for placement and their status as foster children; and (2) building a positive self-image for foster children.

There are some indications from the research literature that foster children's understanding of the reasons for placement and their foster care status is related to successful adjustment in placement.[*] When foster children are left to themselves to sort out who they are and why they are living apart from their parents, they are liable to see themselves as responsible for their situation. As discussed previously, placement may be viewed by the child as punishment for being bad. Lack of understanding and negative self-image thus are interconnected.

As day-to-day caretakers, foster parents stand in the best position to help foster children understand their situation and reassure them that they are not to blame. The nature of explanations will depend on the actual circumstances of placement and the child's developmental level. Even very young children need some understanding of why they are separated from their biological parents, what

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[*] Dinnage and Pringle, Foster Home Facts and Fallacies, p. 9.

their relationship is to their foster parents, and how long they are likely to stay in foster care.

At the beginning of placement, workers should discuss with foster parents an approach to helping foster children understand their situation and mutually agree upon when and how foster children will be given explanations of their situation. Frequent repetition may be needed. The worker periodically should explore with the foster parents any signs that foster children are anxious or confused about their status and work with the foster parents to determine ways to help foster children master their feelings about placement.

Children who feel rejected by their parents, confused about their status, and different from "normal" children are likely to have difficulty in achieving a positive self-image. Learning problems in school, which many foster children experience, may contribute to a sense of failure. Accordingly, foster children need help in developing a sense of self-worth. Once again, the foster parents, assisted by their workers, are the primary agents in helping foster children achieve this goal. Kaplan and Seitz, in their excellent handbook for foster parents, make the following observations about promoting the competence of foster children.*

> You see, one of the ways a child develops a sense of himself is by realizing he's good at something. All too often, this need for mastery is overlooked, and children are left feeling that success is beyond their reach. For a foster child, whose certainty about his own value is open to question, success-oriented experiences are even more crucial. By all means, do what you can to promote them.

The worker should help foster parents devise a strategy for building the sense of self-worth of foster children, including encouraging activities in which foster children are interested and rewarding them for achievements.

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* Bert L. Kaplan and Martin Seitz, The Practical Guide to Foster Family Care (Springfield, Ill.: Charles Thomas, 1980), p. 31.

CASE RECORDING

Foster care caseworkers face large caseloads involving constant demands to keep in touch with and provide needed services for biological families, foster children, and foster families. In addition to regular casework responsibilities of planning, assessment, and intervention, crises inevitably occur that require the attention of the worker. Responsibilities for case recording may be viewed by pressured workers as a frustrating burden, which detracts from their ability to offer concrete services. Accordingly, caseworkers may regard paperwork as a fact of life in a bureaucratic service organization, to be endured but not warranting careful attention. It is important that workers understand the purposes of case recording -- why it is required and how it can assist them as professional caseworkers.

Purposes of Case Recording

The case record serves four primary purposes. It is useful as (1) a practice tool, (2) a repository of information and official documents concerning the foster child, (3) an accountability device, and (4) a source for research. Each of these purposes is outlined briefly below.

Practice Tool: Case recording assists foster care practice in the following ways:

1. The activity of case recording aids in comprehensive planning and assessment for the care of foster children. For example, formulation of the permanency plan in writing, with substantiation of the decisions involved in the plan, helps to sharpen the processes of thinking and judgment connected with case planning.

2. As a repository of case information -- relating to assessment, planning, monitoring, intervention, and evaluation -- the case record provides a source of review in preparing for case conferences, supervisory meetings or consultation, and recertification evaluation.

3. The documentation of casework activities and observations in the case record can aid new staff who take over the case, if the worker leaves the agency or is transferred to another position. In view of the high turnover of casework staff, the case record constitutes a vital tool for continuity in agency services.

4. The case record documents casework activities related to court oversight or intervention; for example, this documentation may be an important step in implementing a plan for adoption, which may require prior termination of parental rights by court order.

5. The case record is reviewed by the supervisor for the purpose of identifying the needs of particular workers for practice guidance and staff development.

Information Source for Foster Child: The case record contains valuable information and official documents on the foster child that may be needed at some future time -- e.g., when the child is adopted or is seeking employment.

Accountability: The case record documents casework activity, which is reviewed by the supervisor to determine whether workers are performing competently, consistent with relevant regulations and standards, and to identify areas of practice in which workers need to improve their performance. It may also be reviewed by local or state officials to assess compliance with legal mandates of the local and state departments of social services and the federal government.

Research: Case records also offer a valuable source of information for research on foster care. The research may be conducted at the direction of the agency to evaluate services or by outside researchers who are seeking to increase understanding of foster family care. Many research projects have used foster care case records as the principal source of data. Agencies should assure that researchers institute adequate procedures for protecting confidentiality of information contained in case records.

Content

The case record can serve the purposes outlined above only if the information contained in it is comprehensive and accurate. Specific requirements for the case record are contained in the Social Services Law and regulations of the State Department of Social Services. Outlined below are major content areas that should be included in case records.

1. Intake study

    a. Assessment of family or child problems necessitating foster care placement

    b. Case plan

      i. identification of initial permanency objective and projected time-frame for achieving it

      ii. services needed for biological family to achieve reunification (if this is the plan)

      iii. steps needed to terminate parental rights and make an adoptive placement (if this is the plan)

      iv. service plan for child while in care

2. Case progress - documentation of casework activities and assessment of progress with respect to case plan

3. Record of casework contacts

    a. foster family

    b. child

    c. biological family

    d. collateral contacts

4. Record of child's visitation with biological family

5. Record of case conferences

6. Vital information for child: e.g., birth certificate, statement of

guardianship (if parental rights terminated), Social Security and Medicaid numbers, etc.

7. Records of medical, psychological, and psychiatric examinations of child

8. Records of school progress

9. Reports of accidents, illnesses, incidents, and maltreatment

10. Records of any replacement and reasons for move

11. Records of court hearings, associated legal documents, and outcome of proceedings

12. Discharge plan

13. Aftercare services and follow-up

Organization

Careful organization of the case record helps in achieving the primary purposes of case recording. All too often case records contain a multitude of information that is not arranged in a systematic way. A clear format will help the reviewer -- caseworker, supervisor, official monitor, or researcher -- to ascertain case planning and services provided and to locate needed information about the child and biological family. There are a variety of ways in which the foster care case record can be organized. A division of the case record into the following seven sections is recommended for consideration: A. Intake Assessment; B. Case Plan -- permanency and service planning; C. Placement Adjustment -- progress of child while in foster care; D. Work with Biological Family; E. Court Action; F. Discharge -- planning, preparation, and aftercare; G. Identifying Information and other Documents.

Guidelines for Case Recording

Some general guidelines for case recording are presented below. Methods of case recording should be explained in orientation sessions for new caseworkers and reviewed in regular meetings with supervisors.

1. Try to plan for regular times to undertake case recording.

2. Take care to record accurately, objectively, and concisely. Consider how your case record might be viewed by outside readers whether it conveys an accurate portrait of the case.

3. Clients and foster families have a right to privacy and to respect. Avoid irrelevant details about family life or statements that involve negative labelling or ethnic/cultural stereotypes.

4. Explain to biological parents, foster parents, and foster children that the case record is confidential and that information contained in it will not be made available to other agencies without their consent, except as required under law or regulations regarding accountability or child protection. Explain the purposes and contents of the case record, and identify the agency staff who will have access to the information contained in it.

5. Supervisors periodically should review case records of their workers to assure compliance with requirements for content and organization and to check accuracy and style.

IX

RECERTIFICATION

OVERVIEW

Protection of foster children requires periodic assessment of foster homes. According to New York State regulations, foster homes must be recertified annually. The major purposes of the recertification process are: (1) to assess the quality of foster home care during the preceding year; (2) to determine the continuing status of the foster home -- whether it will be recertified and, if so, whether the home is appropriate for new placements or should be limited to the foster children currently residing there; (3) to identify problems and plan for corrective action; and (4) to reassess recommendations for the type of children to be placed in the foster home.

The recertification process recommended here consists of three steps. First, an assessment is undertaken of the quality of care provided by the foster family and the agency during the preceding year. Both the foster parents and the caseworker should conduct independent assessments. The foster parents should assess their own performance and that of the agency; the caseworker should assess the quality of care received by the foster child. As a variant of this process, consideration should be given to an independent assessment by the agency homefinder involving visits to the foster home, examination of the case record, and consultation with the caseworker. This would replace the formal assessment by the caseworker.

Second, a decision on recertification should be made by the social work supervisor or foster home program director based on the assessments prepared by the foster parents and the caseworker (or the homefinder). The recertification decision should not rest with the caseworker, since the worker is closely involved with the foster family and the role of the worker should be to maintain a team relationship with the foster parents rather than act as a supervisor. Third,

the outcome of the recertification process should be communicated in a case conference including the foster parents, caseworker, homefinder (if responsible for the recertification evaluation), and social work supervisor.

The recertification process involves passing judgment on the quality of care provided by foster parents. However, it should not be viewed in a negative light. The process should identify strengths as well as weaknesses; it should acknowledge achievement and encourage positive development at the same time that it identifies problems that need correction. A process designed to assure the protection of foster children can also function as a tool to enhance the quality of foster family care. The three steps of the recommended recertification process are detailed in the following sections.

ASSESSMENT

Foster Parents

The foster mother and foster father in a two-parent foster home should jointly prepare an assessment of care during the preceding year. (In the case of a single-parent home, the foster parent should make an individual assessment.) A standard form should be developed that indicates clearly the areas of foster care to be reviewed by the foster parents and provides ample space for comments. The completed form should be signed by the foster parents and sent to the agency staff person responsible for the recertification decision.

Foster parent training sessions should be conducted to inform foster parents on the purposes of the recertification process and their role in the assessment. Approximately two weeks before recertification, the caseworker should meet with the foster parents to discuss the recertification process. Specifically, the worker should review the assessment form with the foster parents; describe the type of assessment to be conducted separately by the caseworker (or the homefinder), the decision making process, and the case conference; and answer any questions that the foster parents may have. To assist the foster parents in

preparing for their assessment, the worker should discuss with them the foster child's overall adjustment in placement during the preceding year and progress in implementing the case plan.

Topics for the foster parents' assessment are outlined below:

1. Adjustment and behavior of foster child

   a. home
   b. school
   c. community

2. Interaction between foster child and other children in home

3. Relations of child with biological family

   a. extent and nature of contacts
   b. child's reactions to contacts

4. Strengths and weaknesses in foster parents' performance

5. Satisfactions and dissatisfactions with fostering during past year

6. Outstanding problems in caring for child

7. Availability of caseworker: telephone, visiting

8. Quality of support and guidance of social worker

9. Adequacy of agency services for child: e.g., tutoring, therapy, educational/vocational programs, counseling, advocacy

10. Involvement of foster parents in case planning for child

11. Adequacy of agency foster parent activities: workshops, training, support groups

12. Interest in remaining a foster family

13. Interest in receiving new foster children: preferences for type of child

Caseworker

The caseworker's assessment of the quality of fostering provided during the preceding year also should follow a standard format. The completed assessment form should be forwarded to the supervisor or the foster home program director,

who makes the recertification decision. Topics to be included in this assessment
are outlined below:*

1. Adjustment and behavior of child

    a. home
    b. school
    c. community

2. Interaction between foster child and each foster parent

3. Interaction between foster child and other children in home

4. Family harmony/discord

5. Assessment of care

    a. physical setting
    b. nutrition
    c. clothing
    d. physical care, hygiene
    e. health care
    f. supervision
    g. discipline
    .h. integration in family
    i. understanding of child's behavior
    j. empathy with child
    k. individual attention
    l. intellectual stimulation
    m. involvement in activities: school, recreation,
       religious or cultural activities

6. Cooperation with planned services: e.g., taking child

    to clinic appointments

7. Cooperation with agency visiting

8. Participation in case conferences

9. Willingness to discuss problems

10. Participation in agency activities: e.g., training, workshops

11. Relations with biological family

    a. acceptance of biological parents
    b. cooperation with visitation

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* The same topics should be covered if the assessment is covered by the homefinder.

12. Changes in foster family

    a. family composition
    b. change of address
    c. employment
    d. health of family member
    e. stressful events

13. Foster home's involvement in abuse or neglect allegation

    a. finding, case disposition
    b. corrective action recommended
    c. performance of corrective action

14. Recommendations for recertification

    a. suitable for placing new children: types of
       children recommended
    b. should be limited to children currently placed
    c. should be decertified

15. Recommendations for corrective action/improvement

DECISION

The completed assessment forms are reviewed by the agency staff person responsible for making the recertification decision. As indicated above, the decision is essentially two-fold: (1) Should this foster home be recertified? (2) If so, should it be made available for new placements or limited to the current foster children? These are significant decisions with important ramifications for foster children and foster families.

Decertification involves replacement of the foster children, a potentially traumatic experience that may exacerbate behavior problems or interfere with development. Although the care provided by foster parents may have been judged inadequate, the foster children may have become attached to them. The decision must balance competing considerations to determine "the least detrimental alternative" for the children involved.[*]

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[*] In Beyond the Best Interests of the Child, Joseph Goldstein et al recommend as a standard for placement, "the least detrimental alternative for safeguarding the child's growth and development," (New York: The Free Press, 1973) pp. 54-74.

Involuntary decertification also may be traumatic for the foster family, since it signifies a judgment that the family is unfit to continue serving as a foster family. The interests of foster children must be paramount; however, the agency has the responsibility to explain carefully the gounds for the decertification. Foster parents should have the opportunity to appeal the decertification.

In cases where the agency is not satisfied with the performance of foster parents but regards decertification as detrimental to the foster children, the decision may be to permit the foster children to remain in the home but to avoid making new placements. Caseworkers need to be aware that they have the option of simply not renewing the certification of a foster home as opposed to going through the decertification process. The caseworker, pending the expiration of the certificate, need not place another child with the foster parent. As in the case of decertification, this decision must be carefully explained to foster parents. The agency should determine and make clear the changes in foster parents' performance that must occur if the home is to be made available for new placements. The care of the children who remain in the home should be closely monitored.

Because of its importance, the grounds for the recertification decision should be documented in writing. After preparing the written decision, the responsible agency staff person should arrange a case conference with the caseworker and both the foster mother and foster father to review the decision. The two assessments and the written decision should be distributed in advance to the participants of the case conference.

CASE CONFERENCE

At the case conference participants discuss the major issues identified in the assessments and the recertification decision. The supervisor or foster home program director should explain the reasons for any limitation on recertifica-

tion or for decertification. Agency staff should review the progress of children placed in the foster home and acknowledge the contributions of the foster parents. Problems identified in the assessments should be discussed and plans for corrective action should be formulated.

This case conference provides an opportunity to look forward as well as discuss the quality of care during the preceding year. Agency staff should review the plans for children placed in the foster home: the progress made toward achieving the discharge objectives, the state of legal proceedings, and the steps that need to be taken by the agency to implement the case plans. If appropriate, the interest of the foster parents in adopting children placed in the home should be discussed. Finally, the participants should discuss the placement of new children in the home and the preferences of foster parents for the types of children for whom they can provide competent care.

X

DEFINING, REPORTING AND INVESTIGATING
CHILD ABUSE AND NEGLECT

The aim of this chapter is to acquaint foster care agency staff with regula-

tions and procedures concerning the definition, reporting and investigation of

child abuse and neglect. In addition, guidelines are outlined on how to detect

child abuse and neglect and what to do when it is suspected. In the interest of

protecting foster children, the information contained here should be made available

by agencies to all staff and foster parents.

New York State laws and regulations define child abuse and neglect and stipu-

late requirements for reporting and investigating suspected cases. Both the New

York State Social Services Law* and the Family Court Act** apply to the protection

of children whether they reside with their biological families, guardians, foster

families, group homes, or institutional facilities. In compliance with State law

and regulations, Special Services for Children in New York City and the unit

responsible within SSC -- the Confidential Investigation Unit -- have developed

procedures for the protection of children in foster homes.

DEFINITIONS

The Definition of Child Abuse***

An abused child in New York State is defined as a child less than 18 years

of age whose parent or other "person legally responsible" for his or her care;

1. Inflicts or allows to be inflicted upon such child physical in-
    jury by other than accidental means, which causes or creates a
    substantial risk of death, or serious or protracted disfigurement,
    or protracted impairment of physical or emotional health or pro-
    tracted loss or impairment of the function of any bodily organ, or

2. Creates or allows to be created a substantial risk of physical
    injury to such child by other than accidental means which would
    be likely to cause death or serious or protracted disfigurement,
    or protracted impairment of physical or emotional health or pro-
    tracted loss or impairment of the function of any bodily organ, or

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*   NYS Social Services Law, Title 6 - Child Protective Services.
**   Family Court Act, Article 10 - Child Protective Proceedings.
*** Family Court Act, Article 10 - Section 1012 (e).

3. Commits or allows to be committed, a sex offense against such child, as defined in the penal law, provided, however, that the corrobation requirements contained therein shall not apply to proceedings under this article.

The Definition of Child Neglect[#]

A neglected child in New York State is defined as a child less than 18 years of age:

(i) whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care;[##]

(A) in supplying the child with adequate food, clothing, shelter or education in accordance with the provisions of part one of article sixty-five of the education law, or medical, dental or optometrical or surgical care, though financially able to do so or offered financial or other reasonable means to do so;

(B) in providing the child with proper supervision or guardianship by unreasonably inflicting or allowing to be inflicted harm, or a substantial risk thereof, including the infliction of excessive corporal punishment; or by misusing a drug or drugs; or by misusing alcoholic beverages to the extent that he loses self-control of his actions; or by any other acts of a similarly serious nature requiring the aid of the court; provided, however, that where the respondent is voluntarily and regularly participating in a rehabilitative program, evidence that the respondent has repeatedly misused a drug or drugs or alcoholic beverages to the extent that he loses self-control of his actions shall not establish that the child is a neglected child in the absence of evidence establishing that the child's physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as set forth in paragraph (i) of this subdivision; or

(ii) who has been abandoned, in accordance with the definition and other criteria set forth in subdivision five of section three hundred eighty-four-b of the

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[#] Family Court Act, Article 10 - Section 1012 (f).
[##] Family Court Act, Article 10 - Section 1012 (f) (i).

social services law, by his parents or other person legally responsible for his care.

The Definition of Impairment of Emotional Health*

The law governing child abuse and neglect also defines impairment of emotional or mental health of a child. "Impairment of emotional health" and "impairment of mental or emotional condition" includes a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to such factors as failure to thrive, control of aggressive or self-destructive impulses, ability to think and reason, or acting out or misbehavior, including incorrigibility, ungovernability or habitual truancy; provided, however, that such impairment must be clearly attributable to the unwillingness or inability of the respondent to exercise a minimum degree of care toward the child.

Person Responsible for a Child's Care

A person legally responsible for a child's care includes, besides a child's parent, the child's custodian (e.g., foster parents), guardian or any other person responsible for the child's care at the relevant time. A custodian may include any person continually or at regular intervals found in the same household as the child.

REPORTING

Persons Required to Report

The following persons and officials are required to make a report to the State Central Register, or cause a report to be made, when they have reasonable cause to suspect that a child coming before them in their professional or official capacity is an abused or maltreated child:** physicians, registered nurses, surgeons, hospital personnel, medical examiners, Christian Science practitioners, coroners, social service workers, dentists, school officials, osteopaths, day care center

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* Family Court Act, Article 10 - Section 1012 (h).
** Refer to Legal Appendix for Social Services Law 413.

workers, and any other child care or foster care workers, podiatrists, residents, interns, and peace officers, police officers or law enforcement officials.

Other persons are permitted, but not required, to report suspected maltreatment. Foster parents who suspect that their foster children have been maltreated (e.g., on home visits with biological families) should be instructed through orientation and by the worker to report this to the agency.

WHEN TO REPORT

Indicators of a Child's Need for Protection

"Reasonable cause to suspect" as stated above means that the person reporting should decide whether or not to report based on some indicators of possible maltreatment. This does not imply that one should have ascertained all the relevant facts or know with certainty that abuse or neglect has occurred. Rather, it is sufficient to have some grounds for suspecting that a child has been maltreated. The investigation and disposition of a foster child maltreatment case in New York City is the responsibility of the Confidential Investigation Unit.

To aid in determining when to file a report, a list of general characteristics of maltreated children and their caretakers and specific indicators of abuse and neglect are provided below.* The categories are not mutually exclusive. Any of the indicators of maltreatment can occur separately or together. Moreover, the indicators listed are not proof of maltreatment, since any one or several can reflect situations other than abuse or neglect. Careful assessment is needed in the case of foster children who may have been abused or neglected before entering foster care and who may present symptomatic behavior that reflects the disruption in their lives caused by placement. Behavior that appears indicative of maltreatment may be

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* These indicators have been adapted from the following resources: Region II Child Abuse and Neglect Resource Center, "Child Abuse and Neglect: A Statement of the Problem" (Cornell University, Ithaca, N. Y., Department of Human Development and Family Studies, n.d.); and National Center on Child Abuse and Neglect, Resource Materials: A Curriculum on Child Abuse and Neglect (Washington, D. C.: Government Printing Office, 1979).

due to these factors rather than to current maltreatment in the foster home. Two points are important to remember. Any indicator of child maltreatment should be treated seriously and assessment of the problem made expeditiously; and awareness of the warning signals of maltreatment can help to identify children in need of protection or casework intervention.

General indicators are followed by a more specific description of character-istics particular to physical abuse, sexual abuse, physical neglect, and emotional abuse and neglect.

1. General Indicators: Abused or neglected foster children may share several of the following characteristics.

   °They appear to act differently from other children, or their care-takers inappropriately describe them as being "different" or "bad."

   °They seem unduly afraid of their caretakers.

   °They exhibit behavioral extremes: for example, crying often, or cry-ing very little and showing no real expectation of being comforted; being excessively fearful, or seeming fearless of adult authority; being unusually aggressive and destructive, or extremely passive and withdrawn.

   °Some are wary of physical contact, especially when it is initiated by an adult; they become apprehensive when an adult approaches another child, particularly one who is crying. Others are excessively hungry for affection yet may have difficulty relating to children and adults. Based on their experiences, these children fear getting too close to others.

   °They exhibit a sudden change in behavior: for example, displaying regressive behavior, such as, pants-wetting, thumb-sucking, frequent whining, becoming disruptive, or becoming uncommonly shy and passive.

   °They assume the role of the caretaker, being protective or otherwise attempting to take care of the adults' needs.

   °They have learning problems that cannot be diagnosed. If a child's psychological and medical tests indicate no abnormalities, but still the child cannot meet normal expectations, this may indicate problems in the home -- one of which might be abuse or neglect. Particular attention should be given to the child whose attention often wanders and who easily becomes self-absorbed.

   °They are habitually truant or late to school. Frequent or prolonged absences sometimes result when a caretaker keeps an injured child at home until the evidence of abuse disappears. In other cases, truancy indicates lack of the caretaker's concern or ability to regulate the the child's schedule.

   °In some cases, they frequently arrive at school too early and remain

after classes rather than going home.

°They are always tired and often sleep in class.

°They are inappropriately dressed for the weather. Children who never have coats or the proper shoes in cold weather are being neglected. On the other hand, those who regularly wear long sleeves or high necklines on hot days may be dressed to hide bruises, burns, or other marks of abuse.

2. <u>Specific Indicators of Physical Abuse</u>: Physically abused foster children will probably fit some of the following descriptions.

°They bear signs of injury — bruises, welts, contusions, cuts, burns, fractures, lacerations, strap marks, swellings, lost teeth. While internal injuries are seldom detectable without a medical exam, anyone in close contact with children (social workers, medical staff, teachers) should be alert to multiple injuries, a history of repeated injuries, new injuries added to old, and untreated injuries — especially in the very young child.

°The older child may attribute the injury to an improbable cause, lying for fear of retaliation from the caretaker or removal from the home. The younger child, on the other hand, may be unaware that severe beating is unacceptable and may admit to having experienced such treatment.

°They are behavior problems. Especially among adolescents, chronic and unexplainable misbehavior should be investigated as possible evidence of abuse. Some children come to expect abusive bahavior as the only kind of attention they can receive, and they may act in a way that invites abuse.

°Their caretakers may have unrealistic expectations of the child, anger quickly, use inappropriate discipline, or be overly critical and rejecting of the child.

3. <u>Sexual Abuse</u>: Sexual abuse is difficult to identify and to prove. It is a form of physical abuse and ranges from exposure and fond-ling to intercourse, incest, and rape. A majority of the offenders are male and the victims are generally girls, from infants to adolescents. Indicators of sexual abuse are:

°The child may tell another child or adult about the physical activity.

°The child may exhibit a sudden change in behavior and signs of emotional disturbance.

°The child may for no apparent reason begin to cry easily or seem excessively nervous.

4. <u>Specific Indicators of Physical Neglect</u>: Physically neglected children tend to exhibit some of the following characteristics.

°They are often hungry. They may go without breakfast, and have neither food nor money for lunch. Some take the lunch money or food of other children.

°They show signs of malnutrition - paleness, low weight relative
to height, lack of body tone, fatigue, inability to participate
in physical activities, and lack of normal strength and endurance.

°They show evidence of inadequate home management. They are un-
clean and unkempt; their clothes are torn and dirty.

°They are in obvious need of medical attention for such correctable
conditions as poor eyesight, dental care, and immunizations.

°They lack adequate supervision in the home. Children may be
either left in the care of other children too young to pro-
tect them, inadequately supervised, or left unattended altogether.

5. Emotional Abuse or Neglect: Emotional abuse and neglect, like
sexual abuse, is difficult to identify. Although emotional mal-
treatment may occur alone, it is generally present in cases of
physical abuse or neglect.

Indicators include the attitude and practices of the caretakers
toward the child and the consequent effect on the child.

°Caretakers may show an inability to accept a child's potentiali-
ties or limitations.

°Caretakers may be extremely harsh or critical. They may demand
unrealistic academic, athletic, or social performance. They
may repeatedly demean or shame the child.

°Caretakers may withhold physical and verbal contact, or show
little interest in the child's successes or failures.

°The child may become hyperaggressive, disrupting, demanding,
or withdrawn.

°The child may exhibit unaccountable learning difficulties.

WHEN TO REMOVE A CHILD

Criteria for Determining Imminent Danger

Suspected child abuse or neglect can come to the attention of the child

caring agency in countless ways: the social worker may observe indicators of

maltreatment while on a home visit; a child may tell a worker of his or her mis-

treatment; a child's school teacher, hospital personnel, or neighbors may alert

the agency or call in a report of suspected maltreatment directly to the Central

Register. In many instances the agency upon learning of suspected maltreatment--

directly or indirectly--will want to intervene immediately or prior to the initia-

tion of the child protective investigation. The need to remove the child from

the foster home to protect him or her "from imminent danger" is one intervention,

among others, that the agency must consider. The decision to remove a child,

whether from the biological or foster home, can be very difficult. Below is a

set of guidelines to assist agency staff in determining if immediate removal from

the foster home is necessary based on the danger posed to foster children.[*]

1. <u>Serious physical illness requiring further treatment</u>: Consider
   immediate removal of child if:

   °The child has observable physical conditions suggesting illness;
   and

   °A prudent lay person would assess the child's condition to pose
   serious threat to his or her physical health if immediate care
   were not given; and

   °The caretaker refuses to permit the child to receive immediate
   medical care or to comply with ongoing treatment recommended by
   a physician who examines such child.

2. <u>Serious physical injury</u>: Consider immediate removal of child if:

   °The child has observable physical conditions including, but not
   limited to the following: broken limbs, severe burns, severe
   lacerations, inability to move limbs, bleeding, swelling and
   bruises especially around the head, unconsciousness, extreme
   weakness in conjunction with injury; and

   °A prudent lay person would assess the child's condition to
   seriously endanger the life or health of a child if immediate
   care were not given; and

   °The caretaker refuses to permit the child to receive immediate
   medical care or to comply with ongoing treatment recommended
   by a physician who examines such child.

3. <u>Abandonment or grossly inadequate supervision</u>: Consider immediate
   removal of an unattended child or a child left with a clearly in-
   adequate caretaker, taking into consideration the following:

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[*] Adapted from Marion C. Katzive. <u>Taking a Case to Court: A Guide for Child
Protective Workers</u> (New York: Special Services for Children, 1978) p. 36.

    a. age of child;
    b. age of child in relation to length of time left unattended
       or improperly supervised;
    c. type of environment child is left in;
    d. location of caretaker while child is alone or improperly
       supervised;
    e. reason for caretaker's absence;
    f. level of motor functioning of unattended or improperly
       supervised child;
    g. level of mental functioning of unattended or improperly
       supervised child;
    h. probability that caretaker who has returned after leaving
       a child unattended or improperly supervised will leave
       the child alone again.

4. <u>Dangerous caretaker</u>: Consider immediate removal of child if caretaker:

   °Has battered the child; or

   °Expresses, or is reported to express, violent threats against
   child or others.

5. <u>Inadequate caretaker</u>: Consider immediate removal of child if caretaker:

   °Is so out-of-touch with reality that his or her caretaking capacity is
   sufficiently impaired to endanger the child, e.g., inability to care for
   physical needs of a child or inability to give adequate protection to
   the child; or

   °Evidences a physical condition which prevents him or her from meeting
   child's immediate physical needs or need for protection; or

   °Demonstrates absolute refusal or unwillingness to supply necessities
   such as food, clothing, shelter, medical care; or

   °Places child in company of persons who might physically injure or
   sexually abuse the child.

6. <u>Sexually assaultive caretaker</u>: Consider immediate removal of child if:

   °Sexual assault on child has been proved by medical examination or
   confirmed by a witness's report; or

   °In the case of an alleged sexual assault on a child:

     a. child makes allegation of sexual assault and requests
       removal; or

     b. alleged perpetrator has been confronted by child's
       allegation and perpetrator still has access to child; or

     c. one caretaker/parent accuses the other caretaker/parent
       of sexual assault on child and does not feel competent
       to protect child from further assault.

7. <u>Caretaker who refuses to remove child from dangerous physical surroundings</u>: Consider immediate removal of child if:

   °Physical characteristics of the shelter constitute an immediate danger to the life of the child; or

   °Special physical condition of the child combined with physical characteristics of the shelter together constitute a life-threatening condition.

HOW TO MAKE REPORTS

Any person who has reasonable cause to suspect a child is abused or neglected should report this information immediately to the statewide Central Register of Child Abuse and Maltreatment. As mandated reporters, agency staff are required to make oral and written reports. When calling to report a suspected case of child maltreatment it is important to give as much information as possible that can assist in the beginning phases of the investigation process. This information should include:

   °Name, age, address, telephone number of the child

   °Name, address, telephone number of the caretakers

   °Where caretakers can be reached (e.g., at their home or place of employment)

   °Incident that precipitated the report

   °Present condition of the child

   °Children (foster and biological) who are in the home

1. <u>Oral reports</u> should be made immediately. The Central Register receives oral and electronic reports of child abuse and maltreatment twenty-four hours a day, seven days a week.

THE STATEWIDE TOLL-FREE NUMBER IS 1-800-342-3720.

In New York City, telephone notification should also be made to the Confidential Investigation Unit during office hours (433-7320) or to the Emergency Children's Service outside office hours (334-7676).

2. <u>Written reports</u> must be submitted within forty-eight hours of the oral report. The completed standard form (DSS2221A) Report of Child Abuse and Maltreatment should be forwarded to the Central Register. These forms should be available in each agency.

3. <u>Agency procedures for reporting</u> should be spelled out clearly. Social workers who have first-hand information or have observed conditions which lead them to suspect abuse or neglect are held legally accountable to report. However, agencies may have specific procedures for social workers to follow in reporting besides those outlined by law. Supervisors should be consulted concerning the agency procedures for reporting and handling cases of suspected child abuse and neglect.

<u>Immunity from Liability for Reporters</u>

Any person, official, or institution who in good faith makes a report shall have immunity from civil or criminal liability, regarding their efforts in the removal of a child from a foster home.* While reporting laws cannot prevent the filing of lawsuits against a reporter, they make successful litigation of such suits impossible, provided that the report was made in good faith.

<u>Penalties for Failure to Report</u>

There are criminal penalties and civil liabilities for failing to report. Any person, official, or institution mandated to report cases of suspected child abuse or maltreatment who willfully fails to do so may be found guilty of a Class A misdemeanor punishable by up to one year in prison and a fine of up to one thousand dollars. In addition, mandated reporters can be held civilly liable for damages caused by a failure to report. This means that if a person willfully or negligently fails to report, he or she can be sued for the injuries to a child that occur after the time when a report should have been made.

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* Refer to Legal Appendix for Social Services Law 419.

INVESTIGATION

The Confidential Investigation Unit, a division of Special Services for Children, is responsible for investigating all suspected cases of child abuse and neglect within the New York City foster care system. For New York City children placed out-of-city or out-of-state, the CIU has secondary responsibility, with primary responsibility assumed by the local child protective service. The CIU also investigates reports of accidents, illnesses, and deaths of children placed in foster care. Described below are investigatory procedures followed by the CIU in maltreatment cases and the responsibilities of agencies and agency staff within the investigative process.

Steps in the Investigative Process

The investigative process begins immediately following the CIU's receipt of a required telephone report from an agency or a telecopy of Form DSS-2221 from the Central Register. The report is immediately reviewed by the CIU director or supervisor(s) and assigned to an investigator. Cases of alleged abuse or neglect are investigated within twenty-four hours after the CIU receives the report.

Referral to District Attorney

All cases meeting one or more of the following criteria are to be referred to the District Attorney by the CIU:

1. Fatality
2. Fracture
3. Subdural hematoma; internal injuries
4. Burns, scalding (second or third degree)
5. Sexual abuse, including allowing a child to be used
   for pornographic purposes or to engage in prostitution
6. Cases where there have been two previous indicated re-
   ports within the last 18 months involving criteria 1-5
   or allegations of: laceration, bruises, welts; or mal-
   nutrition, failure to thrive.
7. Cases involving the receipt of a third subsequent report
   within the last 18 months where a determination of indicated
   abuse concerning an earlier subsequent report has been made
   and the allegations on either the initial or second subsequent

report were: lacerations, bruises, welts; malnutrition,
failure to thrive; or criteria 1-5 above.

Cases referred to the District Attorney are investigated by the CIU according to

the same procedures as other child protective cases. These procedures are

described below.

The Role of the Investigator

Upon assignment of the case, the investigator will call the agency to notify

them of the pending investigation and to arrange interviews with persons involved

or knowledgeable about the incident. The CIU investigator generally interviews

the source of the report, witnesses, the alleged perpetrator, the foster parents

(who may or may not be the alleged perpetrators), the foster child(ren), and the

worker or supervisor responsible for the supervision of the foster child(ren).

Interviews with foster children are arranged by the investigator through

the foster care agency (usually the social worker or supervisor). Depending on

the circumstances of the case or the condition of the child, he or she may or may

not have been removed from the foster home under investigation. (The CIU is

authorized to effect immediate removal of a child from a foster home or take

other protective action if the child is determined by the investigator to be in

imminent danger). The investigator generally arranges all other interviews

directly unless there is a need to request assistance from the agency. The agency

is responsible for seeing that each child involved in an allegation of child

abuse or neglect receives a complete medical examination.

Whenever possible the alleged victim is seen first to determine the extent

of abuse or neglect and to obtain an account of what happened, who was involved,

and who witnessed the incident. Interviews are generally taped. If a person

objects to being tape recorded, the interviewer takes written notes.

In addition to conducting interviews with the appropriate persons, CIU

investigators review the victims' case records and the records of the foster

parents.

Results of the Investigation

Upon completion of the interviews and the case record review, the investigator prepares a written evaluation and summary of the specific facts of the case and the basis for determining that abuse or neglect is "indicated" or "unfounded". In those cases where there is some credible evidence of abuse or neglect the finding is INDICATED. For example a finding might read "Indicated: Abuse" or "Indicated: Lack of Supervision". Cases where there is no credible evidence of abuse or neglect are designated as UNFOUNDED. However, in "unfounded" cases the investigation may reveal certain problems for which the CIU makes recommendations for corrective action.

The CIU's findings and conclusions as to the substance of the allegations and the necessary action to be taken are completed within 90 days of the initial report.* There are exceptions to this time frame, particularly in cases of critical abuse, homicide, or out-of-district reports.

After the investigation is completed, the CIU notifies the agency Executive Director by telephone of the findings and the recommendations. If the Executive Director questions the findings or recommendations, a conference is held with the representatives of the agency, the CIU, and SSC's Office of Placement and Accountability.

A summary report of an "unfounded" case is mailed to the agency Director with recommendations where appropriate. The alleged perpetrator is notified of the "unfounded" determination by the agency, not by the CIU. The State Central Register sends the alleged perpetrator an official notice that the record of the "unfounded" case has been expunged. (See description of rights of persons accused as perpetrators below). A summary report of an "indicated" case is sent to the agency Director with recommendations where appropriate. The perpetrator is notified in writing of an "indicated" finding by the CIU. It is expected that all

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* Refer to Legal Appendix for Social Services Law 424.7.

summary reports are shared with the social worker for the foster home and with other appropriate agency staff. Upon receiving the CIU report (indicated or unfounded), it is the responsibility of the agency to meet with the foster parents and foster children to discuss the findings and the recommendations.

Rights of Persons Accused of Child Abuse or Neglect

The subjects (alleged perpetrators) of a report[#] are provided with a number of rights under the NYS Social Services Law (Sections 422 and 424).[##] These rights include:

°Subject of a report must be notified in writing forthwith of the existence of a report and of their rights under the law.

°Subject of a report may request and receive from the State Central Register and local and district offices involved, a copy of all information pertaining to them.

°Subject of a report any time after the completion of the investigation may request the report and subsequent findings to be amended, sealed or expunged by the State Central Register and all local and district offices.

°If the Commissioner denies or if no action is taken within thirty days of the request to amend, seal or expunge the report, the subjects of a report have a right to a fair hearing.

°When a report has been determined to be "unfounded," all identifying data in the State Central Register and local and district offices is automatically expunged.

It is the responsibility of the CIU to inform the alleged perpetrators of their rights. However, in cases where the foster parents are under investigation it is helpful for the social worker to explain the investigative process to them. This includes communicating information about the nature of the allegation, what it means, their legal rights, the findings, and recommendations made as a result of the investigation.

Taking Child Protective Action

There are a number of actions that the CIU and the agency may take based on an allegation or as a result of the investigation. If an assessment is made that a child's health and safety are endangered, the agency or the CIU has the legal

[#]Refer to Legal Appendix for Social Services Law 412.4, which defines 'Subject of a Report'.
[##] Refer to Legal Appendix for Social Services Laws 422 and 424.

right and responsibility to remove the child immediately from the foster home.*

However, there are a range of actions which the CIU may recommend when a child is not in immediate danger but an "indicated" finding is established through the investigative process. Depending on various circumstances that particular cases present, the CIU will make a combination of recommendations. Some recommendations focus on the agency and staff, others on the foster parents, and still others are concerned more directly with the foster child(ren). Agencies are responsible for implementing the recommendations put forth by the CIU and for reporting back to the CIU on when and how corrective action was taken.

Described below are actions and recommendations which the CIU most often makes in "indicated" cases, based on their investigation.

°Remove the victim or all foster children from the foster home.

°Close the foster home. No children under the care of the
Commissioner of Social Services shall be placed in the home.

(There may be certain circumstances under which the CIU recommends that no additional foster children be placed in a foster home but that the foster children currently living there remain in the home. On the other hand, the foster child(ren) may be removed from a home but the home may not necessarily be decertified.)

°Re-evaluate the child's needs in terms of the appropriateness
of placement or service provision.

°Establish permanency goals for the child.

°Re-evaluate visitation rights (e.g., limit or supervise visits
for safety of child).

°Re-evaluate foster home certification (e.g., conduct a homestudy,
re-evaluate child's sleeping arrangements, reduce or increase
capacity of certification to reflect number of children in the
home, correct hazardous conditions in the foster home).

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* In contrast to the child protective process for biological families, there is
no requirement of a judicial hearing, prior to or immediately after the removal
of a child from a foster home. Refer to Legal Appendix for 18NYCRR Section 431.10.

°Training of foster parents (e.g., foster parents must be trained in appropriate methods and techniques of discipline and restraint of foster children).

°Closer supervision of foster home (e.g., more frequent, or a specific number of, home visits may be recommended).

°Update and maintain case record for each child in care.

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Legal Appendix of New York State Regulations
and
Social Services Laws

SSL 373 - Religious Faith

2. Whenever any child is surrendered, released, placed out or boarded out, in a family, a home or an institution, or in any agency boarding home, or in a group home, or to an authorized agency or in the custody of any person other than that of a relative within the second degree, such surrender, release, placement or boarding out shall when practicable, be to, with, or in the custody of a person or persons of the same religious faith as that of the child or to an authorized agency under the control of persons of the same religious faith as that of the child.

SSL 412 - Definitions

When used in this title and unless the specific context indicated otherwise:

1. An "abused child" means a child under eighteen years of age defined as an abused child by the family court act;[*]

2. A "maltreated child" includes a child under eighteen years of age;

   (a) defined as a neglected child by the family court act;[*] or

   (b) who has had serious physical injury inflicted upon him by other than accidental means;

3. "Person legally responsible" for a child means a person legally responsible as defined by the family court act;

4. "Subject of the report" means any child reported to the central register of child abuse or maltreatment and his or her parent, guardian, or other person legally responsible also named in the report or an operator of or employee or volunteer in a home or facility operated or supervised by an authorized agency, the division for youth, or an office of the department of mental hygiene or in a family day-care home, a day-care center or a day-services program;

5. An "unfounded report" means any report made pursuant to this title unless an investigation determines that some credible evidence of the alleged abuse or maltreatment exists.

[*] Refer to Family Court Act definitions on Pages 123 and 124.

6. An "indicated report" means a report made pursuant to this title if an investigation determines that some credible evidence of the alleged abuse or maltreatment exists.

SSL 413 - Persons and Officials Required to Report Cases of Suspected Child Abuse or Maltreatment

The following persons and officials are required to report or cause report to be made (in accordance with this title) when they have reasonable cause to suspect that a child (coming before them in their professional or official capacity) is an abused or maltreated child: any physician, surgeon, medical examiner, coroner, dentist, osteopath, optometrist, chiropractor, podiatrist, resident, intern, psychologist, registered nurse, hospital personnel engaged in the admission, examination, care or treatment of persons, a christian science practitioner, school official, social services worker, day care center worker or any other child care or foster care worker, mental health professional, peace officer, police officer or law enforcement official. Whenever such person is required to report under this title in his capacity as a member of the staff of a medical or other public or private institution, school, facility, or agency, he shall immediately notify the person in charge of such institution, school, facility, or agency, or his designated agent, who then also shall become responsible to report or cause reports to be made. However, nothing in this section or title is intended to require more than one report from any such institution, school or agency.

SSL 419 - Immunity from Liability

Any person, official, or institution participating in good faith in the making of a report, the taking of photographs, or the removal or keeping of a child pursuant to this title shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. For the purpose of any proceeding, civil or criminal, the good faith of any person required to report cases of child abuse or maltreatment shall be presumed.

SSL 422 - <u>Statewide Central Register of Child Abuse and Maltreatment</u>

　　1.　There shall be established in the department a statewide central
register of child abuse and maltreatment reports made pursuant to this title.

　　2.　The central register shall be capable of receiving oral and electronic
reports of child abuse or maltreatment and of immediately identifying
prior reports of child abuse or maltreatment and capable of monitoring
the provision of child protective service twenty-four hours a day, seven
days a week.　To effectuate this purpose, but subject to the provisions of
the appropriate local plan for the provision of child protective services,
there shall be a single statewide telephone number that all persons,
whether mandated by the law or not, may use to report cases of suspected
child abuse or maltreatment and that all persons so authorized by this
title may use for determining the existence of prior reports in order to
evaluate the condition or circumstances of the child before them.　Such
oral reports shall be immediately transmitted orally or electronically by
the department to the appropriate local child protective service.　If the
records indicate a previous report concerning a subject of the report or
other pertinent information, the appropriate local child protective ser-
vice shall be immediately notified of the fact.

　　3.　The central register shall include but not be limited to the following
information: all the information in the written report; a record of the
final disposition of the report, including services offered and services
accepted; the plan for rehabilitative treatment; the names and identifying
data, dates and circumstances of any person requesting or receiving
information from the register; and any other information which the
commissioner believes might be helpful in the furtherance of the purposes
of this chapter.

　　4.　Reports made pursuant to this title as well as any other information
obtained, reports written or photographs taken concerning such reports

in the possession of the department or local departments shall be confidential and shall only be made available to; (a) a physician who has before him a child whom he reasonable suspects may be abused or maltreated; (b) a person authorized to place a child in protective custody when such person has before him a child whom he reasonably suspects may be abused or maltreated and such person requires the information in the record to determine whether to place the child in protective custody; (c) a duly authorized agency having the responsibility for the care or supervision of a subject of the report; (d) any person who is the subject of the report; (e) a court, upon a finding that the information in the record is necessary for the determination of an issue before the court; (f) a grand jury, upon a finding that the information in the record is necessary for the determination of charges before the grand jury; (g) any appropriate state legislative committee responsible for child protective legislation and any temporary state commission having the powers of a legislative committee and having the power to review such legislation and make recommendations thereon to the governor and legislature; (h) any person engaged in a bona fide research purpose, provided, however, that no information identifying the subjects of the report shall be made available to the researcher unless it is absolutely essential to the research purpose and the department gives prior approval; and (i) authorized agencies subject to the provisions of section four hundred twenty-four-a of this chapter; and (j) the state commission on quality of care for the mentally disabled in connection with an investigation being conducted by the commission pursuant to article forty-five of the mental hygiene law. After a child who is the subject of a report reaches the age of eighteen years, access to a child's record under paragraphs (a) and (b) of this subdivision shall be permitted only if a sibling or off-spring of such child is before such person and is a suspected victim of child abuse or

maltreatment. In addition, a physician or the person in charge of an
institution, school, facility or agency making the report shall receive,
upon request, a summary of the findings of and action taken by the child
protective service in response to the report. The amount of detail such
summary shall contain will depend on the source of the report and shall
be established by regulations of the commissioner. However, no informa-
tion may be released unless the person or official's identity is confirmed
by the department and the released information state whether the report
is "indicated" or "under investigation," whichever the case may be. A
person given access to the names or other information identifying the
subjects of the report, except the subject of the report, shall not divulge
or make public such identifying information unless he is a district attor-
ney or other law enforcement official and the purpose is to initiate court
action.

5. Unless an investigation of a report conducted pursuant to this title
determines that there is some credible evidence of the alleged abuse or
maltreatment, all information identifying the subjects of the report shall
be expunged from the central register and from the records of all local
child protective services.

6. In all other cases, the record of the report to the central register
shall be sealed no later than ten years after the subject child's eighteenth
birthday. Once sealed, a record shall not otherwise be available unless
the commissioner, upon notice to the subjects of the report, gives his
personal approval for an appropriate reason. In any case and at any time,
the commissioner may amend, seal or expunge any record upon good
cause shown and notice to the subjects of the report.

7. At any time, a subject of a report may receive, upon request, a copy
of all information contained in the central register; provided, however,
that the commissioner is authorized to prohibit the release of data that
would identify the person who made the report or who cooperated in a

subsequent investigation, which he reasonably finds will be detrimental to the safety or interests of such person.

8. At any time subsequent to the completion of the investigation but in no event later than ninety days after receipt of the report, a subject of a report may request the commissioner to amend, seal or expunge the record of the report. If the commissioner refuses or does not act within a reasonable time, but in no event later than thirty days after such request, the subject shall have the right to a fair hearing to determine whether the record of the report in the central register should be amended or expunged on the grounds that it is inaccurate or it is being maintained in a manner inconsistent with this title. The appropriate local child protective service shall be given notice of the fair hearing. The burden of proof in such hearing shall be on the department and appropriate local child protective service. In such hearings, the fact that there was a family court finding of child abuse or neglect shall be presumptive evidence that the report was substantiated. The commissioner or his designated agent is hereby authorized and empowered to make any appropriate order respecting the amendment or expungement of the record to make it accurate or consistent with the requirements of this title.

9. Written notice of any expungement or amendment of any record, made pursuant to the provisions of this title, shall be served upon each subject of such record and the appropriate local child protective service. The latter, upon receipt of such notice, shall take the appropriate similar action in regard to the local child abuse and maltreatment register and inform, for the same purpose, any other agency which received such record pursuant to subdivisions four and five of section four hundred twenty-four of this title.

10. Any person who willfully permits and any person who encourages

the release of any data and information contained in the central register
to persons or agencies not permitted by this title shall be guilty of a class
A misdemeanor.

SSL 424 — Duties of the Child Protective Service Concerning Report of Abuse
　　　　　or Maltreatment.

Each child protective service shall:

1. Receive on a twenty-four hour, seven day a week basis all reports
of suspected child abuse or maltreatment in accordance with this title,
the local plan for the provision of child protective services and the
regulations of the commissioner;

2. Maintain and keep up-to-date a local child abuse and maltreatment
register of all cases reported under this title together with any additional
information obtained and a record of the final disposition of the report,
including services offered and accepted;

3. Upon the receipt of each written report made pursuant to this title,
transmit, forthwith, a copy thereof to the state central register of child
abuse and maltreatment. In addition, not later than seven days after
receipt of the initial report, the child protective service shall send a
preliminary written report of the initial investigation, including evalua-
tion and actions taken or contemplated, to the state central register.
Follow-up reports shall be made at regular intervals thereafter in a
manner and form prescribed by the commissioner by regulation to the
end that the state central register is kept fully informed and up-to-date
concerning the handling of reports;

4. Give telephone notice and forward immediately a copy of reports
made pursuant to this title which involve the death of a child to the
appropriate district attorney. In addition, a copy of any or all reports
made pursuant to this title shall be forwarded immediately by the child
protective service to the appropriate district attorney if a prior request

in writing for such copies had been made to the service by the district attorney;

5. Forward an additional copy of each report to the appropriate duly incorporated society for the prevention of cruelty to children or other duly authorized child protective agency if a prior request for such copies has been made to the service in writing by the society or agency;

6. Upon receipt of such report, commence or cause the appropriate society for the prevention of cruelty to children to commence, within twenty-four hours, an appropriate investigation which shall include an evaluation of the environment of the child named in the report and any other children in the same home and a determination of the risk to such children if they continue to remain in the existing home environment, as well as a determination of the nature, extent, and cause of any condition enumerated in such report, the name, age and condition of other children in the home, and, after seeing to the safety of the child or children, forthwith notify the subjects of the report in writing, of the existence of the report and their rights pursuant to this title in regard to amendment or expungement;

7. Determine within ninety days, whether the report is "indicated" or "unfounded";

8. Take a child into protective custody to protect him from further abuse or maltreatment when appropriate and in accordance with the provisions of the family court act;

9. Based on the investigation and evaluation conducted pursuant to this title, offer to the family of any child believed to be suffering from abuse or maltreatment such services for its acceptance or refusal, as appear appropriate for either the child or the family or both; provided, however, that prior to offering such services to a family, explain that it has no legal authority to compel such family to receive said services, but

may inform the family of the obligations and authority of the child

protective service to petition the family court for a determination that

a child is in need of care and protection;

10.   In those cases in which an appropriate offer of service is refused

and the child protective service determines or if the service for any other

appropriate reason determines that the best interests of the child require

family court or criminal court action, initiate the appropriate family

cour proceeding or make a referral to the appropriate district attorney,

or both;

11.   Assist the family court or criminal court during all stages of the

court proceeeding in accordance with the purposes of this title and the

family court act;

12.   Coordinate, provide or arrange for and monitor, as authorized by

the social services law, the family court act and by this title, rehabilitative

services for children and their families on a voluntary basis or under a

final or intermediate order of the family court.

18 NYCRR § 431.10 - Removal from Foster Family Care

(a)   Whenever a social services official or another authorized agency

acting on his behalf proposes to remove a child in foster family care from

the foster family home, he or such other authorized agency, as may be app-

ropriate, shall notify the foster family parents, in writing of the intention

to remove such child at least 10 days prior to the proposed effective date of

such removal, except where the health or safety of the child requires that he

be removed immediately from the foster family home.   Such notification shall

further advise the foster family parents that they may request a conference

with the social services official or a designated employee of his social services

department at which time they may appear, with or without a representative to

have the proposed action reviewed, be advised of the reasons therefor and be

afforded an opportunity to submit reasons why the child should not be removed.

Each social services official shall instruct and require any authorized agency acting on his behalf to furnish notice in accordance with the provisions of this section. Foster parents who do not object to the removal of the child from their home may waive in writing their right to the 10 day notice, provided, however, that such waiver shall not be executed prior to the social services official's determination to remove the child from the foster home and notifying the foster parents thereof.

(b) Upon the receipt of a request for such conference, the social services official shall set a time and place for such conference to be held within 10 days of receipt of such request and shall send written notice of such conference to the foster family parents and their representative, if any, and to the authorized agency, if any, at least five days prior to the date of such conference.

(c) The social services official shall render and issue his decision as expeditiously as possible but not later than five days after the conference and shall send a written notice of his decision to the foster family parents and their representative, if any, and to the authorized agency, if any. Such decision shall advise the foster family parents of their right to appeal to the department and request a fair hearing in accordance with section 400 of the Social Services Law.

(d) In the event there is a request for a conference, the child shall not be removed from the foster family home until at least three days after the notice of decision is sent, or prior to the proposed effective date of removal, whichever occurs later.

(e) In any agreement for foster care between a social services official or another authorized agency acting on his behalf and foster parents, there shall be contained therein a statement of a foster parent's rights provided under this section.

18 NYCRR § 431.13 – <u>Termination or Limitation of Visitation Rights by an Authorized</u>
<u>Agency</u>

When an authorized agency determines to terminate or limit parental

visiting rights between a parent or guardian and his child voluntarily placed

in foster care, the provisions of this section shall govern.

(a) Except as otherwise authorized herein, parental visitation shall not

be terminated or limited by a social services official having care and custody

of the child, or by another authorized agency acting on his behalf, except

by court order in a proceeding in which the parent or guardian was a party.

(b) Visitation is to continue until such a court order is obtained, except

in cases of imminent danger to the child's life, health and safety.

(c) In cases of imminent danger to the child's life, health and safety,

the authorized agency may terminate or limit visitation. On the same day

visitation is terminated or limited, the authorized agency shall notify a

designated employee of a city or county department of social services of such

termination or limitation. Upon termination or limitation of visitation, the

authorized agency shall commence a court action or, if an action is already

before the court, shall seek an order of the court as if the child had been

taken into protective custody pursuant to section 417 of the Social Services

Law.

(d) Subdivisions (a) – (c) of this section do not apply if the parent or

guardian agrees in writing to the termination or limitation of visiting, such

agreement to be made in accordance with subdivision 3 of section 384-a of the

Social Services Law.