

# **FOSTER**

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**I**nformation  
**D**evelopment  
**E**ducation

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## **Module Six, Session One— Strengthening Teamwork Skills**

## Session One Competencies and Objectives

### Competencies

The foster parent:

- Knows the role, rights, and responsibilities of foster parents.
- Can communicate effectively with other members of the child welfare team.
- Understands their role in the Administrative Case Review and knows how to participate.

### Objectives

Session One will enable participants to:

1. Get acquainted with the trainers and each other;
2. Describe the relationship between this Foster PRIDE module and the entire PRIDE training program;
3. Review the definition of teamwork and its importance in child welfare;
4. Describe the process and skills essential for effective teamwork;
5. Describe the importance of a team having a shared vision, purpose, and goals;
6. Describe their own role and expertise on the child welfare team, as well as the role and expertise of other team members;
7. Identify the steps in team decision making; and
8. Explain how foster parents can utilize their role and expertise in the service planning and Administrative Case Review process.

Resource 1-2

## Session One Agenda

### Part I: Welcome and Introductions (45 minutes)

- A. Welcoming remarks and participant introductions
- B. Use of the Foster PRIDEbook
- C. Purpose of this Foster PRIDE Module
- D. Review of Session One objectives and agenda

### Part II: Strengthening Teamwork Skills (2 hours including 15-minute break)

- A. The importance of teamwork
- B. Strengthening teamwork skills

### Part III: Closing Remarks ( 15 minutes)

- A. Summary
- B. Preview of next session
- C. Taking PRIDE Activity
- D. End session

## Definition of a Professional Team and Teamwork\*

**A professional team is two or more people who:**

- share common purposes, goals, objectives, and values;
- have knowledge, skills, and values to meet the team's purposes, goals and objectives;
- agree on decisions and plans to achieve the team's goals and objectives;
- work together to implement the team's decisions and plans;
- have established methods for preventing and managing conflict, including having a team leader, captain, or coach;
- assess their progress toward the achievement of their goals and objectives; and
- change their goals and objectives, members of the team, decisions and plans, and ways to solve problems as needed.

**Teamwork is a process that includes:**

- determining shared goals and objectives;
- identifying and respecting complementary roles and individual expertise;
- making and implementing decisions and plans;
- managing conflict in the best interests of the goals and objectives;
- assessing achievements and progress toward achievement of goals and objectives; and
- making new plans as needed.

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\* Pasztor, E.M., Polowy, M., Leighton, M., and Conte, R., *The Ultimate Challenge: Foster Parenting in the 1990s*, Washington, D.C.: Child Welfare League of America, 1992. Trainer's Guide, pp. 113-177.

## **Charlie's Situation: How Do Team Members Work Together?**

Meet Charlie, age 10, who has been in foster care for five months. He is currently in the fourth grade, and having serious behavioral difficulties in school. He is easily distracted and volatile. Without warning, he “flies off the handle.” He shows a pattern of not completing class assignments. His teacher reports that lately, when she discusses family matters with Charlie, the child bursts into tears. The teacher has tried a variety of behavior management programs with Charlie and has experienced some success. But his progress is erratic, and the teacher is becoming discouraged.

Charlie's mom is enrolled in a residential “detox” program that encourages family visits. Charlie sees a counselor at the program along with his mom. The counselor is trying to help Charlie understand about substance abuse and that Charlie is not responsible for the family's problems. The counselor is going to enroll Charlie in a group for children. Charlie wants to go home and always cries at the end of his sessions.

Charlie's foster parents are very committed to helping him. They see behavioral changes and are becoming more concerned for Charlie's well-being and his future.

Charlie is a bright child who shows great interest and talent in art. The adults in his life all wish to help him.

The teacher has requested a meeting to discuss Charlie's school progress. His classroom behavior is alarming to her and she is concerned about him.

## Worksheet

Your group has been assigned a particular role. You will be asked to answer the questions that follow.

**Role:** \_\_\_\_\_

What specific knowledge and skills does this person bring to support the child's school placement and relationships with his birth family and foster family, and to promote his overall development?

- Knowledge:

- Skills:

## The Five Steps in Decision-Making

- **DEFINE** Define the needs. Discuss the feelings, points of view, and obstacles that must be overcome.
- **GATHER** Gather information and brainstorm solutions.
- **DEVELOP** Develop solutions and consider the consequences. What are the pros and cons of each possible solution?
- **IMPLEMENT** Decide which solution is best. What's your plan for taking action?
- **EVALUATE** Check to see if your solution was successful.

Resource 1-6

## Essential Principles for Effective Decision Making

Each team member's unique role is used at each stage of the decision-making process.

Each team member's perspective is valued at each step of the decision-making process.

Team decisions are continually assessed and changed as needed throughout the decision-making process.

## You Need to Know!

### Permanency Planning Goals

Purpose	Goal	Definition	Decision-Making Criteria
Strengthen families	<b>Remain home</b>	Maintain and strengthen family life by providing services while the family stays together. Work with family focuses on reducing risk factors and building on family strengths, allowing children to remain at home.	<p>Determine whether parents are meeting minimum parenting standards. If they are, or if they can with supports, this is the correct goal, as long as the children are safe in the home..</p> <p>Assessing minimum parenting standards:</p> <ul style="list-style-type: none"> <li>• <i>Nature of the problem</i> (review risk and safety assessment, seriousness of situation, likelihood of recurrence).</li> <li>• <i>Family capacity</i> (strengths that can lower risk, degree to which family can grow and change).</li> <li>• <i>Support systems</i> (what is in place to help the family? What needs to be put in place?).</li> <li>• <i>Age/development/emotional status of child</i> (what needs does this particular child have?).</li> </ul>

Purpose	Goal	Definition	Decision-Making Criteria
Strengthen families	<b>Return home</b>	Strengthen family life so children can be reunited with their families. Services are directed toward empowering the family to meet minimum parenting standards.	<p>First goal to consider once a child has been placed in substitute care. Family may have significant needs, yet there are indications that the family can be enabled to provide basic safety and well-being for its members.</p> <p>The family's capacity for change is key:</p> <ul style="list-style-type: none"><li>• Do they know what needs to change?</li><li>• What family supports are available?</li><li>• Do parents want to change?</li></ul>
Transition goal	<b>Substitute care pending a determination on termination of parental rights</b>	<p>Select this goal when parents are not making substantial progress.</p> <p>Work continues toward strengthening the family until the TPR is granted, making this one of the most challenging phases of case management.</p> <p>The decision to proceed toward termination of parental rights is critical. This decision is always made through collaboration.</p>	<p>Time frames of 5 or 12 months are considered based on parents' making substantial progress to correct the conditions which led to the child's removal.</p> <p>Considered when parents have not been able to achieve reunification or when it is clear that parents have an incapacity that will not respond to treatment.</p> <p>Consider the following:</p> <ul style="list-style-type: none"><li>• Minimum parenting standards not met;</li><li>• Efforts to ensure that parents understood the changes necessary;</li><li>• Efforts to connect family with services;</li><li>• Ages and needs of children;</li></ul>

Purpose	Goal	Definition	Decision-Making Criteria
Transition goal	<b>Substitute care pending a determination on termination of parental rights</b> (cont.)		<ul style="list-style-type: none"> <li>• How parents fail to meet these needs;</li> <li>• A legal screening has determined sufficient grounds for termination of parental rights exist, and it is in the best interest of the child to empower the guardian to consent to adoption.</li> </ul> <p>A State’s Attorney decides sufficient grounds for termination exist and it is in the best interest of the child to empower the guardian to consent to adoption.</p>
Permanency for children	<b>Adoption</b> (by foster family or by a new family)	<p>Adoptive parents take on the same legal rights, responsibilities, and role as birth parents. They commit to the child on a permanent basis. Adoption, supported by a legal process, grants the greatest degree of permanence.</p> <p>When parental rights have ended, adoption has traditionally been viewed as the best permanency plan.</p>	<p>Every child unable to return home or live with relatives must be assessed for adoption.</p> <p>Adoption might NOT be selected in specific situations, such as:</p> <ul style="list-style-type: none"> <li>• A child age 14 or over does not wish to be adopted;</li> <li>• An older child, under age 14, continues to oppose adoption despite counseling;.</li> <li>• A child has impairments that require residential care.</li> </ul>

**Purpose**

Permanency when return home and adoption have been ruled out

**Goal**

**Guardianship**

**Definition**

This goal is for children residing with a relative or foster home caregiver with whom the child has formed an emotional attachment and who is willing to accept legal responsibility for the child and commit to a permanent relationship.

**Decision-Making Criteria**

Children for whom this goal might be appropriate include:

- Child over age 14 who does not agree to adoption;
- Older child with attachment problems who is unable to adjust to a new adoptive family despite counseling; and
- Child for whom no adoptive placement has been found, even after extensive recruitment efforts.

Do **not** select this goal if:

- A child wishes to be adopted;
- The foster family cannot make commitment.

<b>Purpose</b>	<b>Goal</b>	<b>Definition</b>	<b>Decision-Making Criteria</b>
To assist a child toward independence when return home, adoption and guardianship have been ruled out.	<b>Independence</b>	This goal seeks to meet the needs of youth 13 years and older who are not candidates for other goals, and who will need the agency's assistance in achieving independent status.	<ul style="list-style-type: none"><li>• The youth has demonstrated the capacity to care for him/herself and has become economically self-sufficient.</li><li>• The youth is establishing a family of his/her own.</li><li>• The youth has physical or mental disability, but displays willingness and ability to care for him/herself with proper support.</li><li>• The youth continues cooperation with the service plan.</li></ul>

**Purpose**

To provide services to children who cannot have their needs met in a home environment.

**Goal**

**Cannot be provided in a home environment.**

**Definition**

The most permanent situation possible for a child with medical, emotional, and basic care needs that can only be met through a residential setting. The work focuses on helping facilities to ensure the greatest stability, connectedness, and permanence possible for the child.

**Decision-Making Criteria**

Child must have an extreme or complicated physical or mental disability diagnosed by physician or psychiatrist. There must be no responsible adult willing or able to care for the child.

This goal is NOT appropriate:

- When the child's needs are short-term or can be addressed through intense services; or
- When the child's needs are long-term, but can be met outside a residential setting with appropriate support services.

Obtain extensive assessment material including evaluations by appropriate professionals.

Purpose	Goal	Definition	Decision-Making Criteria
	<b>Permanent family placement with foster parents</b>	Permanent Family Placement seeks to provide a child with a foster family who will commit to keeping the child until he or she achieves independence. It is crucial that this goal be selected and planned for in ways that build connectedness and belonging.	<p>All other permanency goals must first be considered and found inappropriate. There must be a foster family that believes in and can commit to permanent family care. Children for whom this goal might be appropriate include:</p> <ul style="list-style-type: none"><li>• A child, age 14 or older, who clearly wants to be placed with foster parents.</li><li>• An older child with attachment problems who cannot adjust to a new home despite casework services.</li><li>• A child for whom no suitable adoptive home has been found, even after extensive recruitment efforts.</li></ul> <p>This goal would not be selected when:</p> <ul style="list-style-type: none"><li>• Another permanency goal could be achieved.</li><li>• A child wishes to be adopted.</li><li>• The foster family cannot commit to permanent placement.</li><li>• The child is over age 16 (and "Achieving Independence" would be goal of choice).</li></ul>

**Purpose**

**Goal**

**Definition**

**Decision-Making Criteria**

**Achieving independence**

Many youth in kinship or foster care will stay there until the age of emancipation. They will need to prepare by acquiring necessary life skills. Also, they will need to develop family and community connections that will sustain them through adulthood. The goal of "Achieving independence" recognizes and seeks to help meet youths' unique needs.

This goal is always identified for youth in Permanent Kinship Care or Permanent Family Care when they turn 16. The only exception is if a youth and kinship or foster family choose to pursue adoption, or if the child and birth family want to get back together.

Independent living services can be provided to any youth regardless of the family's permanent goal. The use of "Achieving Independent Living" as a permanent goal, however, should be limited to those youths in permanent kinship or family care.

**Long-Term Care in a Residential Facility**

For a few children with extensive special needs, care in a residential setting is necessary and provides the greatest sense of permanency.

This goal is identified when the child cannot be cared for outside of a facility such as a nursing home, the child is in a facility that can provide for his or her specialized needs, and there are no plans to move the child.

## Preparing for the Administrative Case Review

- a. *Review the service plan.*

Familiarize yourself with the service plan and the tasks developed for the team. Review your own tasks and note what you have or have not done.

- b. *Review significant events during the last six months, including the child's:*

Visits and reactions to visits; participation in services; progress in school; medical information; and adjustment and behavior in the foster home.

- c. *Prepare a brief summary.*

Prepare to present a summary of the child's placement in your home. Include the length of time in your home, overall progress and adjustment to placement, progress in school, and medical update. Include any significant events or changes during the last six months. Make brief notes and rehearse before the review.

- d. *Bring service plan and reports, evaluations, or notes with you to the review.*

- e. *Identify your concerns.*

Identify any concerns you have about the child's well-being, and how well you feel the child's needs are being met. Think through these concerns and what solutions you might offer to the team for discussion.

- f. *Talk to the caseworker before the review.*

Find out who is coming to the review, and any other information to make you feel more comfortable. Ask the caseworker if there are specific questions for which you need to prepare, or information you need to bring. Present any concerns you have and discuss these before the review.

- g. *Relax and see yourself as the professional you are.*

You are a vital part of the professional team. If you are nervous or feel less than prepared, know that the reviewer and the team are there to help you. Your work on behalf of children and families is invaluable.

## A Permanency Goal for Joan

Joan was placed for the second time with her foster parents when she was three years old. She reentered the foster care system because of physical abuse after her mother's relapse from drug recovery.

Joan is asking where she will be living in the summer. Her mother is hoping Joan will be returned to her then. The mother has housing and supplemental assistance lined up. She also has a part-time job. Recently, Joan has been assigned a Big Sister who can continue with her even if she moves.

The six-month Administrative Case Review is scheduled for next week and a permanent plan is a primary concern for all involved.

### Discuss:

1. What information can be gathered at the Administrative Case Review regarding a long-range permanency plan for Joan?
2. What permanency plan would you choose for this situation and why? What concerns might you have about this plan?
3. What tasks might the team list to help meet the reunification goal? What tasks would you include to address the concerns you identified above?
4. Put yourself in the place of each participant in this Administrative Case Review and identify how that person might be feeling.

Joan's mother:

Foster parent:

Social worker:

## Strengthening Teamwork Skills

- Teamwork does not happen without practice, communication, decision-making, and hard work.
- Teamwork presents great challenges and delivers powerful rewards and possibilities.
- A shared vision and purpose motivate effective teamwork.
- Each team member brings a special set of skills, talents, and abilities.
- Foster parents have a unique and vital team role as primary caregivers for the child and bridge builders to the community.
- Sharing planning and decision-making with children and families is one of the most important responsibilities of the foster care team.
- The quarterly child and Family Team meetings are the ultimate team decision-making vehicle in child welfare. They offer a chance to make a real difference in the lives of children and their families.

## Taking PRIDE Activity One

Create a "Team Victory Log."

Choose one experience you have had working as a member of a professional team. Consider what each team member brought to the experience on behalf of the child and family. Assessing your own strengths and needs as a team member:

- Write a summary of those events.
- Be sure to include accomplishments of other team members, as well as the goals achieved by the whole team on behalf of the child and family.
- Remember the assets you brought to the team and how the team effectively met its goal.
- Savor that victory. Consider ways of translating it into larger goals and victories in the future.

**Bring your log with you to Session Two.**

**SEE YOU THEN !**

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## **Module Six, Session Two—**

### **Developing Your Professional Role**

## Session Two Competencies and Objectives

### Competencies

The foster parent:

- Understands the absolute necessity and means of complying with agency policy regarding confidentiality for children and families.
- Knows how to access the service appeal system.
- Can maintain records regarding a child's history.
- Can advocate for children to obtain needed services.
- Can assess own strengths and needs for support in providing care for children according to children's age, sex, developmental needs, family relationships, and permanency goals;.
- In collaboration with agency staff, can assess training needs and implement a training plan to meet those needs..

### Objectives

Session Two will enable participants to:

1. Describe the meaning of “professionalism” in family foster care;
2. Describe the importance of confidentiality;
3. Explain how to comply with agency policy regarding confidentiality;
4. Describe the role of foster parents in helping children to record and document their history;
5. Identify specific ways foster parents can help children to record and document their history;
6. Describe the advocacy role of foster parents;
7. Describe how to access the agency's service appeal system;
8. Identify the skills needed to advocate for children to obtain needed services; and
9. Describe a process for foster parents to use to assess their strengths and needs in foster parenting.

Resource 2-2

## Session Two Agenda

**Part I: Welcome and Building Bridges** (30 minutes)

- A. Welcome and review of objectives and agenda
- B. Building bridges

**Part II: Your Role as a Member of the Professional Child Welfare Team** (2 hours 15 minutes, including 15-minute break)

- A. Being a professional
- B. Developing your professional role
- C. Maintaining professionalism

**Part III: Closing Remarks** (15 minutes)

- A. Summary
- B. Preview of next session
- C. Taking PRIDE Activity
- D. End session

**MODULE SIX  
SESSION TWO**

## Developing Professionalism

### Anthony

Seven-year-old Anthony's teacher keeps asking questions about his history, family, and reason for placement. Anthony is not doing well in school, and the teacher says this is why it must be discussed. You have become uncomfortable with the teacher's questions.

How much information about a child do you feel you should give a teacher?

What would be your professional response in this situation?

### Betsy

You have seen that a child in your care needs a developmental evaluation, and have told the caseworker this several times. The caseworker keeps reminding you that you cannot compare the child's development to your own child's, and you sense that he thinks you are exaggerating.

What role do you feel you have in identifying service needs, or seeing that a child's service needs are met?

Can you identify some professional approaches you might take in this situation?

### Carter

Seven-year-old Carter is placed with you. His mother died from a drug overdose when he was 11 months old, and he moved in with his grandmother. When Carter was three his grandmother died and he was placed in family foster care. You are his third foster family. The first moved out of state and his preadoptive foster family asked for his removal after the foster father's near-fatal heart attack. He is in your home until another adoptive family can be found. Carter comes to your home carrying garbage bags. The bags are full of old food, baby clothes, a baby bottle, broken toys (from each foster home), a couple of old torn pictures, and trash. He refuses to let you clean or even touch the bags. They are smelling up your entire house.

What do you think these bags represent to Carter?

What is your role in helping children keep a record of their history?

How might you help Carter now? What can you do to help him keep a record of the time he spends in your home?

## Policy and Procedures Regarding Confidentiality

The most important thing to say to foster parents about confidentiality is this:

**ALL INFORMATION YOU RECEIVE ABOUT A FOSTER CHILD AND HIS/HER FAMILY IS CONFIDENTIAL.**

“Confidentiality” includes both oral and written information about the child and his/her family (DCFS Rules and Procedure 431).

Because you are members of the professional child welfare team, DCFS staff will share sensitive, personal information with you about the child, his or her history, the reason the child came into care, and information about the family’s situation and progress. As members of the team, foster parents are bound by the Rule of Confidentiality. Foster parents should *never* discuss the child or family’s situation with friends, neighbors or other acquaintances. It is impossible to know the eventual impact sharing such personal information might have. Maintaining confidentiality is one way foster parents protect the children in their care.

Although foster parents are members of the child and family team, it should be noted that birth parents have to consent to the foster parents’ presence at the family meeting, because of the confidential nature of matters discussed. However, even if they are not present at the meeting, foster parents can and should still be involved in planning and decision-making about the child through discussions with the worker.

Sometimes foster parents are asked to share their fostering experiences with the media (newspaper, radio, television). It is perfectly acceptable for foster parents to talk about themselves in their role as foster parents. It is **unacceptable** to provide identifying information about the children and families you have contact with as foster parents or to share other personal information about them. You may not give any last names of foster children to the media, and no photographs may be given to or taken by the media without the express, written consent of the DCFS Guardianship Administrator.

If you have any questions about confidentiality, the DCFS worker can help you determine whether it is appropriate to share certain information in specific situations.

Another issue related to confidentiality is the question of access to personal information contained in DCFS records. Clients have access to all information contained in DCFS records—with the exception of identifying information about reporters of alleged child abuse and neglect, collaterals (others contacted during the investigation of child abuse or neglect), and identifying information about sources of other information given to DCFS under the promise of confidentiality.

Children placed in foster care have the right to have regular contact with their siblings who may be placed apart from each other. The Department will provide children who are seven years old or older, and their foster parents or other caregiver, with each sibling’s birth date, and the name,

address, and telephone number of the caregiver of each sibling placed by the Department. The Department will also provide this information about siblings in the custody of a parent, if that information is known.

During the first 30 days after the child comes into care, the Department (or purchase of service agency) will conduct an assessment of the parent and other adults living in the home. The Department will not release information identifying the foster parent or relative caregiver to the child's parents, or to siblings in the care of their parent, when the assessment finds any of the following:

- A check of the Law Enforcement Agencies Data System (LEADS) identifies a conviction of any of the crimes listed (in Appendix A(a)(1), (3), or (4) of Section 301.440); or
- The parent or other adult living in the home has threatened violence against a foster parent/relative caregiver or Department or purchase of service agency worker; or
- The parent or other adult living in the home has exhibited violence against a foster parent/relative caregiver or Department or purchase of service agency worker in the past; or
- The parent or other adult living in the home has threatened to abduct or harm the child.

At initial placement, foster parents/relative caregivers receive a notice (CFS 855) of the disclosure of identifying information. They are also given notice (CFS 858) of intent to disclose identifying information when the Department or agency has decided to release identifying information about them to individuals not listed on CFS 855. If you disagree with the decision to disclose the information, you have ten days from the date of the notice to request a Decision Review from the Deputy Director of Administrative Case Review.

### ***Routine disclosure of foster parent/relative caregiver information***

DCFS policy 301.430 states that the name(s), addresses, telephone numbers, and primary language or preferred mode of communication (e.g., sign language) of the foster parent/relative caregiver may be disclosed to the following persons only when appropriate and necessary for the delivery of child welfare services.

- Child welfare staff responsible for the delivery of services to the child.
- State's Attorneys and Assistant State's Attorneys.
- Guardians ad litem (attorneys appointed to represent the child).
- Court personnel.
- Court-appointed special advocates.
- Administrative Case Review staff.
- Medical providers providing care to the child.
- The child's school and educators.
- Other service providers for the child.
- Children who are seven years old or older under the custody or guardianship of DCFS, who are siblings of children placed with foster parents or relative caregivers, unless a decision has been made to withhold the information.

- Illinois Department of Healthcare and Family Services, for the purposes of processing Medicaid claims.
- Quality assurance staff conducting reviews.
- Social Security Administration.
- Researchers whose research has been approved by DCFS.
- Statewide foster parent associations or other foster parent groups recognized by DCFS.

Upon placement of a child, the agency will give written notice to the foster parent/relative caregiver that their name, address and phone number will be released to the above as necessary to provide services.

The name, address and phone number will also be given to the parent(s) of the child in foster/relative care following an assessment of the parent(s). The foster parent's name, address, and phone number will not be released to the parents or siblings living with the parents if any of the following are found during the assessment:

- Conviction for certain crimes.
- Violence has been threatened against a foster parent/relative caregiver or caseworker.
- Violence has been exhibited against the above.
- Abduction of or harm to the child has been threatened.

Foster parents have the right to see all Department records pertaining to them (for example, the licensing record). However, the DCFS policy to maintain as confidential the identifying information about reporters of alleged child abuse and neglect also applies to foster parents, and such information is not available to them. Identifying information about the birth family is also not available to foster parents.

## Problem Resolution

The work we do together as a team is complicated and demanding. When differences of opinion and conflicts occur among team members, there are ways to resolve them. Mutual respect for the value of each person's role on the team helps promote good working relationships. If you have questions, need help with a child in your care, or disagree with a caseworker's decision, it's best to talk with the caseworker first. Often, the situation can be resolved with an open and honest discussion. If a problem remains, you should talk to the caseworker's supervisor. If the issues are still unresolved or you think your concerns are not being considered, there are additional steps you can take.

***Foster Parent Support Specialists:*** Called "Advocates" in Cook County and "Support Specialists" elsewhere, their job is to provide support to DCFS foster parents. (at this time private agencies may or may not have people acting as advocates for foster parents.) Most Foster Parent Support Specialists (FPSS) have experience as foster/adoptive parents. They are available to answer your questions, give practical advice on dealing with children in your care, and help you negotiate any issues you may have with the agency. They may be able to provide helpful information regarding a problem, or help you and the caseworker or supervisor bring the problem to the attention of other appropriate DCFS staff for resolution.

***[Ombuds Office:*** An "Ombudsperson" is someone who looks into consumer concerns and issues. The DCFS "Ombuds" Office responds to questions and complaints from the community which relate to DCFS and private agencies providing child welfare services. The Ombuds Office helps resolve problems and complaints through informal contact with agency staff and other service providers. If you have tried unsuccessfully to resolve your problem locally with the caseworker, supervisor and FPSS, calling the Ombuds Office is usually the quickest way to solve a problem or obtain a service.

The Ombuds Office's toll-free telephone number is 1-800-232-3798. You can also call 217-524-2029 to reach an Ombudsperson. The TDD (Telephone Device for the Deaf) number is 217-524-3715.]

***Advocacy Office for Children and Families:*** This office resolves issues and complaints regarding quality of service, responsiveness of workers, and problems related to the Department's rules and procedures. The Advocacy Office responds to questions and complaints from the community which relate to DCFS and private agencies providing child welfare services. This office helps resolve problems through informal contact with agency staff and other service providers. If you have tried unsuccessfully to resolve your problem locally with the caseworker, supervisor and FPSS, calling the Advocacy Office for Children and Families (AOCF) is usually the quickest way to solve a problem or obtain a service.

The Advocacy Office for Children and Families toll-free telephone number is 1-800-232-3798. You can also call 217-524-2029, or e-mail [aocs@idcfs.state.il.us](mailto:aocs@idcfs.state.il.us). The TDD (Telephone Device for the Deaf) number is 217-524-3715.

***Service Appeals:*** If you have tried talking to the caseworker, supervisor, FPSS (for DCFS families) and the AOCF, and still do not feel satisfied, you can request a Service Appeal. (You can request a Service Appeal without involving the AOCF.)

A Service Appeal is the formal process by which problems and disagreements are resolved. Foster parents and relative caregivers may appeal the following decisions, made by DCFS or a contractual private agency, which directly affect the foster parent or relative caregiver, such as:

- payment issues (as defined in 89 Il. Code 359, “Authorized Child Care Payments”);
- services provided for the benefit of foster children in their care, such as day care, medical, educational and psychological services.
- failure to provide services as specified in the service plan for the benefit of the foster children in their care (this does not include services provided to the biological family, such as family therapy or family counseling); and
- a change in the child’s substitute care placement. This does not include placement with the biological or adoptive parent(s) or sibling(s), placements for purposes of adoption as ordered by the court, or return to an individual(s) with whom the child resided prior to entering substitute care.

Foster parents and relative caregivers have the right to be heard on specified issues related to Client Service Planning. However, they will not be considered a party to the Service Appeal on issues, which may affect residual parental rights and responsibilities.

Issues which may not be appealed include:

- Issues of State or federal law regulating the automatic adjustment of services for classes of children and families;
- Issues on which the Department has already made a final administrative decision as a result of a previous appeal;
- Issues defined in 89 Ill. Administrative Code 435, Administrative Appeals and Hearings, which are to be appealed through a different hearing process;
- Issues regarding only the Medical Assistance Program under Title XIX of the Social Security Act; and
- Issues on which a court has made a judicial determination or issued an order.

A *written, timely* notice is required to request a Service Appeal. “*Timely*” means mailed within the following time frames:

1. Within 30 calendar days of the request for child welfare or day care services-;
2. At least 10 calendar days before an action to reduce, suspend or terminate services, or; before implementing a critical decisions in situations where the Department does not consider the child at imminent risk of harm; or
3. Within 30 calendar days of the date the Department is given notice of the relative’s request for placement of a Department ward.

A Service Appeal is a two-step process. The two steps are **Mediation** and **Administrative Fair Hearing**. (You may be able to get a temporary decision on some issues through an **Emergency Review** if you request an appeal within 10 days of the agency’s decision with which you disagree. Through an Emergency Review, you may be able to stop the agency from acting on its decision until the Service Appeal process has been completed.)

**Mediation** is the means by which problems or issues are resolved without going through lengthier process of an Administrative Fair Hearing. In mediation, both you and the agency staff person responsible for the decision being contested discuss your differences of opinion with a neutral person trained in mediation. You can express your opinion and take part in making a final decision. If an agreement is reached, all parties sign a Memorandum of Agreement, which spells out how the issue will be resolved. Mediation is optional. You may choose to have a Fair Hearing scheduled instead. If you choose mediation and it is not successful, or; if you begin mediation and choose not to continue, you may still request a Fair Hearing.

Federal law gives you the right to a **Fair Hearing** on issues appropriate for the Service appeal process. A Fair Hearing takes place before an administrative law judge. You will state your opinion and the reasons for it. The agency will state its opinion and reasons for it. The administrative law judge then makes recommendations to the Director of DCFS as to how the disagreement should be resolved. The Director considers these recommendations and issues the final decision regarding the disagreement. You will receive written notice of the final decision within 90 days from the date the Service Appeal was filed unless a delay is caused or agreed to by you.

To appeal, write a letter and include your name, address and telephone number (days and evenings), and a statement of your wish to appeal and what decision you are appealing. You should also include a brief summary of your position. Send your appeal letter to:

DCFS Administrative Hearings Unit  
160N. LaSalle St, 6<sup>th</sup> Floor  
Chicago, IL 60601  
Telephone: 312-814-5540

**Discrimination:** There is a separate and different process for allegations of discrimination. If you feel you have been discriminated against by the agency or any of its staff because of race, color, religion, sex, national origin, inability to speak or comprehend the English language, or a physical or mental handicap, contact the Office of Affirmative Action within 30 days of the alleged discrimination

Office of Affirmative Action  
Department of Children and Family Services  
James R. Thompson Center  
100 W. Randolph, Suite 6-200  
Chicago, IL 60601  
Tel: (312) 814-4692

**Office of the Inspector General:** The Inspector General's Office responds to requests for formal investigations regarding misconduct or violations of agency rules or law by DCFS staff and others who provide services for DCFS. Callers receive a Request for Investigation form to complete. When it is returned, the Office of the Inspector General (OIG) reviews the form to determine if an investigation should be conducted. You can remain anonymous, but if you do so the investigation becomes more difficult to do. If you disclose your identity, the information can be kept confidential.

**MODULE SIX  
SESSION TWO**

Investigations conducted by the OIG receive priority according to indications of “imminent risk, death, danger, etc.” Routine investigations have a lower priority and may take several months. The OIG also helps shape DCFS policy and serves as a bridge between DCFS, family members, foster parents and other child welfare agencies when misconduct issues are involved.

The Office of the Inspector General Hotline number is 1-800-772-9124

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Taken from the PRIDE Pre-service book

## **Advocacy Skills for Foster Parents**

### ***Communicate effectively***

An advocate must communicate clearly why a need appears to be unmet. You must say what the unmet need is, and how it can be met. As a concerned person, you might focus only on the need. Remember that others probably do not know the child or the situation as well as you do. You must be able to describe the specific need. If you do not communicate what you see, why you are concerned, and what you suggest, you may be viewed as demanding or troublesome. Write down your observations so you will communicate more clearly.

### ***Know and use the agency hierarchy***

You need to know the lines of responsibility within the agency and be prepared to use them. If your efforts with the caseworker are not effective, discuss involving the supervisor in decision-making. Remember, it is important to problem-solve and communicate at each level before going to a person from the next level. Skipping the lines of authority is not useful in advocacy. While it may bring a short-term gain, it may make it harder to get needs met in the future.

### ***Know and use formalized agency decision-making channels***

The child welfare agency is complicated and can be overwhelming. But the agency has a number of safeguards built in to help protect those who receive services. It is important that you understand these safeguards and know how to use them. These include appeals and hearing processes, administrative case reviews, agency case conferences, and court processes.

### ***Build professional relationships in the agency and in the community***

One of your most important resources will be other professionals on the team, in the agency, and in the community. Work hard to get to know the people who work directly with the child, and those who make decisions. Over time you will begin to build up contacts in a number of settings and agencies. This is all part of professional relationship-building. The receptionist you take the time to talk to one day, may help get one of your calls through months later.

### ***Join professional organizations and be involved.***

Join your foster parent organization, participate in trainings, and join a support group. These efforts will help sustain you, provide support, and perhaps aid your advocacy efforts. In addition, groups can advocate for larger child welfare issues, such as more funding and better programs. Broader based advocacy efforts do not focus just on children, but they can bring better services for all children in the agency's care.

### ***Stick to it and explore all avenues.***

Don't be discouraged when your efforts fail. You will need to be persistent. The old adage "the squeaky wheel gets the grease" is often true. While this may seem unfair or distressing, it is often a reality in a world of limited resources. Do not take this to mean, however, that it is good to be rude or demanding. Successful-advocacy requires relationship building, unlimited energy, and relentless effort.

## The Child's History: Helping to Document the Placement

**a. Encourage the child to save things that are important to him or her.**

When the child gets a ribbon or a good report card, encourage the child to save it. This helps build self-esteem, as you affirm that the child has accomplished something. Children in foster care often have such low self-esteem that they won't think to save a well-drawn picture or a certificate. You may need to help the child identify items to be saved.

Be particularly sensitive to letters, cards, and gifts from birth parents. The child may fear that you do not want him or her to have cherished items from the birth family or other foster families. If you attended the module on supporting children's relationships, you understand the conflicting loyalties that these children experience. Showing children that you value these items will help them both document their history and manage feelings of conflicting loyalties.

**b. Give the child concrete ways to save meaningful materials.**

A medium-sized box that fits under the bed can be a great resource for the child. You can sometimes go through the box with the child to agree on what to save. An older child may enjoy an inexpensive camera and photo album. If this is not possible, or the child is not old enough, be sure to give the child pictures of life in your home.

**c. Take responsibility for recording or saving information on the child's important life events.**

A child cannot be responsible for saving important material and documents. As the foster parent, you need to make sure medical, educational, and religious information is documented and stored. This includes the child's record of immunizations, baptismal and confirmation certificates, report cards, diplomas, the child's Lifebook, and pictures of the birth family. Guard and protect the child's history by making sure these materials are respected by the family. Don't let them get destroyed or lost as children move in and out of your home.

**d. If the child has a Lifebook, continue to add to it. If not, help to create one.**

The Lifebook is the most effective way to help children document and understand their life history. If the child has a Lifebook, you can easily add to it. Otherwise, you may need to help the child begin a Lifebook. Some of you may have attended training on this already.

**e. Record the child's leaving your home.**

Take pictures of the child as he or she leaves your home. Then mail them to the child with a reminder to put them in the Lifebook or scrapbook. You may also think of a small gift that the child can keep to remember your family. This could be a rock you found on a family outing, or a special memento. Make sure it is something small that can travel easily with the child.

## The Importance of Lifebooks

- Lifebooks are an essential tool for children who have been separated from their parents and kin.
- Lifebooks are scrapbooks, albums, loose-leaf binders, or portfolios that contain a record of a child's life before and during care.
- The purpose of Lifebooks is to help children:
  - understand their life story;
  - transition to and from their birth family and their foster family;
  - transition from a foster family to another foster family, or to an adoptive family; and
  - prepare for the future.
- Lifebooks can contain:
  - the child's family history;
  - photos (or drawings if no photos are available) of family and friends;
  - school events (for example, report cards, picture of school play, awards);
  - pictures of pets;
  - pictures of birthdays, holidays, graduations; and
  - postcards and letters
- Lifebooks also can be completed by foster families and adoptive families to share with the children, and families of the children, who are coming to be part of their family.

## The Lifebook

Include the following:

- A copy of the original birth certificate.
- A baby picture of the child or a picture of the hospital where the child was born.
- A picture of the birth parents.
- Pictures and birthdays of siblings.
- Pictures of pets.
- Names of all previous foster parents and pictures of them and their house if possible. Dates the child lived in these homes.
- Schools attended.
- The names and pictures of former favorite teachers and friends.
- Any cards, letters, artwork, report cards, mementos, etc. that can be put into a book.
- Court actions taken.
- The names of caseworkers and their office address.
- A copy of the new birth certificate.
- Pictures of the adoptive family with birthdays.
- Pictures of pets at the time of the adoption.
- Any drawings the child wants to make of important people, places, etc.
- Pictures, drawing, or written information of significant events as they occur.

Adapted from the book *Adopting the Hurt Child*, by Gregory C. Keck, PhD. and Regina M. Kopecky, LSW

## Tips for Helping Children Make Lifebooks

It is best to develop a Lifebook with a child. It should not be done all at once and does not need to be developed in any particular order. For example, you may gather former foster family information before you gather birth family information. Use a three-ring loose-leaf binder with plastic sleeves to protect the pages. Pages can be inserted chronologically as they are completed.

Give the Lifebook a title. “All About Me” or “My Life Story” or “Jenny’s Story,” etc. Let the child decorate the book cover if he or she wants to.

When entering birth family information, discuss with the child what you know about the birth family. If the child remembers the birth parents, ask some questions about them such as:

“What did you like to do with your birth father?”

“Was your birth mother funny?”

“Could she sing?”

These types of questions help a child to hold onto good thoughts about the birth family.

Positive memories are good but must be balanced with discussion of problems in the home. If the Lifebook shows only good things about the birth environment and the child remembers hunger, violence, etc., the Lifebook serves no purpose. Be gentle with the child’s past. Remember that if the birth parents are only portrayed as bad, the child will decide that since those are the people he or she came from, then he or she must be bad too.

Encourage the child to write about, discuss (and you write), or draw pictures of people and things he or she remembers. Many children come from transracial, multi-racial, and interracial backgrounds so be sure to buy crayons in multiple skin, hair, and eye tones.

Be prepared to do a bit of research to get pictures, etc. You may need to enlist the help of the caseworker, former foster families, school yearbooks, hospital files (birth pictures are usually kept by the hospital), etc. Perhaps you and the child could return to some of these places and take your own pictures.

Let the child keep the Lifebook to look through at will. If you’re worried about safekeeping, make a copy to store. If a child refuses to do a Lifebook or is too young to get involved, you may prepare the book for them. The only bad Lifebook is the one that is never done.

Adapted from the book *Adopting the Hurt Child*, by Gregory C. Keck, PhD. and Regina M. Kupecky, LSW

## Other Tools to Help a Child Understand His or Her Past

### ***Movie night***

Family movies that address the issues of adoption

- *Pinocchio*
- *Yours, Mine, and Ours*
- *Angels in the Outfield*
- *Free Willie*

### ***Family trees***

One of the birth family and one of the adoptive family. Include the child in both..

### ***The Time Line***

Take an 8 ½ x 11 sheet of graph paper and cut it horizontally. Tape it together to create a long strip of paper. Make sure there are enough squares so that one square represents one month of the child's life from birth to when the child came to live with you.

The child selects a color for each placement. For example, if the child lived in his or her birth home until the age of three, he or she would color 36 squares in the same color. If he or she were returned home, the same color would be used to show how long the child was there that time.

Underneath the line, you or the child can write who lived in each place, why the child moved, and any other available information.

Continue the time line through the current month.

Adapted from the book *Adopting the Hurt Child*, by Gregory C. Keck, PhD. and Regina M. Kupecky, LSW

## Performance Indicators

### Competency Category 1: Protecting and Nurturing

**Performance Expectation: Foster parents provide a safe, healthy environment for children, with unconditional positive support**

Training Competencies	Performance Indicators
<p><b>1. Knows the importance of providing unconditional positive support..</b></p>	<p>1a. Makes positive, non-judgmental statements to and about child..</p> <p>1b. Does not base acceptance of and support for child on his behaviors.</p> <p>1c. Does not confuse dislike of behaviors with dislike of child.</p> <p>1d. Provides verbal (for example, “I like you,” “you’re special,” etc.) and nonverbal (hugs and pats) responses to a child independent of and apart from the child’s behavior.</p> <p>1e. Treats each child as an individual with his or her own strengths and needs and unique characteristics..</p> <p>1f. Helps children recognize and accept their feelings (such as joy, affection, anger, sadness, fear), and to express these feelings in a way familiar to the child or consistent with the child’s background.</p>
<p><b>2. Knows the importance of providing equitable care for all children in the home.</b></p>	<p>2a. Gives one-to-one attention to each child as much as possible..</p> <p>2b. Emphasizes cooperation in games and activities so that each child experiences enjoyment (or fun) and achievement (or a sense of accomplishment).</p> <p>2c. Provides equal opportunities for all children—including those who are physically, mentally or emotionally challenged—to feel capable and worthwhile, experience enjoyment and achievement, and gain the positive recognition of others.</p> <p>2d. Helps all children feel valued as members of the family.</p>

Training Competencies	Performance Indicators
	2e. Avoids making comparisons.
<b>3. Can maintain a home environment which prevents and reduces injuries.</b>	3a. Children experience no preventable injuries in the foster home.. 3b. Maintains home to meet or exceed all licensing standards addressing environmental issues, e.g., location of medicines and cleaning supplies, firearm restrictions, etc. 3c. Demonstrates basic first aid skills. 3d. Maintains current accreditation for CPR. 3e. Maintains a supply of all basic medical supplies and has them available. 3f. Develops and is prepared to implement fire escape routes for the home. 3g. Maintains an easily accessible and current list of phone numbers pertaining to emergency services, including poison control, fire department, police and medical help. 3h. Teaches safe use of toys and all accessible household materials. 3i. Involves children in making and understanding safety rules and enforces rules consistently. 3j. Makes home safe for children at different developmental stages, e.g., putting safety gates on stairways; covering electrical outlets with safety plugs; securing, rearranging or removing furniture that could fall or be pulled over, etc. 3k. Instructs babysitters/substitute caregivers on above precautions.
<b>4. Can use health, hygiene and nutrition practices which prevent or reduce the likelihood of illness..</b>	4a. Arranges and transports children to all regularly scheduled medical visits. 4b. Maintains all medical, dental and immunization records as required by DCFS policy. 4c. Prepares healthy, well-balanced meals for all children in the home to meet their nutritional needs. 4d. Provides adequate ventilation and lighting, comfortable room temperatures, and good sanitation.

Training Competencies	Performance Indicators
	<p>4e. Knows the individual medical needs of all children in the home and seeks to meet these needs.</p> <p>4f. Uses role playing, modeling, visual material and real objects to teach healthy physical, mental, dental and nutritional practices.</p> <p>4g. Recognizes unusual behavior and physical symptoms in children and obtains appropriate treatment.</p> <p>4h. Utilizes Universal Health Care Practices as described by the Department of Public Health.</p>
<p><b>5. Knows non-physical methods of disciplining children, in accordance with state policy, and how to use those methods to teach children appropriate behavior.</b></p>	<p>5a. Does not use corporal punishment on any children in home..</p> <p>5b. State reasons that corporal punishment is not to be used on DCFS wards..</p> <p>5c. Understands and uses a variety of non-physical methods of discipline such as: listening, planned ignoring, time-out, reinforcement, redirection, changing the environment, choices, logical consequence, exploring alternatives, rules, problem-solving, routines, etc., that consider the specific characteristics of each child.</p> <p>5d. Avoids threatening, shouting, or shaming children.</p> <p>5e. Establishes guidelines for children’s behavior that encourage self-control and are simple, logical and consistent.</p> <p>5f . Addresses the problem behavior or situation rather than labeling the child.</p> <p>5g. Anticipates conflicts between children and defuses behavior that may lead to problems.</p> <p>5h. Involves children in establishing guidelines and limits.</p>
<p><b>6. Knows hazards in the community that place children at risk and can minimize children’s exposure to such risks..</b></p>	<p>6a. Provides proper supervision for children in home and community..</p> <p>6b. Is aware of potentially dangerous situations in the community and informs children of these dangers in an appropriate manner.</p> <p>6c. Knows gang symbols and colors and can identify them.</p> <p>6d. Teaches the child how to avoid gang association.</p>

Training Competencies	Performance Indicators
<p><b>7. Knows the signs and symptoms of neglect and emotional maltreatment, and can use appropriate interventions to care for children who have experienced them.</b></p>	<p>6e. Is aware of all dangerous traffic areas in community and supervises and informs children appropriately.</p> <p>7a. Identifies the signs and symptoms of neglect and emotional maltreatment..</p> <p>7b. Knows the behaviors this abuse can cause and responds to these behaviors appropriately..</p> <p>7c. Supports the child in coping with the effects of this treatment.</p> <p>7d. Provides transportation to and, when appropriate, participates in counseling to deal with these problems..</p>
<p><b>8. Knows the signs and symptoms of physical abuse and can use appropriate interventions to care for children who have experienced physical abuse.</b></p>	<p>8a. Identifies the signs and symptoms of abuse, both physical and emotional.</p> <p>8b. Knows the behaviors this abuse can cause and responds to these behaviors appropriately.</p> <p>8c. Supports the child emotionally and physically in coping with the effects of this abuse.</p> <p>8d. Provides transportation to and, when appropriate, participates in counseling to deal with these problems.</p>
<p><b>9. Knows the signs and symptoms of sexual abuse and can use appropriate interventions to care for children who have experienced sexual abuse.</b></p>	<p>9a. Identifies the signs and symptoms of sexual abuse, both physical and emotional.</p> <p>9b. Knows the behaviors this abuse can cause and responds to these behaviors appropriately.</p> <p>9c. Supports the child emotionally and physically in coping with the effects of this abuse.</p> <p>9d. Provides transportation to and, when appropriate, participates in counseling to deal with these problems.</p>
<p><b>10. Knows the signs and symptoms of alcohol and other drug use and can use appropriate interventions to care for children who have been exposed to alcohol and other drug use.</b></p>	<p>10a. Identifies the signs and symptoms of drug and alcohol exposure.</p> <p>10b. Knows the behaviors this abuse can cause and responds to these behaviors appropriately.</p> <p>10c. Supports the child emotionally and physically in coping with this exposure.</p> <p>10d. Provides transportation to and, when appropriate, participates in counseling designed to address these problems.</p>
<p><b>11. Knows the signs and symptoms of alcohol and other drug use in utero.</b></p>	<p>11a. Identifies the signs and symptoms of in utero drug and alcohol exposure.</p> <p>11b. Knows the behaviors this exposure can cause and responds to these behaviors appropriately.</p>

<b>Training Competencies</b>	<b>Performance Indicators</b>
	11c. Supports the child emotionally and physically in coping with the effects of this exposure. 11d. Seeks appropriate medical intervention to help the child.

## Performance Indicators

### Competency Category 2: Meeting Developmental Needs

**Performance Expectation: Foster parents meet the developmental needs of children by: Building self-esteem; supporting cultural and spiritual identity; providing positive guidance; using appropriate discipline; supporting intellectual/educational growth; and encouraging positive social relationships.**

Training Competencies	Performance Indicators
<p><b>1. Can create a supportive and accepting family environment.</b></p>	<p>1a. Encourages open communication among all family members.</p> <p>1b. Accepts the rights of others to have opinions that differ from his/her own.</p> <p>1c. Uses family discussion time to share needs and feelings, discuss interests, solve problems, promote family cooperation and plan family life.</p> <p>1d. Encourages the child's involvement in managing the household.</p> <p>1e. Shares family recreational activities.</p> <p>1f. Allows the child to personalize a bedroom or space.</p> <p>1g. Praises and acknowledges the child's contributions <del>around</del> to the home and presence in the family.</p> <p>1h Includes the child in family customs, traditions, routines, celebrations, and vacations.</p>
<p><b>2. Knows the stages of normal human growth and development.</b></p>	<p>2a. Describes the developmental needs of children at various ages.</p> <p>2b. Knows how to access further information on this subject as necessary.</p>

Training Competencies	Performance Indicators
	<p>2c. Accepts that the child’s behavior may not be age-appropriate at all times.</p> <p>2d. States how trauma such as abuse, neglect, and separation can affect these normal stages.</p> <p>2e. Describes developmental stages and tasks of childhood and adolescence.</p> <p>2f. Has realistic expectations for children and youth, based on their level of development (e.g., assigns chores based on the child’s capabilities.)</p> <p>2g. Uses effective parental behaviors to address specific developmental needs.</p>
<p><b>3. Knows the effect of separation and loss on children’s feelings and behaviors.</b></p>	<p>3a. Describes the stages of the grieving process, and behaviors that children of the ages of the foster children in their home may exhibit resulting from separation and loss.</p> <p>3b. Anticipates and responds appropriately to behavior exhibited during individual stages of the grieving process.</p> <p>3c. Encourages the child to discuss and work through the events leading to the separation.</p> <p>3d. Supports the child emotionally and physically during this process.</p>
<p><b>4. Knows the stages of adjustment to placement in foster care, and can help minimize the trauma of separation and placement.</b></p>	<p>4a. See 3a through 3d.</p> <p>4b. Refrains from speaking negatively about child’s parents to the child or others.</p> <p>4c. Talks to the child about new experiences in advance, e.g. new school, neighborhood.</p> <p>4d. Provides the child with correct information, being sensitive to the child’s level of understanding about what is happening now and in the immediate future.</p>
<p><b>5. Knows the impact of multiple placements on a child’s development.</b></p>	<p>5a. See 3a through 3d.</p> <p>5b. Attempts to work through problems with child, worker, or others before requesting a child’s removal from the home..</p>

Training Competencies	Performance Indicators
	<p>5c. Describes ways that multiple moves can cause regression and heighten the effects of behaviors caused by separation.</p> <p>5d. Discusses negative aspects of past placements only at child's initiative.</p>
<p><b>6. Can help children cope with feelings of sadness, anxiety, anger, guilt and ambivalence resulting from separation, loss and placement.</b></p>	<p>6a. Listens to child and offers support by using positive communication techniques and active listening skills..</p> <p>6b. Helps child stay in touch with the reality of his/her situation (what is possible, what is not).</p> <p>6c. Talks with worker as appropriate.</p> <p>6d. Cooperates with counseling as required.</p> <p>6e. Applies knowledge of the grieving process to the situation as appropriate.</p>
<p><b>7. Knows how physical abuse, sexual abuse, neglect and emotional maltreatment affect child growth and development and can respond appropriately.</b></p>	<p>7a. Provides examples of how <del>the</del> behavior will not always be age-appropriate because of abuse and/or neglect.</p> <p>7b. Works with child at ability level rather than age level.</p> <p>7c. Communicates concerns to worker in appropriate methods and time frames.</p> <p>7d. Works with physicians, counselors and other professionals to improve situations for child.</p>
<p><b>8. Can recognize abnormal development, and respond appropriately.</b></p>	<p>8a. Describes the developmental needs and tasks of children at various ages (see 7a through 7d).</p>
<p><b>9. Knows how prenatal conditions and birth trauma affect child's growth and development and can respond appropriately.</b></p>	<p>9a. Provides examples of the effects of prenatal conditions and birth trauma and how they can affect growth and development.</p> <p>9b. Knows how to access further information in this area as needed..</p> <p>9c. Provides appropriate care for children, under the direction of physician and other professionals.</p>
<p><b>10. Recognize indicators of a child's emotional disturbance and resulting problem behaviors, and respond</b></p>	<p>10a. See 2a through 2g..</p> <p>10b. Recognizes indicators of abnormal behaviors.</p>

Training Competencies	Performance Indicators
appropriately.	10c. See 7c and 7d.
<b>11. Knows developmental issues related to sexual identity and can provide age-appropriate information on human sexual development and behavior.</b>	11a. Identifies normal patterns of sexual development. 11b. Knows how to access further information on the subject as necessary. 11c. Comfortably and appropriately communicates this information to children and youth in a manner considerate of the child's development status. 11d. Responds appropriately and calmly to sexuality issues as they arise in the foster home. 11e. Examines own attitudes and issues regarding human sexuality; sees how they affect working with the children and deals with these issues appropriately.
<b>12. Knows how to promote a child's positive sense of identity and history to help develop self-esteem..</b>	12a. Supports child's developing awareness of belonging to a family and/or ethnic or social group by talking about families and celebrating cultural events with children. 12b. Uses books, pictures, stories, and discussions to help children identify positively with the events and experiences of their lives. 12c. Helps children recognize and appreciate racial, ethnic, and ability similarities and differences. 12d. Recognizes and nurtures children's unique qualities. 12e. Helps maintain Lifebook. 12f. Does not speak negatively about children's parents to child or others. 12g. Encourages, supports, and participates in counseling for and with the child regarding self-esteem issues.
<b>13. Knows the value of Lifebooks and how to prepare and maintain them.</b>	13a. Works with child, child's parents, worker, and others to gather information and material for Lifebook. 13b. Helps keep Lifebook current.

Training Competencies	Performance Indicators
	13c. When child leaves the foster home, gives Lifebook to worker, child or primary caregiver.
<b>14. Knows how to promote a child's positive sense of cultural norms and values to help develop self-esteem.</b>	14a. See 12a and 12c. 14b. Is aware of own attitudes toward different races and cultures and how these attitudes affect the care he/she provides 14c. Celebrates cultural and ethnic customs, traditions and events. 14d. Exposes the child to various cultural and educational events. 14e. Provides a variety of activities from children’s culture, such as dances, music, games, etc. 14f. Participates in support groups to further own understanding of cross-cultural issues,
<b>15. Knows how to help a child identify and build upon personal growth.</b>	15a. Encourages and assists in child's participation in school and community activities. 15b. Advocates for child to obtain services from the agency and/or community resources. 15c. Builds success into the child’s environment by creating opportunities for the child to demonstrate capability and responsibility. 15d. Teaches self-help skills. 15e. Praises accomplishments. 15f. Encourages and develops the child’s interest and talents. 15g. Encourages “stick-to-it-ness.”
<b>16. Can use developmentally suitable discipline to teach appropriate behavior.</b>	16a. See Competency Category I 5a through 5h.. 16b. Helps teach the child self-discipline by setting a personal example of the desired or correct behaviors. 16c. Does not confuse discipline with punishment.

Training Competencies	Performance Indicators
	<p>16d. Knows several discipline techniques, including levels of severity, and uses them appropriately, according to the child's age, behavior, and level of development.</p> <p>16e. Does not take misbehavior personally.</p> <p>16f. Explains the reasons for limits in simple words, demonstrating whenever possible.</p> <p>16g. Has realistic expectations for children's behavior, which helps avoid disciplinary problems.</p>
<p><b>17. Can help a child learn grooming and hygiene to develop positive self-esteem..</b></p>	<p>17a. Knows and complies with all licensing standards regarding cleanliness and hygiene.</p> <p>17b. Models good hygiene and grooming behaviors for child.</p> <p>17c. Encourages and expects good grooming and hygiene from child.</p> <p>17d. Provides physical and emotional support, as well as the necessary resources, to maintain these grooming habits.</p> <p>17e. Gives positive feedback to child when he/she exhibits these behaviors.</p>
<p><b>18. Can help a child develop social relationships and can identify and use community resources to encourage positive social relationships.</b></p>	<p>18a. Encourages child to make positive social relationships.</p> <p>18b. Respects the child's connections to friends, groups, and roles, including former connections, when possible.</p> <p>18c. See 15a through 15b.</p> <p>18d. Models positive and appropriate social relationships through own social interactions.</p> <p>18e. Encourages children and youth to join groups where cooperation and teamwork can be practiced, e.g., scouts, sports, church groups.</p> <p>18f. Assists children and youth in determining the types of relationships they would like with others, such as friends, acquaintances or support persons.</p> <p>18g. Teaches how to "win friends and influence people."</p>

Training Competencies	Performance Indicators
<p><b>19. Knows how to serve as a child's educational surrogate.</b></p>	<p>19a. Describes educational surrogate program.</p> <p>19b. Has completed mandatory training to serve as an educational surrogate.</p> <p>19c. Registers as an educational surrogate.</p> <p>19d. Serves as surrogate for children in home for which this applies.</p> <p>19e. Attends and actively participates in all IEPs.</p> <p>19f. Works closely with school to fulfill IEP components.</p>

## Performance Indicators

### Competency Category 3: Supporting Primary Relationships

**Performance Expectation: Foster parents support relationships between children and youth and their primary/birth families**

Training Competencies	Performance Indicators
<p><b>1. Knows the importance of respecting a child's ties to primary and previous foster and adoptive relationships and can support these connections.</b></p>	<p>1a. Does not speak negatively about other caretakers in presence of children.</p> <p>1b. Allows and encourages phone and personal contacts with primary and/or previous caretakers.</p> <p>1c. Works with the child to update the Lifebook; discusses Lifebook material with child.</p> <p>1d. Tells the primary family appropriate information about the child.</p> <p>1e. Respects family's confidentiality by sharing information on an "as needed basis" with appropriate individuals.</p>
<p><b>2. Knows that regular visits and other types of contact can strengthen relationships between children and their primary/birth families, and can support appropriate visits and contacts.</b></p>	<p>2a. Tells children of personal support for visits.</p> <p>2b. Cooperates with visitation plan by assuring child is ready for visits on time.</p> <p>2c. Transports child to visits.</p> <p>2d. Provides supervision during visits.</p> <p>2e. Allows visitation in foster home.</p> <p>2f. Allows appropriate phone contact with primary family.</p>

Training Competencies	Performance Indicators
	<p>2g. Shows patience when parents miss a visit.</p> <p>2h. Recognizes child’s need for visits, even if not scheduled, and conveys this to caseworkers.</p> <p>2i. Does not try to restrict visits because of child’s behaviors in the foster home.</p> <p>2j. Prepares the child for visits with family members.</p> <p>2k. Supports and helps child if the parent(s) miss(es) a visit.</p>
<p><b>3. Know the importance of respecting and supporting a child’s ties to siblings.</b></p>	<p>3a. Encourages the child to talk about siblings.</p> <p>3b. Supports placing children together, either in own home or elsewhere.</p> <p>3c. Talks positively about child's siblings.</p> <p>3d. Encourages and facilitates contact between siblings.</p> <p>3e. Provides photographs and important information for siblings’ Lifebooks.</p> <p>3f. Actively seeks information and material about siblings for foster child's Lifebook.</p> <p>3g. Refrains from blaming siblings for problems.</p>
<p><b>4. Knows that regular visits and other types of contacts can strengthen relationships between children and their siblings. Can support visits and contact appropriate to each sibling situation.</b></p>	<p>4a. Tells children of personal support for visits.</p> <p>4b. Cooperates by assuring child is ready for visits on time.</p> <p>4c. Transports child to visits.</p> <p>4d. Provides supervision during visits.</p> <p>4e. Accepts overnight visitation of siblings in own home or in the home of another foster parent.</p> <p>4f. Allows and encourages phone and mail contact between children.</p>

Training Competencies	Performance Indicators
	<p>4g. Attends foster care gatherings where siblings will be in attendance.</p> <p>4h. Shares important information about visits with siblings' caretakers.</p> <p>4i. Prepares the child for visits with sibling(s).</p>
<p><b>5. Knows the possible effect of visits on the feelings and behavior of children; can prepare a child for visits and help the child manage feelings in response to contact.</b></p>	<p>5a. Talks with child about feelings involving visits.</p> <p>5b. Continues to work with child even though negative behaviors can escalate at time of visits..</p> <p>5c. Does not blame parents, in front of their children, if the child's behavior escalates due to visits.</p> <p>5d. Does not base acceptance of child on visit-related behaviors.</p> <p>5e. Can look at his/her own attitudes toward separation and toward visitation.</p> <p>5f. Works to help child accept that visit may not live up to his/her expectations.</p> <p>5g. Helps older children learn that sometimes they need to change because the parent will not.</p> <p>5h. Encourages children to look forward to visits.</p> <p>5i Plans family routines around visits to allow child time to readjust to foster family.</p> <p>5j. Sends school papers, pictures, etc. with child to share with parents on visits.</p>
<p><b>6. Knows the importance of helping the child accept primary/birth family relationships, and can help a child manage these feelings and relationships.</b></p>	<p>6a. Is involved, when necessary, in child's counseling session.</p> <p>6b. Works with the child's therapist to support what is done in counseling.</p> <p>6c. Furnishes transportation to counseling.</p> <p>6d. Encourages child to talk about family, either positively or negatively without passing judgment on child or family.</p>

Training Competencies	Performance Indicators
	<p>6e. Tells the child that we sometimes have mixed emotions toward people.</p> <p>6f. Works with children to understand that they are not responsible for their parents' successes or failures.</p> <p>6g. Helps older children understand that the parent may not always be able to change and that sometimes the child must change expectations.</p> <p>6h. Helps child identify issues that may cause problems on visits.</p>
<p><b>7. Recognizes cultural, social and economic similarities and differences between a child's primary and foster families.</b></p>	<p>7a See Competency Category 2, I 4a-e.</p> <p>7b Accepts that parents may not meet foster parent's standards, but can still meet the needs of the child.</p> <p>7c. Helps child learn about his/her cultural background in a positive manner.</p> <p>7d. Does not demean a child's family because its living standards are not the same as those of the foster family.</p> <p>7e. Describes the potential implications for the child and his/her family when the foster parent offers the child gifts or material advantages which the child's own family is financially unable to provide.</p> <p>7f. Encourages child to feel proud of his/her cultural and social background.</p>
<p><b>8. Knows ways to work with and help primary/birth families.</b></p>	<p>8a. Works with primary family in assembling material for Lifebook.</p> <p>8b. Invites primary caregivers to school programs, conferences, events, etc..</p> <p>8c. Works closely with primary family to ensure positive transition when child returns home..</p> <p>8d. Helps primary family locate needed service, items to facilitate return home.</p> <p>8e. Encourages open lines of communication with primary family.</p> <p>8f. Provides emotional support for primary family.</p>

Training Competencies	Performance Indicators
	<p>8g. Encourages consistent discipline techniques between foster home, primary caregivers, and school..</p> <p>8h. Works to provide as much of a routine as possible for the child between homes.</p> <p>8i. Acts as a role model for the parents of children and youths in care, to help improve their parenting skills and enhance parent-child relationships when possible and where appropriate, as provided for in the service plan..</p>
<p><b>9. Knows the importance of complying with the State's policy on allowing a child to practice the religion of the primary family.</b></p>	<p>9a. Describes the religion, its beliefs and observances, and any effects this has on the behavior, dietary practices, etc. of the child's primary family.</p> <p>9b. Respects the child's right to practice this religion.</p> <p>9c. Allows child to attend the church of his/her choice.</p> <p>9d. Helps arrange transportation to this church.</p> <p>9e. Accepts the right of the family to have a religion.</p>

## Performance Indicators

### Competency Category IV: Promoting Permanency Outcomes

**Performance Expectation: Foster parents promote permanency planning leading first to family relationships intended to last a lifetime**

Training Competencies	Performance Indicators
<p><b>1. Knows that reunification is a primary child welfare goal.</b></p>	<p>1a. Describes the minimum parenting standards concept.</p> <p>1b. Refrains from judging the child's family.</p> <p>1c. Communicates acceptance to the child's family (helps the members understand feelings and behaviors stemming from grief and loss, share information about the child's progress, educate about the agency and the system to ease or minimize anger and fear).</p> <p>1d. Promotes contact with child's family between visits (phone calls, e-mail).</p> <p>1e. Serves as role models to child's family (models appropriate behavior and interaction with the child, the agency, and other individuals and agencies involved).</p> <p>1f. Participates in the development of a case plan or service plan for children in care and assists in the implementation of this plan within the designated time frame.</p>
<p><b>2. Understands the process and impact of a child's transition from a foster family to the primary family.</b></p>	<p>2a. Understands and manages own feelings of loss during the transition process.</p> <p>2b. Describes how the child experiences similar feelings, and how the return process will go more smoothly if such feelings are dealt with openly and honestly.</p> <p>2c. Seeks assistance from other foster care team members or other qualified professionals of anyone experiences major</p>

Training Competencies	Performance Indicators
<p><b>3. Knows how to prepare and support a child for the transition from a foster family to the primary/birth family.</b></p>	<p>difficulties during this transition..</p> <p>3a. Reassures the child who has fears and misgivings about the return home by explaining and practicing the safeguards in the return home plan.</p> <p>3b. Tells the child about own feelings of loss over the child's leaving and encourages the child to express and understand his or her own feelings.</p> <p>3c. Offers continued support and assistance to the child's family when difficulties arise upon return home, as approved by the case manager and through proper channels.</p>
<p><b>4. Understands the process and impact of a child's transition from a foster family to an adoptive family.</b></p>	<p>4a. Describes reasons why the foster child is entitled to a permanent family.</p> <p>4b. Describes how the termination of parental rights will lead to renewed feelings of loss and grief for the child and that it will be compounded by the impending loss of leaving the foster family as well.</p> <p>4c. Understands that a child's primary family will always be an integral part of who the child is emotionally, and that the child's task is to integrate his/her memories of the primary family into his or her identity as a member of the adoptive family.</p> <p>4d. Helps the child redefine his/her identity in terms of past (primary family), present (foster family), and future (adoptive family) through conversations, Lifebooks, pictures, etc.</p> <p>4e. Explains how continued contact between child and primary parents affects an adopted child.</p>
<p><b>5. Knows how to prepare and support a child for the transition from a foster family to an adoptive family.</b></p>	<p>5a. Communicates to child (verbally and nonverbally) his/her entitlement to a permanent family.</p> <p>5b. Assists in development of and addition to a Lifebook for the child.</p> <p>5c. Encourages the child to remember and express memories from life with the primary family. Actively listens and helps records these memories in the Lifebook.</p> <p>5d. Assists in obtaining photographs and mementos to visually support memories.</p>

Training Competencies	Performance Indicators
	<p>5e. Helps the children understand the meaning of termination of parental rights and the plan for adoption.</p> <p>5f. Understands that feelings of separation and loss are similar to initial separation feelings, but intensified by the compound nature of the experience.</p> <p>5g. Adds pictures and mementos from life in the foster home to the Lifebook.</p> <p>5h. Participates in the adoption process by assisting in arranging visits, preparing the child for visits, participating in visits at own home <del>and</del> or other sites.</p> <p>5i. Serves as liaison between adoption worker and adoptive family.</p> <p>5j. Helps children cope with their feelings of loss, grief, and anger resulting from termination of parental rights.</p>
<p><b>6. Understands the process and impact of a family's conversion from providing family foster care to becoming child's adoptive family.</b></p>	<p>6a. Same as 4a and 5a..</p> <p>6b. Same as 4b and 5f, except the feeling of loss is limited to the child and its object is the birth family.</p> <p>6c. Understands and accepts that the child brings memories and shared experiences from the primary family to his or her foster/now adoptive family.</p> <p>6d. Explores with all family members how fostering is different from adoption and how it will feel different.</p> <p>6e. Same as 4c.</p> <p>6f. Describes what may be involved (e.g., financial medical care, etc.) in meeting the long-range special needs of the child(ren).</p>
<p><b>7. Understands the process and impact of a child's transition from family foster care to long-term family care.</b></p>	<p>7a. Understands that the child's age, developmental level and wishes are important variables and greatly determine the needs of the child. Factors to consider are:</p> <ul style="list-style-type: none"> <li>• Child's concept of time and level of understanding;</li> <li>• Will child be moved to another home;</li> <li>• Does child wish to be adopted;</li> <li>• What level of attachment is present between foster child and foster parents;</li> </ul>

Training Competencies	Performance Indicators
	<ul style="list-style-type: none"> <li>• Will birth family continue to be involved.</li> </ul> <p>7b. Describes the differences between long-term foster care and adoption in terms of rights, responsibilities, and effects on a child.</p> <p>7c. Works with appropriate professionals to help child working through feelings about long-term foster care.</p> <p>7d. If the child is to have continued contact with biological family, see 4a.</p>
<p><b>8. Knows how to prepare and support a child for the transition from family foster care to long-term family care.</b></p>	<p>8a. Communicates, in a sensitive and honest way, the change in permanency plan and its reasons to the child.</p> <p>8b. Explains, with the worker's help, what the change will mean and its impact on the child's present and future living arrangements.</p> <p>8c. The behavioral indicators for this competency are similar to those in 5 and 6, as they apply.</p>
<p><b>9. Understands the process and impact of a child's transition from family foster care to private guardianship.</b></p>	<p>9a. As in 7a, but with guardianship replacing family foster care as permanency goal.</p> <p>9b. Describes how private guardianship differs from long-term foster care and adoption, in legal as well as emotional implications, for themselves and the child.</p> <p>9c. Performance indicators 4a, 4b, 4c, 4d, and 4e remain valid as specific circumstance warrant.</p>
<p><b>10. Knows how to prepare and support a child for the transition from family foster care to private guardianship.</b></p>	<p>10a. As in 8a and 8b.</p> <p>10b. Clarifies, with the child, what each of them expects from their mutual relationship once the child reaches maturity.</p> <p>10c. Reassures the child of continued support and help.</p>
<p><b>11. Understands the process and impact of a child's transition from family foster care to independent living.</b></p>	<p>11a. Helps all children develop the following skills:</p> <ul style="list-style-type: none"> <li>• Self-esteem;</li> <li>• Ability to make age-appropriate decisions about daily choices, to develop self-reliance and self-control;</li> <li>• Performance of age-appropriate chores to build competence;</li> <li>• Forming and maintaining meaningful social relationships;</li> <li>• Age-appropriate responsible money management.</li> </ul>

Training Competencies	Performance Indicators
	<p>11b. Understands that a child will have mixed emotions about independence and reassures child that he/she will achieve mastery of skills.</p> <p>11c. Identifies available independent living programs and knows how to obtain further information on them.</p>
<p><b>12. Knows how to prepare and support a youth for the transition from family foster care to independent living.</b></p>	<p>12a. Helps form and review the service plan with youth to reinforce importance and relevance of each task.</p> <p>12b. Expects and encourages youth to assume personal responsibility in every appropriate respect, including:</p> <ul style="list-style-type: none"> <li>• Maintaining own living space;</li> <li>• Performing assigned household tasks;</li> <li>• Money management;</li> <li>• Attending, then graduating from school or finding and maintaining employment.</li> </ul> <p>12c. Serves as a positive role model for youth.</p> <p>12d. Encourages and helps youths to locate and utilize community resources.</p> <p>12e. Tells youths they are willing to serve as resource and support after the youth exits foster care.</p> <p>12f. Recognizes that any move or transition can trigger memories of previous moves and transitions. Identifies ways to help the youth cope with any anxiety about the future.</p>

## Performance Indicators

### Competency Category V: Working as a Professional Team Member

**Performance Expectation: Foster parents participate as essential and effective members of a professional team.**

Training Competencies	Performance Indicators
<p><b>1. Knows the mandate, structure and regulations of the child welfare agency with which they are affiliated.</b></p>	<p>1a. Understands and actively supports the mandates of the agency with which they are involved.</p> <p>1b. Understands and follows the chain of command in their agency, as it applies to foster parents.</p> <p>1c. Understands and complies with agency rules, regulations, and licensing standards as they apply to foster parents.</p>
<p><b>2. Understands the laws which define abuse and neglect and the legal process related to child placement and family reunification.</b></p>	<p>2a. Provides a basic description of abuse and neglect laws and the legal process related to child placement and reunification.</p> <p>2b. Can and does access further information or direction in these areas.</p> <p>2c. Can and does make abuse and neglect reports in appropriate manner when necessary.</p> <p>2d. Provides a basic description of the Juvenile Court system.</p> <p>2e. Attends court hearing, when appropriate, and supports child during court situations.</p>
<p><b>3. Knows the role, rights, and responsibilities of the foster parent in the child welfare system.</b></p>	<p>3a. Understands and follows foster parent job description.</p> <p>3b. Works as a team member in the child welfare system, supporting other team members in their functions.</p> <p>3c. Respects the roles, rights, and responsibilities of all other team members.</p>
<p><b>4. Understands their agency's policy</b></p>	<p>4a. Is aware of and complies with their agency's abuse and neglect policy.</p>

Training Competencies	Performance Indicators
<p><b>regarding foster parent abuse and neglect allegations, . how to prevent allegations and how to access supports during investigations.</b></p>	<p>4b. Reports all unusual incidents promptly and to the proper person.</p> <p>4c. Cooperates with any investigations that take place involving family.</p> <p>4d. Understands own limits, seeks support when necessary, and does not place members of home in situations where abuse and/or neglect are likely to occur.</p> <p>4e. Knows how to and does access supports, official and unofficial, during and after an investigation.</p>
<p><b>5. Knows the purpose of the Administrative Case Review and the Client Service Plan, and knows the foster parents' role.</b></p>	<p>5a. Explains the reason for Administrative Case Review (ACR) and the Client Service Plan and the foster parent's role in them.</p> <p>5b. Attends and actively participates in ACRs, when appropriate.</p> <p>5c. Fulfills foster parent responsibilities related to the Client Service Plan.</p> <p>5d. Assists child in meeting child's portion of Client Service Plan.</p> <p>5e. Keeps all child records up to date.</p>
<p><b>6. Knows their agency's service appeal policy and their rights according to the policy.</b></p>	<p>6a. Describes the service appeal policy.</p> <p>6b. Can and does access further information on service appeals, when necessary.</p> <p>6c. Follows appropriate steps and channels in any service appeals in which they are involved.</p>
<p><b>7. Knows the importance of being informed of changes in child welfare policies and practices, and incorporates these changes into their own care for children.</b></p>	<p>7a. Understands that child welfare policies and procedures evolve and change over time.</p> <p>7b. Actively seeks out and openly receives information on changes in policy and practice.</p> <p>7c. Incorporates this information into ways he/she provides care for children in the home.</p>
<p><b>8. Know their shared responsibility for open communication (written and</b></p>	<p>8a. Keeps regular case notes of child's progress.</p>

Training Competencies	Performance Indicators
<p>spoken) with other members of the child welfare team.</p>	<p>8b. Obtains and maintains an updated child record folder.</p> <p>8c. Keeps scheduled appointments.</p> <p>8d. Consults with worker as needed.</p> <p>8e. Consults with schools as needed.</p> <p>8f. Uses positive communication skills such as active listening, questioning, etc., when dealing with other members of the child welfare team or others providing services for the child.</p> <p>8g. Actively seeks improved communication techniques.</p> <p>8h. Follows appropriate channels of communication.</p>
<p><b>9. Knows the absolute necessity to respect confidentiality for children and families.</b></p>	<p>9a. Understands and complies with all rules of confidentiality.</p> <p>9b. Does not share information regarding child or child’s family with inappropriate individuals.</p> <p>9c. Follows the “need to know” rule regarding information: i.e., only shares information with individuals as it will affect their working with the child.</p>
<p><b>10. Knows the value of maintaining records of a child's history.</b></p>	<p>10a. Keeps child's record file up to date.</p> <p>10b. Maintains health and school records.</p> <p>10c. Maintains visitation records.</p> <p>10d. Maintains case notes.</p> <p>10e. Updates child's personal history (Lifebook); e.g., takes pictures, saves school work, etc.</p>
<p><b>11. Knows how to advocate for children to obtain needed services.</b></p>	<p>11a. Helps identify needed services for child.</p> <p>11b. Advocates with worker and other professionals on behalf of child to obtain these services.</p>

Training Competencies	Performance Indicators
	<p>11c. Advocates for child with school staff.</p> <p>11d. Serves as an Educational Surrogate Parent, when appropriate..</p> <p>11e. Advocates with worker for child’s special needs, e.g., musical lessons, memberships, etc.</p>
<p><b>12. Knows the importance of being non-judgmental in caring for children, working with their parents and collaborating with other team members.</b></p>	<p>12a. Does not impose own value system on children, their parents, or other members of team.</p> <p>12b. Is aware of how his/her attitudes affect the care provided and how he/she is perceived by other team members.</p> <p>12c. Does not make negative statements about parent; or other child welfare team members in presence of child.</p> <p>12d. Handles all disagreements in a professional manner and through proper channels.</p>
<p><b>13. Knows their own strengths and needs in providing care for children according to children’s ages, sex, developmental needs, family relationships and permanency goals.</b></p>	<p>13a. Assesses own personal situations and strengths to determine ability to work with individual children.</p> <p>13b. Asks pertinent questions when being contacted about a child’s placement.</p> <p>13c. Discusses the decision to accept placement with appropriate family members.</p> <p>13d. Assesses impact of child's placement on own family situation and individual family members.</p> <p>13e. Says no to a placement offer if they are not within licensed capacity or if the children have conditions or circumstances beyond the abilities of the foster parent.</p> <p>13f. Asks for assistance in dealing with difficult behaviors or situations before requesting a child’s removal.</p> <p>13g. Asks for a child’s removal from home to assure the child’s best interests.</p>
<p><b>14. Knows the value of affiliating with other foster parents and foster parent associations.</b></p>	<p>14a. Joins local, state, and/or national foster parent association chapters..</p> <p>14b. Participates in association meetings and activities.</p>

Training Competencies	Performance Indicators
	<p>14c. Serves on foster parent boards and committees..</p> <p>14d. Participates in support group activities.</p> <p>14e. Participates in training activities.</p> <p>14f. Observing rules of confidentiality, talks with other foster parents to provide mutual support in coping with child behaviors.</p>
<p><b>15. Knows their responsibility to collaborate with agency staff in the assessment of their training needs and implementation of a training plan to meet those needs.</b></p>	<p>15a. Describes why there is the need for continued educational and professional development in providing care for children.</p> <p>15b. Explains that a training needs assessment is a joint process with designated agency staff.</p> <p>15c. Explains purpose of portfolio.</p> <p>15d. Keeps own portfolio up to date.</p> <p>15e. Meets with designated staff and helps assess training needs as scheduled.</p> <p>15f. Follows through with activities in joint assessment process.</p>
<p><b>16. Knows the impact of placement disruption on all members of the foster family, know the strategies to help prevent placement disruptions, and know how to support children and all members of the foster family when disruptions occur.</b></p>	<p>16a. Communicates openly and honestly with worker/support staff in dealing with difficult behaviors.</p> <p>16b. Follows through on suggestions in dealing with disruptive behavior.</p> <p>16c. Contacts worker or support staff before problem reaches a crisis stage.</p> <p>16d. Allows reasonable time for moves to occur.</p> <p>16e. Knows how moves, especially unplanned ones, affect all family members, including foster and biological children.</p> <p>16f. Seeks support and advice to deal with the effects if a disruptive move is necessary.</p>

Training Competencies	Performance Indicators
<p><b>17. Knows how fostering can affect family relationships and how to minimize stresses that can result from fostering.</b></p>	<p>17a. Describes own and family's reaction to fostering.</p> <p>17b. Seeks family and/or individual counseling as needed and available.</p> <p>17c. Uses a respite system as needed and available.</p> <p>17d. Spends time with own children.</p> <p>17e. Spends time with spouse..</p> <p>17f. Talks with family about impact of fostering.</p> <p>17g. Attends to meeting own needs.</p>
<p><b>18. Knows the rewards of fostering and how to help each family member gain from the fostering experience.</b></p>	<p>18a. Communicates the positive aspects of fostering.</p> <p>18b. Participates in family-oriented activities in the community.</p> <p>18c. Participates in family meetings in the foster home.</p> <p>18d. Accurately views the impact of fostering and responds accordingly.</p>

## Working as a Professional Team Member

- We all grow toward professionalism—it is not something we wake up with one day! You grow toward professionalism by doing just what you're doing now—learning, struggling with issues, and associating with and learning from others in your profession. You also grow by embodying the beliefs and practicing the skills of the profession.
- The Standards of Excellence for Family Foster Care Services issued by the Child Welfare League of America identify maintaining confidentiality as one of the primary roles of foster parents.\*\* The children and families served by the foster care system have the right to confidentiality.
- Foster parents have an important role in identifying service needs. As the primary caregiver, the foster parent spends the most time with the child and is able to observe the child in a great variety of situations. Further, foster parents are trained to recognize children's developmental needs and to identify ways to meet those needs. Identifying a child's service needs is part of the professional role of the foster parent.
- An advocate is defined as a person who represents someone's rights or interest, and seeks to have these rights respected or the needs met. Advocacy has long been recognized as an important role in the helping professions. As a foster parent you may need to actively advocate for children to receive services to meet their needs.
- Foster parents have an important role in helping children to understand their history. This is related to issues of self-esteem, identity, and family connections. Foster parents also have a specific role in helping children to record and document important life events during the time children are placed in their home.
- Being a professional does not mean being perfect. But being professional does mean being aware of what you do know and need to know, what you are able to do well, and what you may need help in doing. Identifying your own strengths and needs is a critical part of maintaining your professional role.
- Ongoing professional development is a critical part of professionalism. The agency is responsible to provide training and support to you as a foster parent in developing your knowledge and skills. Preservice training provides only a starting point. You will have many learning needs that can be met through experience, association with other team members, and additional training.

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\*\* *Standards of Excellence for Family Foster Care Services.* (Washington, DC: Child Welfare League of America. April 16, 1993 draft). p. 56.

# **FOSTER**

**P**arent  
**R**esource  
**I**nformation  
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**Module 6, Session Three—**

**Conflict as Opportunity**

## Session Three Competencies and Objectives

### Competency

The foster parent:

- Can communicate effectively with other members of the child welfare team.

### Objectives

Session Three will enable participants to:

1. Review the definition of teamwork and its importance in serving children and families;
2. Describe the positive function of conflict in teamwork;
3. Explain the difference between conflict management and avoiding or resolving conflict;
4. Identify personal feelings related to conflict situations;
5. Describe the different styles for handling conflict;
6. Identify their own style of conflict management;
7. Identify the skills used in collaboration; and
8. Apply collaboration skills to a conflictual situation.

## Session Three Agenda

### Part I: Welcome and Building Bridges (30 minutes)

- A. Welcome and review of objectives and agenda
- B. Building bridges

### Part II: Managing Conflict (2 hours 15 minutes, including 15-minute break)

- A. The function of conflict
- B. Developing your style for managing conflict
- C. Team collaboration for handling conflict

### Part III: Closing Remarks (15 minutes)

- A. Summary of Session Three
- B. Summary of Module Six
- C. End session

## Teamwork

A team is two or more people who:

- share common purposes, goals, objectives, and values;
- have complementary roles with individual expertise needed to achieve goals;
- make mutually agreed-upon decisions and plans to achieve goals;
- work together to implement the team's decisions and plans;
- have established methods to prevent and manage conflict (including a leader);
- assess achievement of goals and objectives; and
- reframe goals and objectives, roles and expertise, decisions and plans, and ways of managing conflicts according to the results of their assessment.

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Pasztor, E.M., Polowy, M.E., Leighton, M. and Conte, R. *The Ultimate Challenge*. Washington, DC: Child Welfare League of America, 1992. p. 113.

## How I Handle Conflict

Below are paragraphs that reflect differing styles of handling conflict. Read the sets of responses and determine which of the five sets best reflects your feelings and behaviors in conflict situations *most of the time* (mark with a 1) *some of the time* (mark with a 2). Indicate the one that *least describes* your likely feelings and behaviors (mark with an X).

I. \_\_\_\_\_

I am usually firm in pursuing my goals and I try to win my position. I make at least some effort to get my way, and will argue the benefits of my position.

II. \_\_\_\_\_

I am concerned with satisfying all our wishes, and I try to seek the help of others in finding a solution. I want to get all issues out in the open and to work with everyone's ideas.

III. \_\_\_\_\_

I am willing to give up some points in exchange for others, and always try to find a fair combination of gains and losses. The best solution is to propose a middle ground.

IV. \_\_\_\_\_

It's easier to let others take responsibility for solving the problem, and I try to postpone until I have time to think things over. Differences are not always worth working out.

V. \_\_\_\_\_

I try to stress the things in which we agree, and often sacrifice my wishes for the wishes of the other person. In general I try to smooth people's feelings and preserve our relationship. If it makes the other person happy, I'll let that person maintain his or her views.

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Thomas - Kilmann, "Conflict and Conflict Management." *The Handbook of Industrial and Organizational Psychology*. New York: Rand McNally, 1975, Volume 2. Permission for use requested.

## Styles of Conflict Management

- I. **COMPETING** is assertive and uncooperative—an individual pursues his or her own concerns at another's expense. This is power oriented—using rank, abilities, or whatever it takes to win.
- II. **COLLABORATING** is both assertive and cooperative. It involves the attempt to work with others to find a solution which fully satisfies everyone's concerns. Collaborating is a "win-win" for everyone involved. It requires digging deeply into the issue, fully exploring all concerns, and developing creative solutions.
- III. **COMPROMISING** is intermediate in both assertiveness and cooperativeness. The goal is to find some solution which will partially satisfy both parties. It gives up more than competing—but less than accommodating. It addresses issues more directly than avoiding, but not in-depth as in collaboration.
- IV. **AVOIDING** is unassertive and uncooperative—the individual does not pursue his or her own concerns or those of another person. The conflict is not addressed.
- V. **ACCOMMODATING** is unassertive and cooperative—the opposite of competing. The individual tends to neglect his or her own concerns in favor of another person's; this mode contains an element of self-sacrifice.

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Thomas - Kilmann, "Conflict and Conflict Management." *The Handbook of Industrial and Organizational Psychology*. New York: Rand McNally, 1975, Volume 2. Permission for use requested.

## Uses of Conflict Management Styles

Style	Most Useful	Do Not Use	Effect of Overuse
<b>Competing</b>	Quick action needed—emergency situation.	When team members need to buy-in.	Viewed as aggressive; people won't want to express their opinions.

Case example of effective use of the competing style:

*Three-year-old Tara is very ill. The foster care team recently decided that Tara needed to go to a pediatrician in her mother's community, as there is a plan for Tara to return to her mother's care during the next three months. The new pediatrician has not yet seen Tara, and is located an hour away. Because the foster mother feels that Tara's medical needs can best be met by returning to her previous pediatrician, she makes the decision to do this. The foster mother knows that this is not exactly what the foster care team decided, but in this instance she knows that quick action is needed.*

Style	Most Useful	Do Not Use	Effect of Overuse
<b>Collaborating</b>	All concerns are too important to be compromised; you need commitment from all team members.	You don't have the time; you don't have the energy.	Can take too long; important decisions may not get made.

Case example of effective use of the collaborating style:

*Eight-year-old Mike has been in care for two years. His mother recently completed a drug treatment program. Mike is very attached to the foster family he has been living with for two years. The foster family had hoped to adopt Mike, and at one time that was the plan. But now Mike's mother has made great improvements. It is almost time for Mike's case review. The foster care team wants to work collaboratively to determine an appropriate plan for Mike. While this will take a lot of time, the team knows that if everyone buys into Mike's plan, Mike's permanence will be achieved much faster. The team collaboratively develops a plan for Mike to return home to his mother, but to continue to use the foster family as a visiting resource. The mother is very pleased about this because she knows she will need help. The foster parents are pleased because they were most interested in maintaining a relationship with Mike. The caseworker is pleased because Mike will maintain continuity as well as obtain permanence.*

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Thomas - Kilmann, "Conflict and Conflict Management." *The Handbook of Industrial and Organizational Psychology*. New York: Rand McNally, 1975, Volume 2. Permission for use requested.

<b>Style</b>	<b>Most Useful</b>	<b>Do Not Use</b>	<b>Effect of Overuse</b>
<b>Compromising</b>	Achieve temporary solution to complicated problem; when opponents are equally committed to mutually exclusive goals.	If you can't live without what you had to give up.	Team may take on air of "bargaining" which leads to cynicism.

Case example of effective use of the compromising style:

*Two-year-old Renee has many special needs as she was prenatally exposed to drugs. There are several medical appointments a week. The foster father recently injured his back, and the foster mother has stated that she cannot continue to provide all the transportation. The team meets to determine how to make appropriate arrangements. All members of the team compromise to ensure that the transportation needs are met for the time that the foster father expects to be incapacitated.*

<b>Style</b>	<b>Most Useful</b>	<b>Do Not Use</b>	<b>Effect of Overuse</b>
<b>Avoiding</b>	An issue is trivial or many others are more pressing; situation is beyond the realm of the team to resolve.	If a decision really needs to be made; if you don't want "no decision" to become the decision.	Team is not effective; unable to deal with the issues and make decisions.

Case example of effective use of the avoiding style:

*Fifteen-year-old Wanda just came into foster care due to being sexually abused by her two uncles. The foster care team needs to arrange for a sexual abuse evaluation, medical treatment, and counseling. The foster mother has noticed that Wanda sometimes doesn't seem to understand things, and has made a mental note to talk to the caseworker once things have settled down. The foster mother feels that right now too many other issues are more pressing, and this can be more effectively dealt with once Wanda has stabilized in her home and entered treatment.*

<b>Style</b>	<b>Most Useful</b>	<b>Do Not Use</b>	<b>Effect of Overuse</b>
<b>Accommodating</b>	When you realize you are wrong; if you want to demonstrate you are reasonable; this issue isn't that important to you, but the next one may be.	High-risk situations. High investment situations.	Team begins to "walk on eggshells"; too much emphasis on keeping peace and/or "status quo."

Case example of effective use of the accommodating style:

*Mrs. Williams has three children with special needs placed in her home. The youngest child's foster care team recently requested that the child be seen by an additional doctor. Mrs. Williams does not feel that this is necessary, and is rather irritated that the team does not seem to consider the time and energy it takes to complete all the appointments. But she decides to follow through. After all, she wants what is best for the child, and wonders if perhaps the new doctor will be able to do something to help.*

## Steps in Collaborating

Collaboration is the only conflict management style in which all parties win. For decisions that require commitment from all team members, collaboration may be well worth the time, energy, and effort. There are four steps:

### I. Deal with the person, then the issues, and don't confuse the two.

Many disagreements are about perceptions and feelings—not about the issue to be decided. People may overstate their position, feeling if they don't they will not be heard. You must be prepared to truly listen and allow for an exploration of the issues and related feelings.

- a. **Determine how the other people see the situation.** Use empathy to understand their position. Be prepared to have your own misperceptions corrected.

*"Explain to me what you would like to see happen."*

*"Tell me more. It's important that we each understand one another."*

- b. **Allow expression of emotion without overreacting.**

People need to let their feelings out. Then they are more able to deal with the issues.

*"I know you feel very strongly about this."*

*"Can you tell us how you're feeling about this?"*

- c. **Make sure all parties generate solutions and ideas.**

*"Let's all think of ways that we might be able to handle this situation."*

*"I think we need to brainstorm some ideas here."*

- d. **Try to identify face-saving solutions, in line with the other's values and feelings.**

*"Is there any way that both our needs can be satisfied?"*

*"I want us all to walk out of here feeling OK about our decision."*

- e. **Deal with others as human beings, not just as representatives of a position.**

*"Tell me what this is like for you."*

*"This is really difficult for me. I know it must be for you, too."*

### II. Focus on interests, not positions.

*A position is a statement of what must or must not occur. Interests are the underlying needs the position is meant to satisfy. Often two people's positions appear irreconcilable, but their interests may have much in common. What people present may not really be what they want—it might just be the only solution they have thought of.*

- a. **Ask why the other party wants what he says he wants.**

*Can you explain why you want \_\_\_\_\_ to happen?*

*What will you feel you have accomplished if \_\_\_\_\_ happens?*

*I know this is important to you. Why do you think it is so important?*

- b. **Reinforce statements that reflect interests.**

*"It's helpful to hear why this is so important to you. Can you tell me more?"*

*"I understand the situation much better now I know what you want to accomplish."*

Resource 3-7

**MODULE SIX  
SESSION THREE**

c. **Move away from statements that reflect position.**

*"I know what you want to happen, but I'm also interested in understanding why you want it to happen that way."*

*"For purposes of our discussion now I'd like to move away from what we want, to why we want it."*

d. **Be able to state your real interests.**

If you ask others to talk about their stake in a situation, you need to be prepared to do the same. It will be difficult for you also to move away from discussing your position. Ask yourself honestly what is most important to you, and be willing to share this information.

This will also encourage others to share their feelings and interests.

*My biggest concern is\_\_\_\_\_ . That's what I really care about.*

*No matter what decision we make, I have to be comfortable that\_\_\_\_\_ .*

**III. Explore ways to satisfy the identified interests rather than trying to win a position.**

Once you explore how to satisfy interests rather than positions, you allow the discussion to broaden into a more constructive and creative forum. A position allows only one way to win. But there may be a variety of ways to satisfy overall interest or motives.

a. **Begin to explore options. Generate a variety of alternatives.**

*It sounds like we're interested in achieving similar things. How might we do this?*

*Let's think of all the different ways that we might be able to satisfy our interests.*

b. **Consider how your proposal looks to the other party.**

*I have given you my ideas. Do you feel that you understand what my concerns are?*

*Does this seem selfish to you or can you understand my wishes?*

**IV. Work toward objective, mutually agreed-upon criteria for a solution.**

Positional bargaining (competition) is a battle of wills, often won by pressure tactics. In collaboration, however, both parties can work toward objective, mutually agreed-upon criteria for a solution. The greatest determinant in working out a collaborative solution is whether you have actively pursued the previous three steps . This is one reason collaboration is time-consuming. Final decisions are more rational, both parties' interests can be satisfied, and any that are not will be agreed upon by mutual consent—no one loses face.

*Of the solutions we discussed, which ones can satisfy both of our interests?*

*I don't think there is a way we can reconcile our different approaches. But at heart we seem to want the same thing. We both really care about\_\_\_\_\_. Let's give up our positions, and focus on what we're most concerned about.*

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Roger F. and Ury W., *Getting to Yes: Negotiating Agreement Without Giving In*, Boston: Houghton Mifflin Co., 1981. Permission for use requested.

## Applying Collaboration Skills

The purpose of this activity is to allow you the opportunity to consider how collaboration skills can be applied to a real life situation.

Think of a situation in which you would like to use the collaborative approach. Working with a partner, discuss the following questions and record the answers on this worksheet. Refer back to *Resource 3-6, Steps in Collaborating*, to help you.

What is the situation in which you would like to use a collaborative approach and why?

Who needs to be involved in this collaborative approach?

What concrete things might you do or say to help you fulfill the first step in collaborating ("Deal with the person, then the issues, and don't confuse the two.")?

What concrete things might you do or say to help team members focus on interests and not positions?

Can you write down what your "interest(s)" (not your position) is in this situation?

What do you think are the "interests" of other team members in this situation? How similar are your interests?

Can you think of some potential solutions that might satisfy everyone's "interest(s)"?

## Conflict as Opportunity

- Conflict management is part of good team communication. The way a team communicates when there is conflict will largely determine how effective the team can be. The team that gets bogged down in conflict or is afraid to deal with it will have difficulty moving forward.
- Few people readily identify conflict as a positive opportunity, or indicate that they look forward to it. Yet when we look at our growth and achievements in life, we see they were often preceded by periods of intense conflict. Rather than seeing conflict as life's way of making us miserable, we can see it as an opportunity to do something better. This is a powerful idea—rather than fight against conflict, we can try to figure out how to use it!
- Conflict in and of itself is not bad or good. The team's reaction—or ability to manage the conflict—will determine if the conflict can serve a positive function.
- There are different styles for managing conflict:
  - **COMPETING** is assertive and uncooperative—an individual pursues his or her own concerns at another person's expense.
  - **COMPROMISING** is intermediate in both assertiveness and cooperativeness. The goal is to find some solution which will partially satisfy both parties.
  - **AVOIDING** is unassertive and uncooperative—the individual does not pursue his or her own concerns or those of another person. The conflict is not addressed.
  - **ACCOMMODATING** is unassertive and cooperative—the opposite of competing. The individual tends to neglect his or her own concerns in favor of another person's; this style contains an element of self-sacrifice.
  - **COLLABORATING** is the preferable method for managing conflict. It is both assertive and cooperative. It involves the attempt to work with others to find a solution which fully satisfies everyone's concerns. Collaborating is a "win-win" for everyone involved. It requires digging deeply into the issue, fully exploring all concerns, and developing creative solutions.
- Collaboration involves four steps:
  - I. Deal with the person, then the issues, and don't confuse the two.
  - II. Focus on interests, not positions.
  - III. Explore ways to satisfy the identified interests rather than trying to win a position.
  - IV. Work toward objective, mutually agreed-upon criteria for a solution.
- Each conflict management style may be useful in certain situations, and the team needs to develop skill in using and applying each of the styles.