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Promoting
Safety,
Permanence,
and
Well-Being

Introduction

Promoting Safety, Permanence, and Well-Being

Foster parents and adoptive parents need a tremendous amount of knowledge to perform their job well. Those who want to become foster or adoptive parents acquire some of this knowledge through their own education and experiences. The Foster PRIDE/Adopt PRIDE group preparation process provides specialized information about the unique aspects of the foster care system that are often new to participants. The group training cannot completely prepare people for the complex job of fostering and adopting. The materials in this resource add to the information you need to promote safety, permanence, and well-being for all children in family foster care or receiving adoption services. However, this is not intended to serve as a comprehensive resource on these topics. You will need to continue to develop your knowledge and skills. It is recommended that you obtain certification from a local authority for first aid and CPR.

Additional information on these topics, and particularly on safety for children and teens, is available from a number of organizations. Much of the safety information that follows was adapted from these web sites:

American Association of Pediatrics	www.aap.org
American Medical Association	www.ama-assn.org
Consumer Product Safety Commission	www.cpsc.gov
National Fire Prevention Association	www.nfpa.org
The Nemours Foundation	www.kidshealth.org
National Safe Kids Campaign	www.safekids.org

Additional materials may also be provided by your local agency. It is your responsibility as a resource family to ensure that you are knowledgeable of child safety and in compliance with local regulations and/or policies.

Competencies

Prospective foster parents and adoptive parents:

- Can maintain a home environment that promotes a sense of safety and well-being.
- Are familiar with community hazards that place children and adolescents at risk.
- Understand the concept of permanence for children, and know that children in family foster care are at risk for not being connected to lifetime relationships.
- Understand the process and impact of a child's transition from a foster family to the adoptive family.
- Know ways to provide consistent guidance and support to children and youth so that they are able to develop basic life skills needed for adulthood.

Promoting
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Promoting Safety

Safety: An Introduction

The safety of children is a paramount concern of the child welfare team. Safety means more than eliminating abuse and neglect. It also means that optimum attention will be given to children's health and safety while they are in foster and adoptive homes. This is the job of the team, but the primary day-to-day responsibility falls on foster and adoptive parents, so information about health and safety has been included in the PRIDEbook. The safety topics addressed here include:

Unique Safety Challenges for Foster Parents: Foster parents often have incomplete information about a child's medical history, as well as the level of risk they may pose. Parents must gather information and be prepared for accidents or injuries that may occur. A First Aid checklist is included in this resource.

Maintaining a Safe Home: Ways to accident-proof your home are provided here, including how to prevent falls and other serious injuries. Firearm safety is covered as well.

Keeping Infants and Toddlers Safe: Crib safety, bath time precautions, the correct use of baby equipment, and the dangers of shaken baby syndrome are discussed.

Educating Children and Youth to Protect Themselves: This resource provides information for foster parents and adoptive parents on how to teach children and teens to protect themselves against sexual abuse. It provides information on helpful websites and publications on this subject.

Playtime and Pet Safety: This resource covers what to look for when you select toys, how to supervise children's play, and what to teach children about animals if you own a pet.

Poison Prevention: Common household items as well as plants can pose a toxic threat to children. Use this checklist to identify potential poison risks in your house, to be prepared to administer first aid, and to know when to check for lead poisoning or other built-in dangers in your home.

Reducing Risks from Fires and Burns: Know how to prevent fires from occurring, and how to plan for your family's safety if a fire occurs. This resource also outlines precautions to take regarding children with firesetting behavior problems, and how to keep a child from being scalded.

Child Passenger Safety: Keeping children safe on the road requires knowledge of car safety seat requirements, outlined on this resource.

Outdoor Safety: Feel confident when your children play outdoors by paying attention to safety precautions regarding playground equipment, the use of helmets, bicycle safety, pool rules, and general safety advice for children old enough to be outside on their own.

Special Concerns for Adolescent Safety: When children enter their teenage years, safety concerns encompass additional topics including preventing motor vehicle accidents, educating children about the dangers of substance use, and exercising caution in the community.

Unique Safety Challenges for Resource Families

Resource parents face special challenges in trying to ensure the safety of children placed with them. Unlike birth parents who are aware of their children's history, foster parents and adoptive parents may have incomplete information about children in their home. Some children may pose a risk to other children because of their impulsivity, aggressiveness, and immaturity. Children may have come from chaotic or neglectful homes and may never have been exposed to basic rules for safety that other children have learned at their age.

Accidents are more prone to happen when routines change. Resource families are faced with changes in routines whenever a new child is placed, and it is easy to forget to do some of the things that keep their homes and families safe. In addition, life in a foster home is busier than life in most other families. Children with behavioral needs can create turmoil. Studies show that accidents are more likely to happen during busy times, such as right before the dinner hour or when families are emotionally distressed.

Being a Safety-Competent Parent

- Get comprehensive information about health problems, prior accidents and injuries, allergies, and medications for all new children in your home. Find out if children's behaviors and medical or neurological conditions indicate a higher risk for accidents and thus, require even more supervision than other children that age.
- Post rules for older children and review safety rules for younger ones. Provide extra supervision until you are sure that the child understands and follows the rules.
- Keep a close eye on the interactions between older children with younger children. Do not assume that they have the same level of knowledge and maturity to supervise younger children as other children their age.
- Post a list of phone numbers for your physician, hospital, police, and poison control center by your phone.
- Know your own limits. Say no to a placement if it means it will challenge your ability to provide adequate supervision to all of the children in your home. Know when to ask for extra help or respite care.
- Learn basic First Aid, CPR, and choking prevention. The best way to learn these skills is to take a course given by the Red Cross or other community health education provider.

- Remember that new health and safety information comes out every day. What your parents did, or even what you did as a young parent a short time ago, may not be the best practice today. Keep current with new health and safety information available through training, magazines and newspapers, radio and television and the Internet.
- Maintain a well-stocked First Aid kit in your home. Review the following list of essential items, adapted from The Nemours Foundation's KidsHealth web site: kidshealth.org. Make sure you know how and when to use them:



First Aid Kit Items

First Aid manual	calamine lotion
sterile gauze	syrup of ipecac
adhesive tape	thermometer
adhesive bandages (several sizes)	plastic gloves
elastic bandages	flashlight and extra batteries
antiseptic wipes	mouthpiece for administering CPR
soap	list of emergency phone numbers
antibiotic cream	blanket (stored nearby)
antiseptic solution	cloth (for sling or tourniquet)
hydrocortisone cream	paper cups for drinking
acetaminophen	snakebite kit (optional)
tweezers	calibrated spoon or dropper
sharp scissors	essential personal prescriptions
safety pins	list of specific allergy problems in the family
disposable instant cold packs	

Maintaining a Safe Home

Children who came from chaotic environments or who have experienced inadequate or inconsistent supervision are more accident-prone because they have not learned the same safety lessons as other children their age. Being an alert parent who provides constant adult supervision is one key to preventing accidents. Another is to maintain a safe environment by accident proofing your home.

In order to be licensed or approved, foster and adoptive parents must know the standards for housing that apply to their state or locale. However, there are many additional things to consider in order to make your home as safe as possible.

Preventing Falls

- Make sure floors are not slippery, and keep them free from clutter, wires, and cords. Secure area rugs by using nonskid backing.
- Keep steps, banisters, and guardrails in good repair.
- Do not rely on insect screens to prevent falls from windows. If you are caring for infants, toddlers and preschoolers, install child safety window guards on all windows above the first floor. Fixed window guards are permanently installed, cannot be removed, and should not be installed on any emergency or fire escape window.
- Open double-hung windows from the top to prevent children from falling out.
- Place bathmats or safety tapes on the floor of the shower or tub.
- Put safety rails or grab bars in the shower or tub area.

Preventing Other Serious Injuries

- Keep hair dryers, radios, and other electrical appliances out of the reach of any child or teenager who is taking a bath.
- Remove glass bottles and drinking glasses from the bathroom.
- Store tools safely away from children. Store rakes, hoes, and shovels so that the sharp edges cannot injure a child.
- Secure bookcases, TVs, and other furniture so that children cannot pull them over.

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- Keep appliance cords out of the reach of children.
 - Store knives and scissors out of the reach of children.
 - Check to be sure playground equipment is safe, with no sharp or rusty edges or splintered wood.

Firearm Safety

In the United States, accidents involving firearms kill 250 children under the age of 14 every year. The best way to prevent these deaths is eliminate guns from your home. As a resource family you are responsible to ensure that you comply with your state laws and agency regulations or policies related to firearms. If you do own a firearm, follow these rules to ensure the safety of children in your family:

- Store guns unloaded and in an uncocked position in a securely locked case out of children's reach. Store ammunition separately, in a securely locked container out of the reach of children.
- Always use trigger locks or other childproof devices.
- Teach children that guns are not toys.
- Teach children to report to you if they find any guns or ammunition.
- If your child spends time in other homes, ask the parents if there are guns in the house and how they are stored.

Keeping Infants and Toddlers Safe

Children face different risks at different stages of development. Everybody caring for infants and toddlers, but especially new parents and or those who haven't cared for young children for a while, should make sure they are experts on safety and accident prevention.

Sleep Time

Newborn babies spend much of their time sleeping, so crib safety is especially important.

- Put babies to sleep on their backs in the crib to prevent suffocation and reduce the risk of Sudden Infant Death Syndrome (SIDS). Young infants are especially vulnerable to suffocation because they cannot raise their heads. Make sure the mattress is flat and firm, and do not put any soft bedding beneath the baby. Do not use pillows or heavy comforters in the crib.
- Never let a baby sleep with you or with older children. Babies can suffocate when their breathing is blocked by pillows, bedding, or another person.
- Place your baby's crib or furniture away from window blinds or curtain cords to prevent strangulation. Don't hang diaper bags or purses on cribs.
- Remove bibs before putting a baby to bed. Do not tie a pacifier around your child's neck or to your child's clothing with a string or ribbon.
- Never cover a mattress with plastic or a plastic bag.
- Remove crib gyms and mobiles as soon as your child can push up on hands and knees.
- Be sure your crib has:
 - no missing, loose, broken or improperly installed hardware.
 - no more than two and three-eighths inches between crib slats so that the baby's body cannot fit through the slats.
 - a firm, snug fitting mattress and a mattress support that does not pull away from the cornerposts, so the baby cannot get trapped between the mattress and the crib.
 - no cornerposts over the end panels, so a baby cannot catch his clothing on the post and strangle.
 - no cutout areas on the headboard or foot board so baby's head cannot get trapped.
 - no cracked or peeling paint.

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- no splinters or rough edges.
 - a certification seal showing that it meets national safety standards.

- As children get taller, they will be able to get out of a crib on their own. Stop using a crib when the top rails are less than $\frac{3}{4}$ of the child's height. Do not put toys or pillows in the crib that the baby can use to hoist himself out. When your child switches to a toddler bed, install guardrails on both sides of the bed.

Bath Time

Every year, children die in bathtubs. Drowning at this age also occurs in toilets and buckets. Children can drown in just a few inches of water in a matter of seconds. Constant supervision is the key to drowning prevention.

- Never leave a young child alone in the bathtub for even a second. Experts recommend that children be constantly supervised in the bathtub until they are six years old. Don't leave your child to be watched by an older brother or sister. If you need to answer the phone or door or attend to an emergency with another child, wrap the child in a towel and take him or her with you.
- Collect and organize all the bathing supplies you need before you run the bath water so that you can support the child without reaching for bath supplies. Always firmly support babies or toddlers until you are sure they can sit up safely without toppling. Do not allow children to stand or crawl in the tub.
- Do not use bathtub seats with suction cups. The seats can overturn and flip a child into the water.
- Check the water temperature to make sure the bath is not too hot or too cold. The ideal temperature of a child's bath is 98 degrees, and just five degrees higher is too hot. To prevent changes in water temperature, don't leave the water running while your child is in the tub. Supervise children so that they don't turn on the water by accident.
- Buy a cover for the waterspout, or wrap a washcloth around it. The waterspout can get hot and it may have sharp edges.

Preventing Falls

- Buy a highchair with a label that says the chair meets the current safety standards. These include a wide base so the high chair can't tip, a locking tray, and a safety strap.
- Do not use baby walkers. Thousands of children have been injured when they fell down the stairs or the baby walker tipped over.

- Install safety gates at the top and bottom of all staircases. Use gates with vertical slats that are no more than two and three-eighths inches apart. Do not use old-fashioned accordion style gates where babies' heads can get caught.

Choking Prevention

Next to sleeping, babies seem to spend most of their time putting things in their mouths. Small round objects can get caught in their throats and interfere with breathing. The following advice is adapted from *Choking Prevention and First Aid for infants and Children* (Elk Grove Village, IL: American Academy of Pediatrics, 1998).

- Check baby bottle nipples and pacifiers to make sure that the nipple cannot separate from the item or that pieces have not begun to separate.
- Be alert to anything in the baby's environment that could be put in the mouth and swallowed. Dispose of button-cell batteries safely. Keep coins, marbles, small toy parts, pen or marker caps, and other similar objects away from the babies and toddlers.
- Keep balloons away from children under the age of eight. Balloons represent a special danger to children. If they suck on them or examine broken pieces, they can inhale the latex and choke.
- Never leave a baby alone, even for an instant, on a changing table or any furniture, even if they have never rolled before.
- Babies can slip out of strollers, infant carriers, cribs, swings, stationary walkers, and highchairs and get injured or strangle. Never leave children alone in this equipment. Buy baby equipment that meets safety standards and always use safety straps and other safety devices properly.
- Choose an infant carrier that cannot be tipped over when rocked. Never leave a child alone in an infant carrier or use it on a bed or soft surface where it could tip.
- Do not feed children younger than four any round, firm food unless it is chopped completely. The following foods can be choking hazards:
 - hot dogs and sausages
 - nuts and seeds (including fruit with seeds)
 - chunks of meat or cheese
 - hard or sticky candy
 - chewing gum
 - popcorn
 - chunks of peanut butter
 - raw carrots, raw peas, and raw celery and grapes.

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- Supervise mealtimes for infants and toddlers. Older children may give dangerous foods to a younger child.
 - Make children eat at the table. They should not run, walk or play with food in their mouths. Cut food for infants and toddler and teach them to chew their food well.

The Dangers of Shaken Baby Syndrome

Babies or small children can suffer injury or death from being shaken or jerked. Children under the age of two can easily be injured or die from shaking because their neck muscles are not strong enough to control their head movements. Injuries can include learning disabilities, delays in development, speech problems, brain damage and seizures, hearing loss and blindness, paralysis, spinal injury and mental retardation.

- Make sure that everyone who cares for your child knows the dangers of shaking. Do not leave infants in the care of younger children or teenagers who may not be reliable.
- Support your baby's head and neck while holding or transporting him or her. Always play gently with babies. Never throw or toss a baby in the air, swing a baby by the ankles or jog with an infant on your back.
- Know what to do when a baby cries. Crying, particularly the constant crying of a colicky baby, is the behavior that most often triggers an episode of shaking. Know how to cope with a crying baby and share the information with anyone who cares for your child.

Educating Children and Youth to Protect Themselves

Children need age appropriate education in protecting themselves and asking for help. According to the Department of Justice, 20% of boys and 33% of girls will experience sexual violence as minors. Astonishingly, 67% of all reported sexual assaults are committed against minors. Studies have shown that children in foster care are more likely to be victims of sexual violence, and to experience repeated instances of abuse.

For important information on providing children with empowering security training, you can look to the nonprofit website CommunityWatch.us, which provides essential tips, and which has gathered resources from organizations like the National Center for Missing and Exploited Children (NCMEC) and the Crimes Against Children Research Center (CACRC). Other suggested resources are KidPower.org, the book *Protecting the Gift* by Gavin de Becker, NCMEC.org, and LiveSecure.org.

Children do not know how to start conversations, especially about such complex and distressing subjects. It falls to the adult to provide an opening for this important subject. One suggestion is to let the kids know you have some important research to do, and have them at the computer with you. Here are the five essentials to child safety. The most important part is to start the conversation and let them know these 5–10 facts.

Basics: Let kids know

1. The private parts of the body, what they're named, and that they can say "NO."
2. You trust their 'icky' feelings, and you get them too! It's your brain telling you something isn't right, usually when someone is acting outside of their appropriate 'role.'
3. If separated, find a mom or an employee at a counter, yell really loud for help, but don't leave the building!
4. Kids can't get in trouble for what adults do. Good adults don't ask kids for help, or to keep secrets.
5. You will support them and trust them no matter what.

Older Youth

For older kids, typical victimizations can vary. They should know:

1. It's their body, and they get to say "NO!" Anyone who doesn't listen is doing something wrong.

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2. Whatever happens, they don't have to deal with it alone. You'll be there for them, and you'll be calm and non-judgmental.
 3. You should never arrange to meet with someone from the internet. If you do, make sure you meet in a public place like the library, and remember that you don't "KNOW" anything about the person.
 4. As soon as you get into someone's car, you have given up control over your safety.
 5. They have value in their community and family.

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Promoting
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Promoting
Safety

Playtime and Pet Safety

Safety Guidelines

- Pay attention to age recommendations.
Age recommendations are based on safety aspects of the toy and the ability of the child to play with the toy. Because every child develops at a different rate, the recommendations are only approximate, so be sure to match the toy to your child's level of development. Keep toys meant for older children put away so that infants and toddlers can't get to them.
- Be aware that pool toys and floats are not approved flotation devices. These toys are not designed to ensure water safety. Never leave your child unattended at any time near a pool, beach or pond.
- Store toys properly.
Proper storage helps to avoid trips and falls, and keeps younger children away from the toys of older children.
- Keep toys in good condition.
Look for broken or loose parts, splinters on wooden toys, rips or exposed wires and rust. Repair or discard toys that are broken.
- Supervise children's craft projects.
Scissors and glue are among the products most dangerous to a youngster's eyesight.
- Check the lenses and frames of children's sunglasses before buying.
Sunglasses (particularly the inexpensive, novelty type) can break and cause injuries. Also, ensure that sunglasses provide UVF protection to the eyes.
- Never give young children small balls or balloons.
Small balls, balloons and pieces of broken balloons are particularly dangerous choking hazards, as they can completely block a child's airway. Make sure balls for children under 6 years old are more than 1.75 inches in diameter. Never give latex balloons to children younger than 8 years old. Mylar balloons are a safer alternative.
- Beware of chemicals.
Some European countries have banned chemicals called phthalates, often used in vinyl toys like bath toys and teething rings, because they may cause liver, kidney, or reproductive damage. Look for toys labeled "phthalate-free", or "PVC-free". Call the manufacturer if you have questions about chemicals used in toys.

- **Avoid strangulation hazards.**
Keep mobiles out of the reach of children in cribs. Remove mobiles completely before the child is five months old or can push up on hands and knees. Keep cords short or out of children's reach. Check the ends of pull toys. Remove knobs or beads from cords longer than one foot to prevent the cords from tangling into a dangerous loop. Check openings on cribs and play gyms to be sure that a child's head can not be trapped.
- **Avoid choking hazards.**
Do not buy small toys or toys with small parts for young children. Even precocious children under three put everything in their mouths. Choking is the most common cause of toy related injury. Protect children younger than three by testing small toys and parts of toys with a small parts testing tube (available at many toy stores) or a toilet paper tube. If a toy or toy part fits inside the tube, a child could choke on it.
- **Buy children accessories for safety.**
Toys like bicycles, scooters, skateboards and inline skates are safer when children wear protective gear. If you plan to give any of these toys as gifts, make them safer by also giving a CPSC-approved helmet with a bike; a helmet, knee pads and elbow pads with a scooter or a skateboard; and a helmet, knee pads, elbow pads and wrist guards with inline skates.
- **Stay informed of recalls.**
The Consumer Product Safety Commission recalls thousands of unsafe products each year, including toys and children's products. Many consumers, however, do not find out about recalled products. To stay up to date about recalled products, you can sign up for the CPSC's e-mail updates on newly recalled products at list.cpsc.gov. Check the CPSC's archive of old recalls at www.cpsc.gov.
- **Be careful when ordering toys on the Internet**
Unfortunately, the labels and warnings required on toys in stores are rarely repeated on web sites that sell toys. Parents and consumers using the Internet to buy toys should remember that some toys sold on the Internet may be manufactured by companies that do not comply with U.S. toy regulations. Toys sold on auction sites like www.ebay.com may have been recalled by the CPSC as hazardous. Check the CPSC website, www.cpsc.gov, to see whether a toy or children's product has been recalled.
- **Avoid loud noise levels.**
Some toys, such as caps and certain guns that make loud noises, can damage hearing. Toys with loud or shrill sounds also can frighten babies and very young children. Test the toy next to your own ear to see if it would be too loud for children.

- Beware of poisonous or harmful ingredients. Some toys, such as those containing markers, paints, clay, glue, and other craft items; those using small batteries; or hobby kits and chemistry sets, can contain poisonous or harmful substances. Look for materials labeled “non-toxic” or marked with the designation “ASTM D-4236,” which means a toxicologist has reviewed the product and labeled it, if necessary, with appropriate warnings.

Children and Pets

An estimated 4.7 million people in the United States are bitten by dogs each year. Children are the most common victims of severe dog bites. Dog bites can be prevented. Here’s how:

- When choosing a family pet, look for one with a calm disposition. Choose a breed that is considered to be tolerant of children. Have dogs spayed or neutered. Male dogs who have not been neutered are responsible for 70–76% of reported dog bites.
- Train and socialize your dog so that he is comfortable being around people, including friends, neighbors and children.
- Don’t play aggressive games with your dog such as wrestling, tug-of-war, or “sicking” your dog on another person.
- Never leave children under one year old alone with a family pet. Children under four years old should be supervised when playing with a cat or dog.
- The first time your dog exhibits dangerous behavior, particularly toward children, seek professional help from a veterinarian or a qualified dog trainer.

Teach children the following lessons so they can be safe around dogs:

- Never approach a strange dog, especially one who is tied behind a fence or a car.
- Don’t pet a dog without letting him see and sniff you first.
- Never turn your back to a dog and run away. Don’t disturb a dog while she’s sleeping, eating, or caring for puppies.
- When approached by a dog you don’t know, don’t run or scream. Instead, stand still with your hands at your sides and do not make direct eye contact with or speak to the dog. Teach children to “be a tree” until the dog goes away and to practice with a stuffed toy dog.
- If you are knocked to the ground, curl up in ball with your hands over your ears. Lie still and keep quiet until the dog goes away. Teach children to “be like a log” until the dog goes away.

Universal Precautions

Universal precautions are ways to prevent the spread of disease from one person to another. These precautions are termed “universal” because all blood and potentially infectious bodily fluid, are handled as if they are potentially dangerous even if they are thought to be safe. Because of the unknowns in the medical histories of children in family foster care and adoption, caregivers should use universal precautions.

Promoting
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Caregivers should wash their hands:

- After using the toilet themselves;
- After diapering or helping children with toileting;
- After wiping noses;
- After handling or having accidental contact with bodily fluids of any kind;
- Before and after giving first aid;
- After cleaning up spills or objects contaminated with bodily fluids; and
- Before assisting with feeding.

Promoting
Safety

Latex gloves should be worn:

- When they come into contact with blood or bodily fluids containing blood (such as vomit or feces that contain blood that can be seen) or any cuts and open skin lesions; and
- When caregivers have cuts, scratches or rashes on their skin. One way to tell if you have small cuts is to rub lemon on your skin. If it stings, you have openings in your skin.
- Gloves are not necessary for diaper changing unless the caretaker has open skin lesions or the child has diarrhea or visible blood in the stool.
- Caregivers should use gloves only for the care of one child, then discard the gloves
- Caregivers should wash their hands as soon as they discard the gloves.

Cleaning and disinfecting

Toys and surfaces around the house where children play, eat, go to the bathroom and are diapered should be cleaned regularly. Areas can be disinfected with a bleach solution of 1 Tablespoon of bleach per quart of water made fresh daily. Blood spills can be disinfected with a stronger solution of $\frac{1}{4}$ cup bleach and $2\frac{1}{2}$ cups of water.

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Handling blood stained material

Discard blood stained material in a sealed plastic bag and place in a lined covered garbage container.

Wash blood stained clothes separately in hot water (165 degrees) for 25 minutes. If you use cooler water, add bleach or other laundry disinfectants according to the product instructions.

Items used for children's special health needs that come in contact with blood, such as finger sticks or syringes may require a special container to dispose of safely.

Poison Prevention

Every household contains products that can poison children, such as drugs and medications, cleaning products, plants, cosmetics, hair dye, perfume, hair spray, nail and shoe polish, nail polish remover, mouthwash, pesticides, paints and solvents.

- Keep the number of the Poison Control with other important numbers by your telephone.
- Keep a bottle of syrup of ipecac with your other medicines. It is available at most pharmacies. Syrup of ipecac will induce vomiting. Use it only with instructions from the poison center or your pediatrician.
- Learn about warning labels on containers:
 - corrosive means that the product can burn the skin and throat, mouth and stomach if it is swallowed.
 - explosive means the container can explode if heated or punctured.
 - flammable means the product or its fumes can catch fire easily.
 - poison means that the product can cause serious illness or death if swallowed or in some cases inhaled.
- Keep any dangerous products in a locked cabinet out of sight and reach of children. Don't store dangerous substances in containers like soda bottles that might make your child confuse them with food or beverages. If you must store cleaning products under the sink, install and use safety latches.
- Never put roach powder or rat poison on the floors of your house.
- Alkaline substances in batteries are poisonous. Discard used button cell batteries safely and store unused ones away from children.
- Buy medicines and other dangerous products in containers with child-resistant safety caps. Close the caps on containers tightly. Check to be sure that child resistant containers are actually difficult for your children to open.
- Do not leave vitamins, aspirin, or other medication on the kitchen table, bedside tables, or within reach of children.
- Make sure that visitors watch their purses and suitcases and do not leave prescription medicines or other hazardous materials in unattended places where curious children might find them.

- Check the label and make sure you are giving the correct dosage every time you give medicine to a child. Don't tell a child that medicine is candy. Throw away left over prescription medicine.
- Many common plants are poisonous including such common house-plants as dieffenbachia, philodendron, rubber plant and schefflera. Leaves, bulbs, flowers, and berries can all be dangerous. Know the names of plants in and around your house and find out if they are poisonous. If you're not sure that a plant is edible, assume it is harmful and do not allow children to chew on leaves or eat berries.
- Keep alcohol in locked containers away from children. If you are drinking alcohol, do not leave glasses where children can drink from them.

First Aid for Poisoning

If you find your child with an open container of a toxic substance or believe that they have swallowed a poisonous substance, take the following steps:

- Get the poison away from the child and have him spit out any still in his mouth. Do not make the child vomit, as this can cause further damage. Keep the material in case there is any question about what the child swallowed.
- Call 911 immediately if your child has acute symptoms such as throat pain, breathing difficulty, sleepiness or sudden behavior changes, nausea or vomiting, burns, or convulsions or unconsciousness. Otherwise, call the poison control center or your pediatrician and follow their instructions.

About Lead Poisoning

Children can be poisoned by exposure to lead by breathing dust from old paint and other sources, eating chips of paint or dirt that contain lead, and drinking water from pipes lined or soldered with lead. Other sources of lead are hobby materials (stained glass, lead fishing weights, buckshot, paints, and solder), folk remedies, workplace dust, some ceramic dishes, painted antique furniture, and mini-blinds manufactured before 1996. High levels of lead can cause developmental delays, growth problems, and other serious medical problems.

- If you live in an older home, especially a home built before 1950, have it checked for lead.
- Do not use cribs, bassinets, highchairs, painted toys, or toy chests made before 1978 because the finish may contain lead.

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- Clean and cover any chalking, flaking, or chipping paint with a new coat of paint, wallpaper, or contact paper. Be especially careful of areas where children play or eat, such as windowsills, playrooms, near cribs, and areas near playpens, beds or highchairs.
 - Encourage children to wash their hands frequently.
 - If you have lead pipes, run the first morning tap water for two minutes before using it for drinking or cooking. Do not use hot tap water for mixing formula, drinking, or cooking.
 - Reduce the risks of lead by making sure your child eats a well-balanced diet, high in calcium and iron, which reduces the amount of lead absorbed by the body.
 - The only way to know for sure if your child has been exposed to lead is to have a blood test. Discuss with your pediatrician whether your child should be screened for lead exposure.

Administering Medications

Foster and adoptive parents may be required to administer medication for one or more children in their care. It is important to follow rules for safe administration of medications.

Make sure that each container of prescription medication:

- Has the first and last name of the child.
- Has the name and phone number of the prescribing health professional.
- Has the date the prescription was filled and an expiration date.
- Has specific instructions for giving, storing, and disposing of the medication.
- Is child proof.

Store medications:

- In an orderly manner.
- At the proper temperature.
- Away from food.
- In a locked cabinet, out of the reach of children.

Be sure to ask your doctor the following questions about any medication prescribed for a child in your home:

- What is the correct dose?
- When and how often should the medicine be taken?
- How should the medicine be taken (e.g., with meals, on an empty stomach, with water, etc.)?
- What should I do if a dose is missed or not taken on time?
- What are the possible side effects? What should I do if side effects occur?
- What other medicines can have harmful interactions with this one?

Always supervise children when they are taking medications. Make sure the medication has been swallowed.

Keep a log with the name of the child, the date, the time, the name of the medicine, and the amount given

Never give a child another child's medication. If you run out and cannot get a refill immediately, call the doctor.

Combinations of medicines can be harmful or even fatal. If a child is on medication, consult a doctor before giving the child any other medication, including over the counter drugs, that has not been previously discussed.

Reducing Risks from Fires and Burns

Every year in the United State, fires kill 4,000 people and injure thousands of others. It is no wonder that foster care agencies emphasize fire safety measures when they develop standards for foster and adoptive homes. The National Fire Prevention Association provides suggestions on its web site, NFPA.org, for families to stay safe.

- Keep matches and lighters out of sight and reach of children.
- Do not overload electrical wall sockets or extension cords.
- Keep lamps and night-lights at a safe distance from bedspreads, drapes, or other flammable materials.
- Avoid the use of portable or electric heaters, but if they are necessary, keep them a minimum of 36 inches from anything that can burn.
- Check for frayed or split wires on any electrical equipment.
- Do not place electrical wires under rugs.
- Install smoke detectors near every bedroom, in every child's bedroom, on each story of the house, and in the basement.
- Test smoke detectors once a month and change smoke detector batteries twice a year.
- Keep a fire extinguisher on each floor of your house, in the kitchen, in the basement, and in the garage or workshop area.
- Have escape ladders in each upper story bedroom.
- Have the chimney inspected and cleaned every year.
- Make sure that no one smokes in bed.

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Plan Your Escape

- Identify two ways out for every room, for example the door and a window. Remove any obstacles that block the escape route.
- Teach children that if they encounter fire or smoke, they should use the second escape route. If they have to get out through a smoke filled route, teach them how to crawl low on the floor, below the smoke.
- Choose a family meeting spot outside the house where everyone can meet after escaping from a fire.
- Teach your children to take it seriously whenever they hear the smoke alarm. Teach children not to hide from firefighters, but to get out quickly and call for help from another location.
- Practice your home fire escape plan twice a year. Teach any new children the plan.

Reduce the Risk of Fires Set by Children

Children are naturally curious about fire. Approximately 20,000 home fires every year are the result of children playing with fire or setting fires. Children in foster care may present a higher risk for fire setting because they have not been well supervised in the past and because of emotional problems that increase fire-setting behavior.

- Supervise young children closely at all times.
- Keep matches and lighters in a secured drawer or cabinet, and teach your children to tell you if they find matches or lighters.
- Check your child's bedroom, closet, and under the bed for burned matches, or other evidence that he or she may be playing with fire.
- Take the mystery out of fire by teaching children that it is tool, not a toy.
- If a child lights a fire, ask for assistance and advice from someone with expertise with childhood fire-setting behavior. Child fire setters who are not given proper guidance and supervision may repeat their fire-setting behavior.

Preventing Scalds

- Set your hot water heater to temperatures of 120 degrees F or less. If you are unable to control the water temperature, install an anti-scald device in the bathtub or the sink where children wash their hands.
- Turn pot handles inward when cooking on the stove. Never hold a baby while cooking.
- Don't place hot beverages where babies and toddler and reach them or pull them down with a tablecloth.
- Do not allow children to play near the stove or barbecue. Put screens in front of fireplaces and wood stoves. Radiators, baseboard heaters, and steam pipes may also need to be screened and/or insulated.

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Child Passenger Safety

It is important to secure children properly every time they ride in the car. Motor vehicle crashes are the leading cause of death for children between the ages of 1 and 19. Correctly used, child safety seats are up to 70% effective in reducing serious injury and death for children in motor vehicle crashes. Tragically, 60% of all the children ages 14 and under who die in motor vehicle crashes were unrestrained. However, seats and restraint systems may not protect your child in a crash unless they are used correctly.

- Car trunks are dangerous to children. Children can climb into trunks that are left open, or may even manage to open the trunk themselves, climb in, and suffocate. Keep car trunks closed and locked.
- Children have died or have become seriously ill from hyperthermia (becoming too hot) when left in cars. Some of them were infants sleeping in rear facing seats whom caretakers momentarily forgot. Never leave children alone in cars, and be continually alert to babies in car seats.
- The back seat is the safest place for all children regardless of age or size. Never put a rear facing car safety seat in the front seat of a vehicle equipped with a passenger air bag.
- Infants should ride in a rear-facing car safety seat in the back seat until they have reached at least one year of age AND weigh at least 20 pounds. Until babies reach one year of age, their bodies are not developed enough to survive a crash facing forward. (If your child weighs 20 pounds before reaching one year of age, inquire about rear facing car safety seats for larger children.) Make sure the harness is used correctly and fits snugly. In most cases, the harness straps should be in the *lowest or middle* slot for a rear facing seat. The chest clip should be placed at armpit level to keep the harness straps on the shoulders.
- Children over one year old and between 20 and 40 pounds can be in forward facing car safety seats. Again, make sure the harness is used correctly and fits snugly. The harness straps always go in the *highest* slot for children facing forward, and the chest clip should be at armpit level.
- Children between 40 and 80 pounds (usually 4 to 8 years old) should be in belt positioning booster seats. Children of this size are too small to fit correctly in adult safety belts alone. A booster seat makes lap and shoulder belts fit correctly: low over the hips and upper thighs and snug over the shoulders. These seats must be used with both lap and shoulder belts. A high-back booster is preferred if the vehicle seat back is low.

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- Usually children over 80 pounds and 8 years old can fit correctly in adult lap and shoulder belts. To fit correctly in a safety belt, children must be tall enough to sit with knees bent at the edge of the seat without slouching. Lap and shoulder belts should fit low over the hips and upper thighs and snug over the shoulder. Never put shoulder belts under children's arms or behind their backs.
 - Consult the instructions for the car seat and your vehicle owner's manual to make sure your car seat is installed correctly. Generally get a tight fit: the seat should not move more than an inch from side to side or toward the front of the vehicle. Check your vehicle owner's manual to see if you need a locking clip. Not all safety belts will secure your car seat without it.

Outdoor Safety

Children love to be active and to learn new skills through outdoor play. However, thousands of children go the emergency room every year with play-related injuries. Here are some tips on keeping children safe outdoors.

- Babies under six months of age should be kept out of direct sunlight. Dress your baby in clothing that covers the body, and hats with brims that shade the face and ears.
- Child carriers, strollers, and safety seats can get dangerously hot if left in the sun. Check the temperature of surface areas that will be in contact with their skin before placing children in car seats or strollers.
- For babies under six months of age, sunscreen may be used on small areas of the body such as the face and the back of the hands. For older children, test the sunscreen on small area before applying it all over. Keep sunscreen out of the eyes.
- Severe sunburn in a baby is considered a medical emergency and requires immediate medical attention. For babies over age one, call your pediatrician if there is blistering, pain or a fever.

Home Playground Safety Tips

About 51,000 children every year are treated in U.S. hospital emergency rooms for injuries they receive on home playground equipment. Most injuries are the result of falls. About 15 children every year die as a result of playground equipment accidents. Most of the deaths are the result of strangulation. Take the following precautions, provided by the U.S. Consumer Product Safety Commission, to reduce risks for children in your family.

- The surfaces under and around play equipment should be soft enough to cushion falls. For most play equipment, surfaces should contain a minimum of 12 inches of wood chips, mulch, sand or pea gravel. There should be no exposed concrete footings, tree roots, tree stumps or rocks that can trip children. Protective surfacing should extend a minimum of six feet in all directions from the play equipment.
- Equipment should be spaced at a safe distance to allow children to run around or fall without striking another structure. Make sure that swing seats are suspended a safe distance from one another, from the swing support frame, and from the ground.

- Look at playground equipment from a child's point of view. Check all play equipment surfaces for sharp edges, moving parts that might crush or pinch a finger, protruding bolts, rust and chipped paint, splinters, cracks, and decayed wood. Open S-hooks and any protrusions can entangle children's clothing and cause strangulation. Close S-hooks as tightly as possible and eliminate protrusions or catch-points on playground equipment. Make sure swing sets are securely anchored.
- Children can get trapped and strangle when they enter openings feet first and find that the opening is too small for their heads. Openings in guardrails and spaces between ladder rungs and platforms should measure less than 3.5 inches or more than 9 inches.
- Surfaces more than 30 inches off the ground should have guardrails to prevent falls.
- Playground equipment should be inspected on a regular basis and repaired immediately to prevent injuries.

Helmets

One of the most important safety precautions you can take is to make sure that children of all ages wear helmets when participating in activities that put them at risk for head injuries. Why are helmets important? There are over 800 deaths annually from bicycle crashes, the vast majority caused by head injuries. Even falls of two feet from a tricycle onto a concrete sidewalk can cause brain injury. Medical research shows that helmets can prevent 88% of these injuries.

Some of the activities that require a helmet are: bike riding, in-line skating, riding scooters, skiing, horseback riding, and organized sports such as soccer, hockey, baseball, and football. However, helmets should not be worn when climbing on playground equipment or tress, because of the risk of strangulation.

- Look for a helmet with the CPSC (U.S. Consumer Product Safety Commission) sticker. Choose a helmet that is made for the sport in which your child is participating.
- For young children, use a helmet that is designed for children ages one to five, which covers a larger proportion of the head.
- Make sure the helmet fits properly. A good fit means level on your head (not tilted back on the crown or pulled low over the forehead). Helmets should fit snugly and you should not be able to move the helmet in any direction, back to front or side to side. The child strap should be securely fastened. Ask the store where you are purchasing the helmet to help with the proper fit.

- Older children may be afraid that wearing a helmet isn't cool. Let them know that all professional racers and athletes wear them.
- Replace any helmet involved in a crash.

Kids on Bikes: How to Keep Them Safe

Tricycles and bicycles help children learn coordination and get healthy exercise. But bike riding can be dangerous. Each year, bicycle related deaths number about 900, and hospital emergency rooms treat more children, ages 5 to 14, for injuries associated with bicycles than with any other sport. The most serious injuries children get while biking are head and brain injuries. Children can receive serious injuries off the road or in collisions with cars. What can parents do to promote bike safety? The following tips are from Safe Ride News Publications, Seattle, WA, and the U.S. Consumer Product Safety Commission.

- Avoid carrying a child under one year of age on a bike.
- Find protected places for young children to ride and always supervise them. Toddlers riding three-wheel cycles have fewer injuries than older children, yet their injuries can be just as severe. A fall onto concrete from a height of two or three feet can cause permanent brain injury.
- When children graduate to a bicycle, fit is important. Make sure the child can stand with both feet flat on the ground while straddling the bike. A big bike to grow into is not easy to learn on or to ride safely. To prevent injuries, make sure children do not wear loose clothing that can get caught in the bike or open-toed shoes while riding.
- Playgrounds, bike paths, and sidewalks are the safest place for young children to ride. Teach them how to stop and look both ways for cars at driveways.
- Make sure children know that a bicycle is a vehicle, and when riding on the street, bicyclists must follow the rules of the road. Your child needs to learn to stay on the right side, signal before turning or stopping, and be wary of motor vehicles.
- Children under nine years of age do not have the skill and judgment to cope with traffic. Talk with your children about the dangers of cars and trucks, but don't expect them to fully understand and follow traffic laws until they are at least nine years old. You must decide when your child can safely ride on the street. Watch them or ride with them until you know they can drive their bikes correctly.

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- Boys 11–15 have the highest rate of injuries on bicycles because they tend to take the most risks. Help them know the rules of road, avoid risks, and stay off their bikes at dusk or at night, the most hazardous times.

Water Safety

Drowning is the second leading cause of injury-related deaths in children ages 14 and under. Among children ages four and under, there are approximately 375 residential swimming pool drownings and 2,000 near-drownings each year. The majority of drownings and near-drownings occur in residential swimming pools. Older children are more likely to drown in lakes, rivers and oceans. However children can drown in wading pools, bathtubs, buckets, toilets, spas, and hot tubs.

Childhood drownings can happen in a matter of seconds and typically occur during a brief lapse in supervision. Many children who drown were last seen in the home, had been missing from sight for less than five minutes, and were in the care of one or both parents at the time of drowning. A child will lose consciousness two minutes after submersion in water. Irreversible brain damage occurs after four to six minutes, and after 10 minutes, most children die.

- Never leave a child unsupervised in or around a swimming pool, spa, or open water site, even for a moment. (Keep in mind that although lifeguards are there to help with water safety, they should never be a substitute for parental supervision.)
- Never rely on a Personal Flotation Device or Life jacket to protect a child.
- Learn CPR and keep rescue equipment, a telephone, and emergency numbers poolside.
- Never dive in water less than nine feet deep.
- If you own a pool, install four-sided isolation fencing, at least five feet high, equipped with self-closing and self-latching gates, that completely surrounds the swimming pool or spa and prevents direct access from a house or yard.
- Always wear a U.S. Coast Guard-approved PFD or Life jacket when on a boat, near open bodies of water, or when participating in water sports. Air-filled swimming aids, such as water wings, bubbles or swimmies are not considered safety devices and are not substitutes for PFDs or Life jackets.

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Safety in the Streets

- Make safety a part of your family's conversations and activities.
- Be certain children in early primary grades are accompanied to and from school. Be sure they are supervised when out-of doors.
- Differentiate between nice behavior at home and safe behavior on the streets. Children do not have to answer strangers' questions, be polite, or do as they are told. Let children know it is OK to run away, seek help from a shopkeeper or police officer, or yell or holler if someone bothers them. Encourage children to trust their instincts. If a situation seems wrong, children should take evasive action or do something to attract help.
- Establish safe places or persons children can call for help.
- Make sure your child knows your address and phone number.
- Avoid having the child's name on clothing or items such as book bags.
- Play what if games to empower the child to plan for personal safety.

Special Concerns for Adolescent Safety

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The leading cause of death in adolescents is injury. About 15,000 teenagers die of injuries every year, more than from all diseases combined. Accidents account for about 60% of adolescent injury deaths, while violence (homicide and suicide) accounts for 40%.

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Motor Vehicle Accidents

The leading cause of adolescent injuries is motor vehicle crashes. More than 5,000 teenagers die every year in car crashes. Teenagers are at risk due to lack of experience and risk-taking behavior. Alcohol is involved in 35% of adolescent driver fatalities.

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- Find out the agency's policy about allowing adolescents in their custody to obtain driver's licenses. In general, teenagers should be allowed to get a driver's license and have driving privileges only when they have demonstrated that they are mature and experienced enough. Many states have graduated licensing laws requiring that learning to drive is spread over three stages. Teen drivers need to meet certain restrictions for six months before moving on to the next stage. If your state doesn't have such a law, establish house rules about when you feel it is safe for your teen to drive unsupervised during the day or alone at night. Remember that you control the car keys.
- Have zero tolerance for alcohol use.
- Encourage seat belt use from an early age. Require teenage drivers and their passengers to use seat belts.
- Set a reasonable curfew. Many crashes occur at night.
- Have your teenager participate in programs to educate teens about unsafe driving practices. Learn about programs such as SADD (Students Against Driving Drunk), which encourages parents and teens to sign a contract in which both parties agree not to mix drinking and driving.
- Give teenagers rides to proms and other parties. Encourage them to call home for a ride if they are concerned that their ride is not safe.

Preventing Substance Abuse

Children in foster care may be at increased risk for substance abuse due to many factors, including substance abuse histories in their birth family, low self-esteem, and emotional problems.

- Set a good example by not smoking or drinking alcohol. Research indicates that second-hand smoke is a health hazard for children. Children in households where someone smokes have a greater risk of developing asthma, bronchitis, pneumonia, and middle ear infections. If you smoke, consult your doctor about smoking cessation programs. Until you quit, do not smoke in the house.
- Be an askable parent. Talk to your child at an early age about substance abuse. Answer any questions your child has honestly. Talk to your child about the health hazards associated with substance abuse. Be clear with children and teens that you do not allow drug and alcohol use.
- Discourage the use of chewing or smokeless tobacco, which is addictive and can lead to the development of throat and mouth cancer.
- Emphasize the short-term dangers of tobacco, alcohol, and drugs. Tobacco use is very unattractive. It stains teeth, damages the skin, and causes bad breath. Drugs and alcohol will damage a child's brain while it is still developing. Use of drugs and alcohol can lead to sexual experimentation or harmful sexual aggression.
- Let children know that if their parents abused substances, they run a much higher risk of becoming alcoholics. Children who were placed from substance abusing homes should know about the risks involved for them with any alcohol use.
- Don't be in denial. Learn the signs of substance abuse. Some of them are:
 - Changes in personality and mood (irritability, hostility, depression, lack of motivation and boredom, loss of interest in school, friends and family).
 - Altered sleeping patterns.
 - Changes in appetite (loss of appetite or increased appetite).
 - Smell of alcohol or chemicals on the breath.
 - Changes in behavior (slurred speech, uncoordinated movement, hyperactivity, lethargy).
 - Changes in friends, dress styles, and interests.
 - Withdrawal and isolation from adults.

- Change in appearance (weight loss, runny nose, sores around the mouth and nose, red eyes, dilated pupils).
 - Defiance and secretiveness.
 - Lying and stealing.
 - Fascination with drug paraphernalia, drug symbols, or pop culture celebrities associated with drugs.
- Get to know your children's friends and their friends' parents. Keep track of children's whereabouts. Have clear rules about curfews and checking in so you know where they are.
 - Help children resist peer pressure. Role play situations in which they might be pressured to use drugs or alcohol, and have them practice how to say no. Sometimes humor can help.
 - Teach your child never to accept unknown substances from a friend.
 - Have a safety plan in effect so that the child can call home if he finds that the person he was supposed to ride with has been drinking or using drugs. This may include a cell phone or calling home collect.
 - If your child is using tobacco or drugs, get professional help for him or her.
 - Throw out old prescription medications such as Ritalin, Prozac, muscle relaxants, pain medication, and tranquilizers. Keep active prescriptions in a locked cabinet.
 - Be aware any alcohol in your home. This includes alcohol used for cooking. Keep alcohol locked away.
 - Know which products can be inhaled. These include aerosols, paint remover and thinners, nail polish remover, typing correction fluid, cigarette lighter fluid, gasoline, natural gas, dry cleaning fluid, spot remover and degreasers, glues, and adhesives. Buy these products only when necessary and keep them stored away from teens.

Safety in the Community

- Teach the teenager that personal safety is more important than material possessions. Encourage teens to wear low-key clothing and to leave items like a portable CD player or jewelry at home. Many teens are mugged for their clothing or possessions.

- Understand your child's need for independence. Balance your concerns for safety with empathy for the normal drive for autonomy. Talk about strategies to avoid dangerous situations. Identify places and areas that are unsafe, as well as safe havens such as a store or police station where teens can go if they feel they are in danger.
- Talk to teenagers about the danger of trusting strangers who know how to appear interesting, understanding, or in need of assistance. Teach teenagers never to accept a ride from a stranger or casual acquaintance even if they are stranded. If a stranger asks for help, talk to the teenager about calling someone like the police rather than accompanying the stranger somewhere or offering them a ride.
- Teach teens to keep their cars locked when driving, to check around the car and in it before getting in, to park in well-lit areas, and to keep the car windows rolled up far enough that someone could not reach in.
- Explain the concept of date rape, and empower teenagers to resist being pressured or forced into unwanted sexual activity. Talk with them about considering consequences, including pregnancy, sexually transmitted disease, and the value of committed relationships, before becoming sexually active.
- Encourage teenagers to express their fears and concerns. Self-defense courses may promote self-confidence and teach some defensive skills for occasions when the odds against the teenager are not overwhelming and there is no threat of weapons being used.

Promoting Permanence

Permanence: An Introduction

Lifelong relationships are important to all of us. Children placed in out-of-home care may experience repeated and multiple disruptions in their most important relationships. This is why permanency planning is an essential part of the process, with foster and adoptive parents providing continuity for children at risk.

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The Foundations of Permanence: Three aspects of family relationships make a difference in whether children experience permanence: security, belonging, and continuity. Each one is explained and related to situations foster and adoptive parents face.

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Developmental Delays Caused by Lack of Permanence: A child's psychosocial development may get stuck due to multiple moves and temporary placements. This resource lists some of the most important tasks children need to complete at different stages of development.

Parenting Children with Attachment Problems: Effective parenting is challenged when children, due to past events in their lives, have difficulty forming new, positive relationships. Suggestions for parents are listed.

The Foster Parent's Role as an Advocate for Permanence: Participating as a team with other helping systems is a key role played by foster parents, particularly at transition times. These guidelines help foster parents anticipate and prepare for an advocacy role.

Special Concerns for Infants: Children who are too young to discuss placement transitions need special care and comforting. They can sense and feel what is happening, but cannot interpret events, and they store them in their memories in ways that can be difficult to resolve. The foster parent's role in helping infants adjust is covered here.

Perspectives on Reunification and Adoption: Mixed emotions are to be expected from all who are directly involved in permanency decisions. This resource lists some of the usual feelings experienced by children, parents, and foster parents. It is intended to normalize the experience for foster and adoptive parents, and to alert adults to what they may see in children and each other.

Supporting Children and Families in a Transition from Foster Care to Permanence: Ways foster parents can prepare children for a transition, support them, and celebrate their growth are outlined here. Information based on research about adoption is included, as well as a first-person account of one family's way of explaining adoption to their child.

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Understanding Open Adoption: More adoptions today are open, meaning that the birth parents remain in contact with the child and adoptive family, bringing benefits and challenges.

Making the Decision to Adopt: An important permanency consideration for many children is whether their foster parents would adopt them. It is not unusual for foster parents to consider this option. This resource explores some questions foster parents should ask, and specific types of information they need to decide.

The Foundations of Permanence

Security

When people have a sense of security, they believe that the relationship that exists now will continue to exist in the future.

- **Legal Security:** Part of the security that children and parents feel is the knowledge that they have a relationship that is protected legally. When a child is born, a birth certificate is issued, confirming the legal relationship that exists. Only legally authorized agencies, such as child welfare agencies or the courts, can interfere in the relationship between parents and their children. Legal status also implies obligation and responsibility. Parents are legally responsible for the support and care of their children. When children are adopted, the same legal protections apply to their status as family members. Children in other legal arrangements may not have this degree of legal security.
- **Emotional Security:** This is perhaps the most important aspect of security for children, and for most of us. Emotional security results when another person to whom we are attached has proven to be trustworthy by being consistent and reliable over time. Children have a greater sense of emotional security when they know that their permanent parents are making decisions for them, rather than having decisions made by social workers or judges. Adoption and guardianship have the potential to provide more emotional security than some other legal arrangements.

Belonging

Another important component of permanence is belonging. People feel they belong to a family or group, and that inclusion in the group is permanent. This connection and sense of belonging contributes to their identity and prevents them from feeling lonely or isolated. Belonging is established through adoption by conferring the same status, and usually the same last name, as a child born into the family. In adoption and other permanent situations, however, the permanent parents must also work to establish a sense of emotional belonging that comes from feeling a part of the family and knowing that acceptance in the family is unconditional.

Continuity

The third important component of permanence is continuity. It means maintaining attachments to people and culture even when they are separated by distance or time. Continuity is essential to feeling that attachments are permanent. Continuity is established emotionally when children believe their permanent parents' promise that they will take care of them to adulthood and beyond. Permanent parents also have to recognize children's needs for continuity in their relationships with people from their past. Children need to know that their relationships from the past and the present will continue into the future.

Developmental Delays Caused by Lack of Permanence

Temporary placements or multiple moves present risks to children's ability to develop in the following areas:

Ability to Attach

Children need to be attached to adults. Children who experience disruption of their attachments are at risk for developmental delays, emotional problems, and may be at risk for attachment disorders. If children experience multiple placements, they may hold back from attaching due to the anticipation of more pain involved with separation. Their ability to trust and become reattached is further compromised.

Grief Resolution

Children need security and the help of nurturing adults to resolve their grief. If children are confused about whether or not they will be going home, it is more difficult to resolve grief. Children may get stuck in a stage, such as denial, bargaining, anger, or depression. If grieving children experience more losses due to multiple placements, they must start over again, and it becomes less likely that they will successfully move along the pathway of grief.

Self-Esteem

A child's self-esteem is developed through positive interactions with attachment figures. When attachments are disrupted, children are at risk for identity confusion and lowered self-esteem. The negative self-esteem that results from abuse, neglect, and removal from their family may be reinforced as they experience further rejections.

Cultural Identity

Families provide a place for a child's cultural identity to develop. Children separated from their families risk losing their cultures and values. If they never settle down in one family, they cannot easily reestablish a sense of cultural or personal identity.

Development of Values and Conscience

Children learn values and develop a sense of right and wrong through their interactions with caregivers. Children in temporary placement are at risk of confusion over values and what is right or wrong.

Ability to Control Impulses and Behavior

Children learn to control their impulses by consistent interaction with adults to whom they are attached. Children who experience multiple placements are at risk for behavioral problems. Because they do not have a consistent relationship with an adult who can help them learn to control their impulses, they have little or no control over the behavior that resulted from their anger and depression. This often leads to a vicious cycle of further moves because of poor behavior.

Ability to Reach Maximum Potential

All of the things listed above compromise the child's ability to reach his or her maximum potential. When children do not have the emotional security of a permanent home and are not attached to caring adults, they are anxious and consumed by their emotional insecurity. They cannot concentrate on normal developmental tasks.

Parenting Children with Attachment Problems

Many children who need permanence have a history of broken or negative attachments. These children find it difficult to establish new positive attachments. Many have developed a strong need for control in order to survive a punitive or inconsistent environment. They feel threatened if they begin to trust and develop attachments to new parents. Families who provide care for children with attachment problems must develop special parenting skills, such as the following,* to meet these challenges.

- Create a framework of love, sensitivity, empathy, caring, security, and protection. Model effective communication, coping skills, problem solving, and emotion management for your children. Stay calm in the eye of the storm. In order to do this, take care of yourself to prevent burnout.
- Be willing to learn new parenting techniques. Parenting concepts and techniques that are effective with many children fail miserably with children who have an attachment disorder.
- Provide the same key ingredients that help assure secure parent-infant attachment: a balance of structure and nurture that changes based on the developmental needs of the child. The child may initially need considerable structure to feel safe and secure. As the child demonstrates healthy skills, attitudes, and behaviors, freedom to make independent choices may increase.
- Expect the child to demonstrate the Four Rs: Responsibility, Respect, Resourcefulness, and Reciprocity. Children should be held accountable for their choices, actions, and responsibilities in the family. Children must demonstrate respectful attitudes and behavior toward parents and others. Children must learn to develop and use inner strengths and resources in order to solve problems and cope with life. Self-serving, controlling, and manipulative behavior must be replaced by a healthy give and take with caregivers and others.
- Find and use sufficient support from both inside and outside the family. Maintain a united front. Support from extended family and from other support systems outside the family (e.g., support groups and social services) may also be needed.
- Parents must find ways to maintain hope even when progress seems slow.

* Adapted from Levy, T.M., & Orans, M. (1998). *Attachment, Trauma and Healing: Understanding and Treating Attachment Disorder in Children and Families*, Washington, DC: CWLA Press.

The Foster Parent's Role as an Advocate for Permanence

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- Convey your knowledge about the child's needs to those who are in a position to make decisions about permanence. Foster parents often notice the effects of a lack of permanence more so than others who have less day-to-day contact with the child.
- Learn about the people to whom the child has felt connected in his life. Many older children are adopted or placed permanently with people whom they already know.
- Think about the type of family that would be a good match for the child or youth. Find out where he or she has had successful relationships. Communicate this information to the people who are looking for a family for the child.
- Think about the type of services and supports that might allow this child to be successful in a permanent placement, and communicate this information to people who are responsible for developing a permanent plan.
- Become involved whenever you can in the permanency planning meetings that are held to consider the child's future. These might be foster care reviews, meetings to change the permanency goal, meetings to assess the child's needs, and meetings to recruit or select families.
- Know about your rights under the Adoption and Safe Families Act (ASFA) to speak at court hearings about the child.
- When a family is identified, advocate for a good pre-placement visiting plan that will allow the child or youth to make a gradual transition and deal with issues that might otherwise be overwhelming.

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Special Concerns for Infants

Children who have experienced separations at young ages are vulnerable to anxiety and depression as they grow up. In an unconscious part of their memory, they store the sensory and emotional responses they had when they were moved from the parents and home to which they were attached, but the memories are not associated with words or a story, so the loss is more difficult to resolve. Lifebooks or discussions do not help a baby understand what is happening. To help pre-verbal children, foster parents and adoptive parents must cooperate and communicate through their actions that the child is safe and that the move is something that the foster parents, whom the child trusts, believe is best for the child.

- The first visit between the adoptive parents and the baby should be in the foster home where the child feels secure. Foster parents can begin by letting the adoptive parents help with the normal care of the infant. For example, foster parents can begin feeding the baby, then hand the baby and the bottle to the new adoptive mother. Adoptive parents can be involved in bath time, bedtime, and other routines and care for the baby until he or she begins to feel comfortable with them. The foster parent is communicating to the baby that the new parents are safe and can be trusted.
- Adoptive parents can bring a soft toy or stuffed animal to the foster home and engage the child in play. The adoptive parents are communicating to the child that they know it will take some time for the child to begin to feel comfortable with them and that having a transitional object might help.
- After a few visits, the adoptive family may take the child outside the foster home. The foster parents should hand the baby to the family and express their happiness that the baby will be with his adoptive parents. The foster parents are communicating that someone is not stealing the baby, but that people who care for him are transferring care to someone who can be trusted.
- A visit may then be planned to the adoptive home. Again the foster parent should hand the baby to the adoptive parents or take the baby to the adoptive home and wish the baby a happy day. This communicates that the baby will be going to a safe environment.
- Adoptive parents should learn about the baby's routine and feeding schedule, and try as much as possible to maintain it. This will communicate that they respect the baby's sense of security and want to maintain it.

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- On the day of the move, the foster parents should make a point of packing the baby's belongings and talking about moving day. This communicates that the day is a special one and that the foster parents are happy about the baby's future.
 - All the members of the foster family should say goodbye even if they are tearful. This will communicate that they cared about the baby and feel a loss that he is going. They should once again hand the baby to the adoptive parents, so that baby will not feel that he is being taken.
 - After the child has adjusted to his new home, the adoptive parents should invite the foster family to visit. This will communicate to the baby that people who care for him do not disappear and that they support his attachment to his new home.

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Perspectives on Reunification and Adoption

Reunification

During the process of reunification the child may experience:

- Conflicting feelings.
- Disappointments in relationships with adults.
- Loss of familiar people and things (again).
- New family patterns and routines to adjust to (again).
- Uncertainty about their role in both families.

Parents may feel mixed emotions as reunification approaches including:

- Ambivalence.
- Fear.
- Difficulty accepting their role in the child's problems.
- Dependence on the worker or foster parent.

Foster parents may experience a mix of emotions as reunification approaches:

- Hopeful that the parents can succeed with the child.
- Concerned that the child will not get his or her needs met.
- Angry at the worker and the system for returning the child.
- Distrustful of the parent's commitment.
- Feeling that only they understand the child's needs.
- Sadness at losing the child.
- Unappreciated.
- Worried and anxious about what the child might be thinking or feeling.

Adoption

During the process of adoption placement the child may experience:

- Excitement about finding an adoptive family, including fantasies about what it will be like in the adoptive home.
- Disappointment and anger that the foster parents did not adopt.
- Intense fear and anxiety about having to establish a new relationship.
- Grief over the impending separation from the foster family.
- Grief over the end of the hope for reunification.
- New family patterns and routines to adjust to.
- Uncertainty about their role in both families.

Adoptive parents may feel mixed emotions as adoption placement approaches including:

- Excitement and happiness.
- Fear that something will happen to stop the adoption.
- Ambivalence.
- Anxiety and insecurity about their ability to parent the child.
- A need to assert their role with the child and control the process.
- Competition with the foster parent for the child's affections.

Foster parents may experience a mix of emotions as adoption placement approaches:

- Hopeful that the adoptive parents will succeed with the child.
- Guilty about not adopting.
- Ambivalent about whether their decision not to adopt was the right one.
- Concerned that the child will not get his or her needs met by the new parents.
- Angry at the worker and the system for choosing the adoptive parents.
- Feeling that only they understand the child's needs.
- Sadness at losing the child.
- Unappreciated.
- Worried and anxious about what the child might be thinking or feeling.

Supporting Children and Families in Transition from Foster Care to Permanence

When a child leaves foster care to return home or live with an adoptive family, the birth family or adoptive family sometimes cuts off continued contact with foster families because they feel threatened by the child's attachment to the foster family. Developing a supportive relationship, sharing information and giving the child permission to attach will make it more likely that the permanent family will not feel threatened by continued contact with you.

Discuss reunification or adoption with children as soon as they are old enough to talk about their feelings. Talking about the plan cannot occur on one fateful day; it must be part of the daily conversation. With young children, the terms used will be general. Older children should have a say in setting the reunification date and the conditions.

Add material to the child's Lifebook when reunification or adoption placement is near. Pictures of the foster family, house, pets, and memorabilia of the child's time in the family can be included. Every family member can write a letter, telling the child what he or she has meant to the family. The Lifebook goes with the child and helps fill the gaps in his or her life.

Help the child avoid loyalty conflicts. Children often feel that they are rejecting the old parent if they become attached to someone else. Children returning home or going to an adoptive home may feel they are rejecting the foster parent if they get close to other parents. Foster families must give the child the message that it is okay to be attached to other parents.

Share information to ease the transition. Moving to the foster parent's home was an adjustment for the child. Moving back home or to an adoptive home is another adjustment. The child is understandably tired of being the one required to make adjustments to the adults in his or her life. Foster parents can talk to parents about their routines and see if they can be adapted to the parent's house. Familiar items can move with the child. Maintaining a schedule is particularly important with infants. Foster parents should write down the daily feeding and sleeping routine in detail for the parents.

Let all family members have a chance to formally say good-bye to the child. It is natural to want to avoid pain, and one way to do that is to disengage from the child before he or she leaves so that the pain of separation can be avoided. Family members may begin to avoid the child, and be absent when it is time to say goodbye. They may be afraid that their own sadness or tears will further upset the child. Unfortunately, that means that the child will get the message that he or she wasn't that important to the foster parent, and family members will only delay their own grief process.

Gather the child and the birth family together for a leaving ceremony. It may involve giving the child a special gift, lighting candles, reading letters or poetry, giving the child a scrapbook with pictures of the foster family or sharing a favorite meal.

Plan in advance what continuing role the foster parent will play. It is almost always better to maintain some contact, but foster parents need to be careful about getting caught between the parent and the child. Sometimes visits and overnight stays with the foster parents are arranged; sometimes phone calls and letters help the transition. Sometimes foster parents attend an event to show support for the child's achievements. The child needs to know that he or she is not being abandoned again, this time by the foster parents.

Help children understand the difference between foster care and adoption. What do children think about foster care and adoption? And how can this information help foster parents prepare children for a transition to permanence? John Triseliotis and Malcolm Hill* discuss interviews they conducted with children who grew up in long-term foster care and children who were adopted by their foster families

Children who grew up in long-term foster care reported feeling nurtured and protected by their foster families, but said they felt different from the children who were adopted. The researchers found that the foster care group felt anxiety about the impermanence of being foster children. Even though the foster parents tried to make them feel secure, they were aware that they were foster children because of a different surname, visits by workers, and living with other foster children who came and went. Children viewed foster care as temporary and associated with moving to other families, and possibly a return to the birth family.

Adoption, on the other hand, meant permanence, being there forever, being part of a family, and no one can remove you, according to the children who were interviewed. Adoption conveyed a sense of belonging. Children expressed this as being the family's real child, not feeling left out, having a family for life, belonging, and no more moves and changes.

The children attached importance to the legal recognition of their family membership. The researchers concluded:

... for these children the adoption order was a symbolic act creating deep, satisfying psychological feelings for them. Even for those who would soon become adults, the change from fostering to adoption was a very important one. It conveyed to them a sense of security and belonging, the right to feel a part of the family and to call the foster parents, parents.

* Triseliotis, J & Hill, M. (1993). Research on Adoption. In *The Psychology of Adoption*, (Brodzinsky, D. & Schechter, M., eds.), New York: Oxford University Press, p. 115.

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Here is how one family explained adoption:

Your worker and lots of other people tried to help your parents solve their problems so they could take care of you again, but your parents just had too many problems and couldn't overcome them.

Even though we were taking care of you, while you were in foster care other people were making decisions about what would be best for you. Some of those people were the social worker and the judge. They decided that because your parents couldn't solve their problems to get their family back together again, that you should have an adoptive family of your own to take care of you until you grow up.

We want to adopt you and be the family who will take care of you until you grow up.

Adoption doesn't mean that you can't love your birth family anymore, just that while you are growing up, you won't be going back to live together with them.

When we adopt, we will go to court and the judge will sign papers that make you a part of this family legally and forever, just like the kids that were born into our family or that we adopted before. Adoption means that we will be not only the mom and dad who take care of you, but also your official mom and dad. Everybody will know that you belong to our family. Your name will be changed to the name of our family so that everyone knows you belong here. When we adopt, we will make decisions for you, like other families make decisions for their children. This means that you won't have a worker anymore.

Adoption means that you won't move from our family, until you grow up and live on your own. Even then, you will be part of this family and come back for Christmas and to visit—maybe with your own kids someday.

Understanding Open Adoption

When people think about adoption, they usually think about closed or confidential adoptions that have been the norm over the last century. The first law closing adoption records was passed in 1917. By the 1930s, confidential adoptions had been legislated nationwide. In confidential or closed adoption, a new birth certificate was issued at the time of the adoption and the old birth certificate was sealed, preventing adoptees from getting information about their birth parents.

According to lawmakers and adoption practitioners, this served to allow the child and the adoptive parents to have a clean break with the past. Parents were told that adoption was the same as parenting by birth, and that once children had become attached to their adoptive parents, they would not be troubled by questions about their origins.

However the experience of adoptees and adoptive parents was different from what they were led to believe. Adoptees, despite all the love of their adoptive parents, continued to have questions about their genetic history. When children were placed at an older age, they did not forget their birth families. Loss seemed to deepen when they were asked to relinquish their connections to people from their past. Instead of promoting attachment, the demand that children give up their connections seemed to inhibit it.

Today many adoptions are open, which means that the identities of the birth parents and the adoptive parents are known to each other, and there is contact between the adoptive parents and the birth parents or between the birth parent and the child.

Open adoption has become more acceptable because:

- Older children placed for adoption have strong connections and attachments to important people from their past.
- In foster parent adoptions, a relationship between the birth parents and the foster parents may already have been established.

Contact in open adoption may be in the form of communication, such as letters, telephone calls, pictures, gifts, videotapes, or visits between the child and the birth parent or other significant people such as siblings, grandparents, or other relatives.

Some of the potential benefits of open adoption for children are:

- Children maintain contact with significant people to whom they are attached.
- Children have information about their history and their ethnic and racial identity.

- Children experience less intense loyalty conflicts when they feel that the birth parent gives permission for the adoption.
- Children can deal with reality, not fantasy.

Some possible challenges that open adoption may present for children are:

- It may increase loyalty conflicts if birth parents or adoptive parents express ambivalence.
- It may continue trauma for children who have been abused.
- Children may experience fears of abduction or separation from adoptive parents if birth parents cannot give their blessing.

Some potential benefits of open adoption for birth parents are:

- They are able to continue a relationship with their children, but not a parenting role.
- They have first-hand information about the well-being of their children.

Open adoption may be difficult for birth parents when:

- They have not accepted adoption.
- They resent the loss of the parenting role. Some potential benefits for

adoptive parents are:

- They may feel more entitled as parents if the birth parents give their blessing for the adoption.
- The child's attachment to the adoptive parents may be encouraged if the child feels the birth parent has given permission for them to be attached.
- They have access to medical, genetic and developmental information.

Open adoption may be difficult for the adoptive parents when:

- They don't feel comfortable with the birth parents.
- They fear loss of privacy or control.
- They fear abduction by the birth parents.
- They fear that the child will be confused or harmed by openness. Open

adoption has been found to be most successful when:

- Adoptive parents have control over the visits, reflecting their role as legal parents.

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- Adoptive parents and birth parents have been able to establish a relationship before the adoption.
 - Adoptive parents feel comfortable with the degree of openness in the agreement.
 - The agreement was very clear.

Agreements need to include:

- Kind of communication that will possible, such as direct, through an intermediary, letters, phone calls, or visits.
- Frequency of communication or visits.
- What kind of information will be exchanged.
- Whether visits will be supervised or unsupervised.
- How changes of address or telephone be communicated.
- How the agreement will be modified to meet changes in needs and circumstances.
- How conflicts will be resolved.

Connections can be maintained even when there is no contact by:

- Keeping pictures of the birth family.
- Maintaining a Lifebook.
- Talking and sharing memories.
- Saying prayers.
- Practicing rituals, such as a candle ceremony, that acknowledge attachments.

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Making the Decision to Adopt

Foster families are an important source of permanence for children in the foster care system. The majority of older children or children with special needs are adopted by their foster parents.

Foster parents usually decide to adopt because they have become very attached to a child, who is considered a member of the family, or because they feel a strong sense of commitment to raise the child in their family. Some parents entered the system thinking that they might care for a child permanently if the opportunity presented itself. Other people become attached or committed to a child whose goal is adoption.

There are many advantages to foster home adoptions. Most important is the fact that a relationship already exists and the adjustment phase has generally been worked through, so the placement is usually stable. The child can remain in the same community and school. Foster parents came into the system to be foster parents, have usually met birth parents, and are more likely to be able to tolerate the child's attachment to people from his past. Foster parents are experienced and understand the survival behaviors that are typical of children in the system.

In many ways, adopting may not seem like a change. However, for the child it means a change in his relationship with his birth family and with his foster parents that is emotionally powerful. For foster parents, it means assuming full responsibility for children and making them true members of the family.

The decision whether to adopt is an important one for both the child and the foster parents. It is important for foster parents to make a well-informed decision that will protect the best interests of their family and also the child. Foster parents need to answer the following questions for themselves:

- Is adoption in my family the best plan for the child?
- Can I meet all the needs of the child?
- Is adoption of the child the best plan for my family?
- Will my family be able to continue to have our needs met if we adopt?

Foster parents considering adoption should make sure that they have all the available information about the child. They will need it to understand the issues and problems the child might have in the future, to answer the child's questions, and to make decisions about how to maintain the child's connections from the past. They should try to obtain all available information about:

- The child's experiences and history.
- The child's birth family members.
- The child's physical and mental health history.

- The physical and mental health history of the birth family.
- The child's important attachments.
- The child's cultural experiences and identity.
- The child's feelings about the past and about being adopted.

Finally, foster parents need to know about the services that are available to help them support the adoption.

Sometimes foster parents assume that services and supports they are using will continue, only to find out, following adoption, that they are no longer available. It is very important for foster parents considering adoption to think about the services and supports they have and ask questions to determine whether services will continue after an adoption is legalized. In addition, foster parents should think ahead. What services will be needed in a year, five years, or ten years? They can then work with the social worker before legalization to develop a post-adoption service plan.

An adoption subsidy consists of financial assistance and medical insurance coverage that is available to some children following their adoptions.

Foster parents need to learn about the adoption subsidy program.

Questions they should ask are:

- Is the child eligible?
- What is the basis of eligibility?
- How much assistance will the child will receive?
- If the child is eligible because of special needs, what will happen if the needs change?
- How often will the need for subsidy be reevaluated?
- What questions are asked at the time of reevaluation?
- What are the possible outcomes of the reevaluation process?
- At what age or under what circumstances will the subsidy be terminated?
- Is there any special help available to pay for a college education?

Many foster parents unexpectedly face the need to make a decision about adopting a child in their home. It is critically important to take the time to obtain all the information you need to make an informed decision. Only by doing this will you be able to ensure that you can make a lifetime commitment and continue to meet the needs of your adopted child until adulthood.

Promoting Well-Being

Well-Being: An Introduction

Part of every parent's job is guiding children in developing the skills, habits, and values they will need to become competent adults, function well, and live productive, satisfying lives. Children who have experienced maltreatment may not have had consistent guidance, so foster and adoptive parents may need to consider how to help children learn skills, such as how to manage money; habits, such as good personal hygiene; or values, such as non-violent solutions to problems.

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Learning to Take Care of One's Self: Helping children identify what they are feeling both physically and emotionally; talking about what they feel and identifying needs; knowing that help is available. Included in this section is information about building good habits of regular, preventive physical health care, as well as mental health and hygiene.

Thinking About Media: Exploring the influence of television, video, film, music, and the Internet. Included are ways of helping children be aware of the messages contained in media, so that as children grow up they become thoughtful consumers, not passive recipients of media messages.

Learning About Money: Helping children become wise managers of their own financial resources as they grow up, by learning how money is acquired, how to judge the cost and value of consumer goods; how to plan and budget; and to value being able to earn their own money.

Solving Problems: Helping children learn that problems can be solved without violence, by learning how problems arise, and how people can make commitments to solve problems and resolve conflicts.

Having Friends: Helping children make and keep friends. This resource explores the ways in which friends are important to children and to adults, and ways in which foster and adoptive parents can help children make friends, be thoughtful about what friendship means, and deal with the curiosity of other children.

Building Communication Skills: Helping children who have experienced mal-treatment learn to express themselves effectively. The segment provides guidance on ways of helping children learn how to express their needs, to have social conversations, and how to put together their own story.

Learning to Plan: Looking forward to the day when children become adults and are responsible for keeping their own commitments, foster parents and adoptive parents can help children understand how to keep track of appointments, how to plan for something special, and how to break down big jobs into manageable steps.

Loving to Learn: Helping children enjoy learning, direct their curiosity into productive activities, and experience pleasure and exhilaration in achievement. This resource explores ways of encouraging learning as an end in itself, as well as a fundamental element in preparation for adulthood.

Learning to Take Care of One's Self

All children need to learn how to take good care of themselves physically and emotionally. Children who have experienced maltreatment may need special encouragement in learning about their physical and mental health, taking good care of themselves, and understanding that they can get help when they need it.

Physical Health

Teaching children that they deserve to be cared for physically and have their physical needs met is one of the first jobs of every parent. When children are placed in care, foster and adoptive parents may need to help children in several ways:

- Learning about physical feelings: Children may need help in identifying and reporting their physical feelings. You can help by reflecting to the child what you see—*I see your eyelids are droopy. That usually means you are tired*—and helping children learn the words to describe how they feel, and what to do. When others in the family are not well, you can explain about physical feelings, such as: *Susie has a sore throat—her throat has a burning feeling and it is hard to swallow. She needs to go see the doctor.*
- First Aid: Without exaggerating, pay attention to bumps and bruises, explaining how hurts happen and how they can be avoided. Teach children about care of injuries. Younger children will need adult help to clean a wound or apply a bandage, but older children can learn to care for minor injuries under adult supervision, and can even be taught how to apply pressure to a bleeding wound, or ice to a bump, or cold water to a burn, or to read a thermometer. When a serious injury or illness arises, explain as much as possible to children what is happening, or, if the child is too ill, explain what happened when the child has recovered.
- Building good health care habits: Parents can teach children about building habits that help keep them healthy. An essential habit is regular medical check-ups (and you should have regular check-ups yourself, to model the behavior). This makes going to the doctor an ordinary event.
 - Starting at age two, healthy children should have an annual exam, including vision and hearing screening. Dental care should start at about two to three years of age.
 - Children who have been maltreated may need more frequent medical care, and children who have been sexually abused should be screened for sexually transmitted diseases.

- Adolescents who are sexually active should be counseled regarding risks related to sexual activity, and should be screened for sexually transmitted diseases. When young women turn 18, they should establish a habit of annual Pap smears and internal exams.
- Understanding medications: Parents should explain the difference between prescription medication (which the doctor orders) and non-prescription (which can be bought off the shelf). Show children who read where directions are printed on the label or box, and help them figure out the words and meaning, emphasizing the importance of following directions. Teach children how to be responsible in taking medication. Children who can read and/or tell time can participate in planning a schedule for taking medication, for example, by making a clock that tells the time medication should be taken.
- Nutrition: One of the best ways to teach children about good eating habits is to involve them in the whole process, from planning menus to shopping to preparing foods. Just how much children can do will depend on their age and abilities, of course, but school age children especially enjoy being given responsibility.
 - Let school-age children make shopping lists, find just the right kind of apple in the store, and help put groceries away at home.
 - Explain the food pyramid to children (fats and sweets in small quantities; fruits, vegetables, breads and cereals in larger amounts).
 - Older children can learn to prepare foods, beginning with tasks as simple as washing lettuce. They can progress to making sandwiches, preparing cold breakfasts, and eventually dinner and hot meals. You can teach children by asking them to plan a menu which is low-fat, includes fruits and vegetables, and tastes good!
- Fitness: Physical fitness comes from having the right amount and kind of exercise. Physical exercise helps children discharge excess energy and feel more relaxed. Organized sports serve this purpose well, and can also provide social opportunities. Not all children do well in organized sports, however, so family fitness activities, such as walks or bike riding, are equally valuable physically while building family togetherness. Children should have opportunities for physical exercise every day.

Dental Health

Good dental health is important to good overall health. Oral health problems can lead to chronic pain, infections, poor nutrition, speech difficulties, and poor self esteem. Many children come into foster care with serious dental problems. Many more have never learned good dental habits. Teaching children how to take care of their teeth and obtaining treatment to prevent tooth decay are two ways that foster, adoptive and kinship parents can affect children's health and well being for a lifetime.

- Start dental care early for healthy baby teeth: Dental care should begin as soon as a baby is born. Before teeth appear, baby's gums should be washed with a wet washcloth after every meal and before bedtime. When teeth appear, begin brushing them with a soft-bristled infant toothbrush and water. Unless a dentist advises it, do not begin using fluoridated toothpaste until age 2. Bedtime bottles can leave infants with a mouth full of cavities. Milk and juice pool around teeth encouraging bacteria which leads to tooth decay. Many babies who come into foster care are used to being put to bed with a bottle. If baby has been used to having a bottle to calm down, offer a bottle of water instead. Try to comfort babies with blankets or stuffed animals instead of a bottle. Babies should be completely weaned from the bottle and drinking from a cup by their first birthday.
- Help children and teens learn good dental habits: Dentists recommend that children should learn to brush their teeth twice a day, after breakfast and before going to bed. Parents need to assist with brushing until children are old enough to brush and floss on their own—usually between 6 and 8. Young children should brush with a soft child's brush and a pea-sized amount of fluoridated toothpaste. They should learn to spit out the toothpaste because swallowing toothpaste can lead to disfigured teeth. Children under the age of four should be taught to brush their teeth with a small, circular motion because they don't have the dexterity to use adult brushing techniques. Any areas where teeth are touching should be flossed. Parents will need to floss teeth until children are old enough to do it on their own, usually at about 10 years of age or older.
- Help children learn to care for their teeth: Children who come into foster care may never have been taught to brush or they may not want to let someone else brush or floss their teeth, especially if they have been abused. Make tooth care fun activity that feels safe:
 - Allow the child to try to brush his own teeth first, then offer help.
 - Sing a song about brushing or brush the teeth of your child's stuffed animal.
 - Let your child choose a fun toothbrush.
 - Have your child brush the teeth of their favorite doll before you brush theirs.
 - Make brushing teeth a group activity that children will want to be part of.
- Good dental care also includes regular checkups: Children should also have a dental exams by their first birthday and then have dental exams every six months.

- **Make sure children have fluoride:** Fluoride is one of the most important ways of preventing tooth decay. Fluoride reduces cavities by up to 50% by making tooth enamel strong and resistant to tooth decay. If children in your home drink bottled water, it may not contain fluoride. The first step in determining if children need fluoride treatment is to contact your town officials and find out if your town has fluoridated water. If your water is not fluoridated or your family drinks bottled water without fluoride, ask your dentist or pediatrician to prescribe fluoride in the form of a gel, mouthrinse, or tablet. Infants can be treated with fluoride drops. Children may be able to participate in fluoride mouthwash programs through their school.
- **Ask for dental sealants for children when molars appear:** Dental sealants are one of the most effective, yet least well known way to prevent cavities. Sealants are thin, plastic coatings painted on the chewing surfaces of back teeth where the majority of cavities occur. They are painless to apply. Children should get sealants on their permanent molars as soon as teeth come in, before tooth decay has a chance to attack. The first permanent molars come in between the ages of 5 and 7. The second permanent molars come in when a child is between 11 and 14 years old.
- **Encourage good nutrition:** Children who come into foster care may be used to junk food and non-nutritious snacks. Sugary snacks, especially ones that are gooey or chewy and stick to the surface of teeth, cause tooth decay. Acids form in the mouth every time a sugary snack is eaten and continue to affect the teeth for at least 20 minutes, so the more often children eat sugary snacks during the day, the more often they will create an environment for tooth decay to develop. Parents can encourage children to choose sugary snacks less often and avoid sweets between meals by offering snacks from the following categories: fresh fruits and raw vegetables, unsweetened fruit and vegetable juices, bread, crackers, unsweetened cereals, unbuttered popcorn, and pretzels, low or non-fat milk, yogurt, cheeses and cottage cheese, and nuts and seeds.

Mental Health

Children need to be able to name and describe their feelings, moods, and thoughts. They need opportunities to process loss, grief, and traumatic experiences. As you help children build an awareness of mental health, it is important to convey reassurance and acceptance in a nonjudgmental way.

- Reflect what you see to children in ways they can understand, giving them the words they need—*I hear you stomp your feet, and I see you holding your hands in fists. It looks like you are angry.* Some children may have little experience in expressing and managing their feelings in ways that are not hurtful to themselves or others, or may have feelings that are more powerful than you and they together can handle. When you

see this is the case, you can explain to the child that just as there are some things that are too big for one person to lift by herself, some feelings are too big to be handled alone.

- Tell children that they can get help in dealing with scary or disturbing feelings, and they can learn to cope with these feelings, or thoughts, in ways that avoid harm to themselves and to others.
- Consult with your worker and the rest of the team to arrange appropriate psychotherapy services for the child, if his or her symptoms suggest the need for intervention.
- Become aware of symptoms that should alert you to the need for outside help, by reading books, accessing other resources from reliable organizations, and discussing your observations with professionals who know the child. Common mental health issues that affect in children include:
 - stress management: learning to calm down, soothe oneself, and participate in enjoyable activities on a regular basis.
 - anger management: becoming aware of emotions and able to modulate them; using positive self-talk, conflict resolution skills, and social skills.
 - preventing self-harm and suicide: warning signs include loss of interest in activities or friends; persistent sad or depressed mood; artwork, poetry, or talk about death and dying. If a child threatens suicide, has a plan for suicide, or has the means to kill himself or herself, get help immediately.
 - eating disorders: a pattern of bingeing on food and then throwing up; or refusing to eat and persisting in an inaccurate self-perception of being too fat and needing to lose weight.
 - behavior disorders: oppositional defiant disorder (a child who will not listen or obey) and conduct disorder (more serious, intentional harm to people or property).
 - developmental disorders: when the child diverges markedly from other children his or her age in terms of developmental milestones, interactions, and skills.
 - ADHD: marked by persistent difficulty paying attention, and sometimes including hyperactivity.
 - learning disabilities: in reading, math, or overall academic performance.
 - mood disorders: including episodes of depression and mania that significantly interfere with the child's ability to function at school or at home.

Hygiene

Children may need help learning to care for their appearance and cleanliness. They may not have learned how to assess how they look, or whether they have any body odors or bad breath. Some children may not have learned to bathe or brush their teeth.

- Help children become aware of the need to clean and care for their bodies by explaining to them in private that most people feel better when they feel clean, that most people like to be with people who do not have unpleasant odors about them.
- Let children participate in building their own routines for bathing and dental care. You can allow older children choices about baths or showers. Make good hygiene attractive, and build the child's own interest in hygiene by taking her to the local shop and allow her to pick out her own shampoo, bubble bath, or toothbrush.
- Look for clean and well-dressed people that children admire and point out specifics of appearance: *See how clean and shiny her hair is.* Or *see how spiffy that new shirt is.* Children can feel more responsible for their own hygiene when they build their routines and are given some leeway in deciding about hair styles, clothing, and accessories.
- Puberty raises additional hygiene issues. Since girls are reaching puberty at younger ages, they will need to be prepared for menstruation. Both boys and girls will need to be prepared for changes in their bodies.
 - Girls: One of the first signs of puberty in girls is the development of breast buds. This happens, on average, at about age 10, and is often followed the next year by menstruation. However, puberty can occur as early as 8 and as late as 16 (although if you see no signs of puberty by the time a child is 13, bring this to the pediatrician's attention). Most girls will need to try out different sanitary pads and panty liners, or tampons, before they find one that is most comfortable and helps them feel well protected.
 - Boys: Boys will also see many physical changes, and may become embarrassed especially by wet dreams and involuntary erections. They may fear that a wet dream means they have urinated. You need to explain that this is not true and tell the child they have experienced an ejaculation. Note that an ejaculation is not urine—it is semen. Explain that ejaculation is normal, and boys often do this when they are sleeping. Note that “wet dreams” may occur along with sexual dreams, but that this is not always true.

Thinking About Media

Television, film, music, video games and the Internet are forms of media which can entertain, enrich, and educate. Through these media, as well as through written or other forms of communication, children can learn about the world, see the wonders of human imagination and invention, and be amused or deeply moved by stories, as well as by the way the stories are told.

All forms of media use special techniques to get and keep our attention. These techniques usually involve some kind of excitement, through pictures, actions, words or music. Sometimes these techniques are so subtle, that we do not realize we have been drawn in. This is especially true for children, who may not be aware of how their attention is being captivated, and how their responses are being manipulated.

When media present violence, sexuality, or substance abuse, either as the subject of a film or song, or as a way of getting attention, children's understanding of the world, of relationships and of acceptable behavior can be affected. American children watch an average of 28 hours of television each week. They spend seven hours a week playing video games or on the Internet.

Effects of Media on Children

Children exposed to these influences often do not know how to judge what is true and what is not. Children who have experienced maltreatment may be even less aware of the distorted ways in which violence, sexuality, and substance abuse are presented. For example, when children see an action hero getting up and walking after having been shot, children may believe that guns cause only minimal harm or do not really hurt. They may believe that because the characters they see on television drink alcohol, that drinking alcohol is necessary for having fun.

- **Violence:** Many parents, and professionals who care for children, agree that media violence can increase aggressive attitudes, beliefs, values and behavior. For example, viewing violence can:
 - Lead children to believe that violence is an acceptable way to settle conflicts.
 - Cause children to be less aware of violence, and less able to judge what is or is not violent.
 - Lead children to believe that the world is a violent place, where they should trust no one, and be prepared to defend themselves.

These are precisely the kinds of lessons that foster and adoptive parents are trying to undo for children who have been mistreated and abused, who have witnessed domestic violence, or been victims of violence themselves.

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- **Sexuality:** The number of references to sexual activity on television often escapes our notice. In advertisements, daytime soap operas and talk shows, and evening sitcoms, sexual references are pervasive. If soap operas and talk shows were presumed to display ordinary behavior, you would have to conclude that most people have many sexual partners, often cheat on these partners, and that sexual activity is funny business for teens and adults as well. Like references to violence which minimize its effects, sexual references on television and in films, glamorize sexual activity and minimize risks of harm.
- **Special Concerns for Teenagers:** As children approach adolescence, they become more interested in popular music. Fourteen to sixteen year olds listen to music for an average of 40 hours a week, and watch two hours of music videos a day. Although popular music often contains explicit references to sexual behavior, violence (especially against women), and alcohol or drug use, children often do not really know or understand the lyrics they hear. They tend to interpret songs as being about love, friendship, and struggles of adolescence, which minimize the real meaning of the words. Music videos, however, often make the lyrics explicit, and provide a visual memory that can be recalled when children listen to the song and hear the words. These videos often include graphic depictions of men degrading women, tobacco, alcohol and drug use, and violent behavior.

What Can Parents Do?

Although it is difficult for parents to monitor all the music, television and other influences that children are exposed to, they can take some important steps to help children become smart about media.

- Be aware of what children watch and listen to in the media, and let children know that you take an interest.
- Make sure your values are clear, and when media present values that conflict with yours, let children know by engaging in conversations with them.
- Be sure that televisions and computers are in an open, family area, where you can monitor how children are using them.
- Be aware of the ratings of movies, television shows, video games and music. These ratings are usually clearly posted so that children can also be made aware of the categories they are allowed to use.
- Limit television watching, both in the amount of time, the time of day, and the subject matter.
- Watch television with children, and talk about what is portrayed.
- Learn what music children are listening to, and when you become aware of offensive lyrics, talk to children about the values expressed, and how they differ from the values of your family.

The Internet

Many schools and homes are going online with Internet connections. The Internet can be a rich resource for education, help with homework, researching areas of interest, and connecting with others who have similar interests. Children can learn to be smart about the Internet, and use it to great advantage. However, you will need to provide some guidance. Help children understand that they should:

- Never give out personal information.
- Never share family passwords.
- Never arrange face-to-face meetings with someone met online.
- Never respond to messages that make them feel confused or uncomfortable (and they should tell you right away).
- Never send threats or abusive language over the Internet or through e-mail.

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Learning about Money

To live an independent adult life, children need to learn about money: how it is acquired; how to judge the value of something relative to its cost; how to budget and save; and how to determine a fair salary for work. There are many ways parents can help children learn about money.

Earning

Most children can begin to understand the notion of earning something by the time they enter school. Parents should keep these lessons simple, but fun. For example, parents can identify a reward for simple chores, or for improvements in behavior or school. Using bright stickers and a chart, children can keep a record of their earnings. Note that children should not have to earn all their rewards, but this notion can help children understand the relationship between effort and benefit.

- **Allowances:** As children grow older, they will often need pocket money for lunch, transportation, and supplies. This provides a good opportunity for parents to help children figure out what they need. Parents and children together can list how much is needed for each expense, and use that to set the allowance. The list can also be a reference if children run out of money before the next allowance is due. Allowances can be connected with other skills, such as hygiene, by helping children build into their budget costs of their favorite personal care items.
- **Jobs at home:** Allowances can be tied to specific chores children are assigned within the family. Parents and children can discuss whether one job is worth a higher rate of pay than another, and consider how to determine when a job is complete. This approach can help reduce fears children might have about finding a job and working when they are grown. Another way to promote interest in work and earning is to give children the task of finding jobs they could do and making a proposal. In this way you promote their own interests and initiative.
- **Outside jobs:** Teenagers are often able to take jobs outside of the home. Neighbors and friends may provide work opportunities, such as mowing grass, doing errands, clearing snow. This provides an opportunity for parents to talk about how to figure out how much work is involved, how long it will take, what the going rate is, and even learning about asking for raises. To prepare children for working outside the home, parents can teach by using role plays, where they and the children act out pretend situations. For example, children can try out ways to approach someone who has not paid them what was agreed, or where the job turns out to be bigger than expected.

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- Shopping: With some planning, children can help with shopping, and you can use this to teach them about the steps involved: preparing a list, determining a budget, checking prices at the store. Children can be given the assignment of looking for the bargains or keeping track of the coupons, and become specialists in finding savings like BOGOF (buy one, get one free).

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Solving Problems

Children who have experienced maltreatment and neglect may not have seen adults working to solve problems; or they may have seen violence used as a way to solve problems. Foster and adoptive parents have the opportunity to teach children that everyone has some problems sometime, most problems can be solved, and all problems can be dealt with one way or another. In this way, children can grow up learning how to deal with setbacks and disappointments.

Where do Problems Come From?

You can help children learn how problems happen by labeling the causes: *someone forgot, someone made a mistake, people have different ideas, people need different things, there is not enough for everyone.* Confusion and disagreement happen even when people care a lot about each other and try hard to get along.

Family Commitment

Tell children that your family has a commitment to solving problems without violence or threats of violence (including name calling). Many families find it helpful to acknowledge that problems will arise by agreeing ahead of time how problems will be handled.

Family Meetings

Families who make a practice of setting regular times to sit and talk with each other can develop safe ways of resolving conflict as a natural matter in family life. These are times when you can talk about rules and make changes as children grow older, and as children develop better coping skills.

To be most effective, family meetings should happen when the whole family can be together. During the week, post a piece of paper (on the refrigerator door, for example) where family members can write down things they would like to discuss. Everyone can take turns being the chairperson, which even six or seven year olds can do with some help. Take turns keeping minutes of the meeting.

Establish rules of fair fighting, and ways in which family members can let off steam without hurting themselves or anyone else. Planned meetings to resolve conflicts can help, and some useful rules are:

- Anyone who is angry needs to take a time-out before trying to resolve the conflict. And those who are in conflict should take a time-out during the meeting if they feel themselves getting heated.
- There will be no name calling, threats, or gestures of threat or dismissal (like rolling the eyes or making faces).

- Each person will listen to the others without interrupting. But each person must speak only about himself or herself, including feelings, thoughts, and actions (this takes practice).
- Children who have difficulty managing their anger, or who are frightened by evidence of anger, may need particular help in planning what to do before difficulties arise, so they have a way of coping when they are distressed. Some children may need therapy to help them develop more effective coping skills, such as learning to use their words to express themselves.
- Family meetings should also be times when you can plan vacations or special outings, or give a round of applause to recognize achievement (for adults as well as for children).

Fixing Things That Are Broken

Another way children can learn about solving problems, and develop some useful skills at the same time, is by learning to fix things that are broken. If you are handy at fixing things, or you would like to learn to be, invite your child into a partnership with you. You and your child can go to the library and find some easy to read and use fix-it-yourself books. Some simple tasks include:

- Sewing on buttons.
- Tightening loose screws on cabinet hinges.
- Oiling squeaky doors.

Having Friends

Learning how to make and keep friends is another skill that will serve children well through their lifetimes. Friendships provide lifetime connections, as well as ways of learning more about solving problems, negotiating, teamwork, and, occasionally, dealing with loss and rejection. There are a number of ways you can help children learn about friends.

Modeling

Demonstrate the importance of friendships by talking about your own friends, visiting with them, and telling children the stories of how you met your friends. Children often love to hear stories about the lives adults lived as children, and these stories can encourage discussion about what friendship means. You can talk about times you and your friends had disagreements, how you made up, and how you keep in touch. Frequent conversations about friends provide opportunities to discuss what friendships mean, what makes a good friend, what it means to be loyal or to be a member of the in group, or to feel like an outsider.

Opportunities

By involving children in community activities and groups, parents give children opportunities to meet and have fun with other children, as well as to find common interests. Such groups might be: reading groups at libraries, sport teams, community centers with special activities for children, as well as neighbors.

Explaining Where I Come From

Children in foster care may hesitate to form friendships because they feel ashamed or uncertain about how to explain what it means to be a foster child or to be adopted. You can provide support and encouragement by helping children work out their own stories, which they feel comfortable telling friends. Children may experience inner conflict about explaining why they are not with their own parents, and they need not feel they have to tell everyone the whole story.

Knowing Children's Friends

It is always important for you to know your children's friends, for parents to know their children's friends, and for all of you to know the parents of these friends. Other families provide opportunities for social interactions that include all ages and generations.

Building Communication Skills

Children who have been maltreated may have limited experience expressing themselves. You can provide guidance, tolerance, and patience in coaching them to learn some basic communication skills.

Conversations

Encourage children to have conversations by asking them open-ended questions, or asking them to tell you more about what they say. Children may say things that shock or distress you, and you will need to avoid intense reactions and build ways to talk to the child alone about what is accepted in social conversations. You can encourage the child to talk to you alone about anything that is on the child's mind, whatever he or she wants to discuss.

Using Pretend Role Plays

To help children become comfortable in social situations, you and the child can create pretend situations as role plays to practice what to do:

- How the child can tell his own story to a friend.
- How to respond to an emergency, for example, using 911.
- What to do if approached by a stranger in the street.
- How to express feelings in ways that build self-confidence and do not alienate friends or family members
- How to interview for a job.
- How to return an item to a store.

Most people feel more comfortable trying something new if they have had the chance to practice, and role plays provide that practice.

Different Forms of Expression

Some children may not have learned how to use words to express themselves, and will need a lot of practice building their talking skills. In the meantime, children can use other forms of expression, such as:

- Drawing pictures, and perhaps telling a story that goes with the picture.
- Imitating the movements of an animal that best expresses a feeling.

Telling Stories

In addition to reading, children like to hear stories about themselves and stories about other people in the family. Using children's Lifebooks, you can encourage them to tell their own stories. You can model telling stories by

using dinner table conversations to tell about the day, and to help children put the events of a day into sequence.

Manners

As children interact in the wider world and prepare for adulthood, politeness will help them in many arenas. You can model saying please, thank you, and may I. Teach children to do the same, and praise children for being helpful (even if they have to be asked).

Learning to Plan

It is not unusual to feel as if it is difficult to keep track of time, commitments, appointments, and other aspects of life, great and small. Yet, learning to plan ahead and remember is an essential life skill. Children in care may need extra help in developing a sense of time or learning about different seasons or days of the week. Special events, such as birthdays, may have been overlooked, and important medical appointments forgotten. There are several tools and techniques you can use to help children learn to plan for themselves.

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- **Calendars:** For many families, a large calendar (with lots of space for each date) kept in the kitchen serves as a reminder and helps in planning. You can show children how this works when you write down appointments, and children who can write can record their own appointments. Using different colored pens, children can record birthdays, achievements, and special events.
- **Count-Downs:** Starting a week or two before a birthday or special event (such as a visit with a birth parent), write on the calendar the number of days to go. Children can create a special ritual of crossing off the number each day, and announcing *five more days until my birthday*.
- **Piggy-Banks and other saving and counting tools:** You can teach planning and arithmetic at the same time by asking children how many dimes are in a dollar, and how soon they would have a dollar if they put a dime in the bank once a week. If they want to buy something that costs five dollars, you can help them plan to save.
- **Meals:** When you are teaching children how to plan and cook a meal, one lesson can be about how long it takes something to cook. If a casserole takes 45 minutes to cook, and noodles take 15 minutes to cook, you and your child can plan when to start cooking each item, so they will both be ready at the same time.
- **Thinking:** An important part of planning is learning how things happen in a sequence. For example, you and your child can work out steps of a bedtime routine, starting with clean up, through brushing teeth, to story, to kiss good night. Children can make a reminder board with pictures and words, showing which order steps go in.
- **Daily Routines:** The same skills can be used for many daily routines. Young children will depend on adults to organize their day, but older children can participate in planning a daily routine, such as:
 - Mealtimes and mealtime routines: tasks such as setting and clearing the table, preparing parts of the meal, cleaning up.

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- Getting ready for school: specifying when to prepare school clothes, lunches (eg., the night before or in the morning), time to wake up, wash and get dressed, have breakfast and go.
 - Play and family time: this is often just as important to plan as homework or chores.

Loving to Learn

A love of learning can serve children and adults well throughout their lives. Formal schooling, even when challenging, can be rewarding when achievements in learning are celebrated—such as improvement in a grade (as opposed to celebrating only excellent grades), or completion of a science or history project (celebrated apart from the grade it may earn). Great achievements in learning can occur apart from formal schooling. For example, learning to watch for changes in clouds, temperature, or wind provides an understanding of weather and the environment. Hobbies can grow from simple pastimes to areas of expertise and may even earn financial rewards.

Pleasure in learning arises from the exercise of curiosity—wondering about something and then seeking more information. This process leads to understanding, which also results from using intellectual skills of comparison, questioning, and synthesis (bringing ideas together).

Children who have experienced neglect and maltreatment may have been discouraged from expressing curiosity or asking questions. Curiosity may have been labeled snoopy, and asking questions may have resulted in punishment. As a result children learn not to be curious, and their interest in learning is blunted. Foster and adoptive parents can promote interest and enjoyment in learning in several ways:

Reading

Any time is a good time to begin reading. Even infants enjoy having stories read to them. Starting early establishes interest in books, and the habit of family reading times. Many parents can recall their pre-schooler reciting a Dr. Seuss classic, having memorized all the silly rhymes. When this happens, parents can turn some of the reading over to the child.

As children grow older, parents can pause while they read and ask children what they think about what is happening, thus using stories as another way of having conversations.

Many community libraries schedule reading times for toddlers and pre-schoolers. Attending these promotes an interest in books, and also provides opportunities for social interactions with other children who are also interested in reading. Libraries often hold readings for adults as well, with local or nationally known authors reading from their own works. Your interest in these events will reinforce children's interests.

School and Homework

Your involvement in school is critically important for your child, as well as for your community. Children whose parents participate in school-parent activities are less likely to get into trouble in school (either academically or socially). You will also be able to anticipate problems better, and to advocate for your children who need special services.

- You can avoid conflict over when and how homework gets done by working out with your child the two important elements in homework planning: time and place.
 - Time: Children usually need some activity time after school to relax or let off steam; so homework time might be better scheduled for a period before or just after dinner. Some children can complete homework in one sitting, but for other children long periods of concentration are difficult. For these children two short sessions might work better, perhaps each focusing on different tasks.
 - Place: Like adults, children usually need a quiet area, free of visual or noise distractions, in order to concentrate on homework. Televisions should be turned off, and if music is played, it should be quiet and soothing. Children should have a firm surface for writing on, as well as space for books. Pencils, pens, paper, scissors, and glue all should be kept in one place. It may help to think of a homework supplies box, which can be packed up and stored when not in use. This is another task that children can help plan, since their homework supply needs will change as they grow older.
 - Young children, or children who have difficulty staying focused on the task, may benefit from doing homework in the family dining area, where you can be aware of them, and available to help.
 - Your interest in your children's homework will support their learning and will alert you to areas they may find difficult. There are a number of ways to help, such as periodically during the homework time, or when homework is completed to check it over with the child. Avoid doing homework for your child.

Observation

During family walks or outings, you can stop often to look at plants, trees, birds or animals. Even if you are not an expert naturalist, you and your child can wonder together about what the plants are called, or what the birds are doing. During drives or walks to school or to complete errands, you can point out both ordinary and unusual sights, and ask: *What do you think that is? or Where do you think that woman is going?* These questions encourage imagination and curiosity, and as promoting interest in the environment. Variations of games like I Spy can build observation skills, and get children to look around them and really see their world.

Hobbies

Not all children (and not all adults) like or excel at traditional school work. So it is important to find activities that children enjoy and can feel confident about. These hobbies may be traditional or non traditional. Social groups like Boy Scouts and Girls Scouts often expose children to interests that can turn into hobbies

ACR	Administrative Case Review
ADA	Americans with Disabilities Act
AFCARS	Automated Foster Care and Adoption Report System
AFDC	Aid to Families with Dependent Children
APT	Agency Placement Team
ANCRA	Abused and Neglected Child Reporting Act
AT	Action Transmittal
CAN	Child Abuse and Neglect
CANS	Child and Adolescent Needs and Strengths
CANTS	Child Abuse and Neglect Tracking System
CAPU	Case Assignment Placement Unit
CASA	Court <i>Appointed</i> Special Advocate
CAYIT	Child And Youth Investment Team
CCBYS	Comprehensive Community Based Youth Services
CERAP	Child Endangerment Risk Assessment Protocol
CHP	Community Health and Prevention
CMS	Department of Central Management Services
COA	Council on Accreditation of Service for Families and Children, Inc.
CPS	Child Protection Specialist
CWAC	Child Welfare Advisory Committee
CUS	Court Under Supervision
CWS	Child Welfare Systems
CYCIS	Child and Youth-Centered Information System
DASA	Department of Alcoholism and Substance Abuse
DCFS	Department of Children and Family Services
DCP	Division of Child Protection
DET	Detention Facility/Jail (county jails, county juvenile detention facilities)
DFI	Donated Funds Initiative
DJJ	Department of Juvenile Justice
DMHDD	Department of Mental Health and Developmental Disabilities
DOC	Department of Corrections
DPA	Department of Public Aid
DPH	Department of Public Health
DYCS	Division of Youth and Community Services
DR	Differential Response

EPSDT	Early Periodic Screening, Diagnosis and Treatment
ERC	Emergency Reception Center – Cook County Specific
FDS	Family Development Specialist
FFP	Federal Financial Participation
FFR	Final Finding Report
FHA	Foster Home Adoptive
FHB	Foster Home Boarding – DCFS (see Administrative Procedure 5 (AP5) for complete list of placement codes used on the 906 form)
FHI	Foster Home Indian – Licensed specified or approved by an Indian child’s tribe
FHP	Foster Home Boarding – Private Agency
FHS	Foster Home Specialized
GAL	Guardian Ad Litem
GRH	Group Home
GYSI	Governor’s Youth Services Initiative
HAP	Home Adoptive Parents – This code is used to report the final living arrangement after adoption is completed. When using this code, do not make an entry for name and address.
HMP	Home of Parent – Used also for Adoption Assistance cases.
HMR	Home of Relative (Foster Care)
IA	Integrated Assessment
IEP	Individualized Education Plan
IGH	Institutions and Group Homes
ILO	Independent Living Only
IOR	Initial Oral Report
ISBE	Illinois State Board of Education
ITS	Intensive Treatment Services
LAN	Child and Adolescent Local Area Network
MARS	Management Accounting and Reporting System
MRAI	Minors Requiring Authoritative Intervention
OCD	Office of Child Development
OIG	Office of Inspector General
OLS	Office of Latino Services
PAL	Preparing for Adult Living Program
PC	Protective Custody
POS	Purchase of Service

Department of Children and Family Services

Summary of Acronyms

PRI	Preliminary Report of the Investigation
PRT	Placement Review Team
RFP	Request for Proposal
SACWIS	Statewide Automated Child Welfare Information System
SACY	Sexually Aggressive Children and Youth
SASS	Screening, Assessment and Support Systems
SCH	Shelter Care Hearing
SCR	State Central Register
SEI	Substance Exposed Infant
SOR	Subsequent Oral Report
SSI	Supplemental Security Income
SSP	Special Service Fee
SWEP	Social Work Education Program
TANF	Temporary Assistance for Needy Families
TCM	Targeted Case Management
UDIS	Unified Delinquency Intervention Services
UIR	Unusual Incident Report

Annotated Bibliography

Introduction

Although PRIDE training is a comprehensive program, foster parents and adoptive parents may find they have questions which come up after training is completed. In order to give parents a starting place in finding the answers to these questions, the authors have compiled a list of resources, which includes books, organizations and websites. Some of these resources may provide exactly the answer parents seek. Others provide a clear starting place for a search. Each listing contains all the information parents need to order or reach the resource. For example, books are listed by author, price, publisher and/or ordering information, ISBN number. Organizations are listed by address, phone and fax numbers, as well as e-mail and web addresses. We have listed only books and organizations which are current—some excellent resources are not currently in print, and these have been omitted. Each listing contains a brief summary of the information provided in the resource as well as its quality and usefulness.

Categories are:

- General Resources** – page 420
- Well-Being** – page 421
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- Child Abuse and Neglect** – page 426
- Family Foster Care** – page 428
- Parenting and Family Life** – page 432
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General Resources

Child Welfare League of America

2345 Crystal Drive, Suite 250
Arlington, VA 22202
Phone: 703-412-2400
Fax: 703-412-2401
Web: www.cwla.org

CWLA provides comprehensive services, training programs, standards of care, publications for parents and professionals, as well as the center of a national network of organizations for and of foster parents and adoptive parents, public and private agencies, and those concerned for the well being of children.

National Resource Center for Youth

National Resource Center for Youth Services
University of Oklahoma
Schusterman Center
4502 East 41st Street, Building 4 West
Tulsa, OK 74135-2512
Ph: 918-660-3700
Web: www.nrcys.ou.edu

Although this organization focuses on teens, especially teens and young adults moving toward independent living, it makes available a great range of information covering many areas. The website contains articles and information on such issues as prevention, independent living. The website also contains an extensive set of links on many, many topics of interest.

American Academy of Pediatrics

141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1090
800-434-4000
Web: www.aap.org

The AAP website contains a wealth of information about family health and family life, and includes listings of other resources such as books and other organizations. The website also has a comprehensive, annotated listing of Internet resources for families.

Well-Being

Play Bright Guide Books

Each colorfully-illustrated guidebook focuses on a single year from birth to five and includes:

- Simple explanations of a child’s emotional, physical, social, language, and cognitive development.
- Brain and early learning research foundations for activities.
- Fun activities, songs, and games that boost learning.
- Developmental milestones and a checklist to chart a child’s progress.
- Strategies to support a child’s learning and school readiness.
- Recommendations for educational toys that encourage learning.
- Available in English and Spanish.

An excellent resource for birth parents (including teen parents), social workers, foster parents and kinship caregivers. Suitable for users with different levels of experience and education. Helpful tools to enhance visits between parents and their children in family foster care. Developed by the Children’s Home Society of Washington.

Available at www.PlayBright.org.

Adoption

Books for Children

Annotated
Bibliography

Adoption Is for Always

Linda Walvoord Girard, Illustrated by Judith Friedman

Cost: \$5.95

Albert Whitman & Company: www.awhitmanco.com; Morton Grove, IL; 800-255-7675
ISBN 0807501875

Age: 4–8

Five year old Celia knows she is adopted, but she is confused and angry. Her parents deal with her many questions in an honest and loving way, providing information about adoption that a young child can understand.

Why Was I Adopted?

Carole Livingston, Illustrated by Arthur Robins

Cost: \$9.95

Carol Publishing Group: Secaucus, NJ; 201-866-0490
ISBN 0818405880

Ages: 4–8

A classic which provides parents with a way of helping their child understand how they became part of the family.

Who Am I? And Other Questions of Adopted Kids

Charlene C. Giannetti, Illustrated by Larry Ross

Cost: \$4.95

Price Stern Sloan Publishing, a PenguinPutnam company: www.penguinputnam.com;
New York, NY; 800-788-6262
ISBN 084317529X

Ages: 9–12

This book speaks to preteens and teens seeking answers to their questions about being adopted, providing answers objectively and reassuringly, including advice and quotes from adopted teens.

Books for Adults

A Child's Journey Through Placement

Vera Fahlberg, MD

Cost: \$20.00

Perspectives Press: www.perspectivespress.com; Indianapolis, IN; 317-872-3055
ISBN 0944934110

An award winning book which examines the effects of a child's journey through foster care to adoption, with insightful examination of attachment, bonding, loss, and developmental effects of multiple moves. A book for parents and professionals.

Adopting the Hurt Child: Hope for Families with Special Needs Kids: A Guide for Parents and Professionals

Gregory C. Keck and Regina M. Kupecky

Cost: \$22.00

Piñon Press: see Snowcap Press: Longmont, CO; 877-561-5622

ISBN 1576830942

Written in clear, non-technical terms, the book explains how trauma and interruptions affect children's development, and describes ways those involved with children can guide them to healing.

Nothing Good Ever Happens to Me: An Adoption Love Story

Caroline Hassinger Lindsay

Cost: \$9.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs

ISBN 0878686010

The author tells the story of her adopted daughter and their family's journey and struggles, as they discover the meaning of commitment, family, identity and love.

Our Own: Adopting and Parenting the Older Child

Trish Maskew

Cost: \$23.95

Snowcap Press: Longmont, CO; 877-561-5622

ISBN 0966970128

Written by a foster/adoptive parent, and using interviews with other parents and adult adoptees, the book explores the challenges and rewards of older child adoption.

Raising Adopted Children: Practical Reassuring Advice for Every Adoptive Parent

Lois Ruskai Melina

Cost: \$13.00

Harper Perennial Library: www.harpercollins.com; New York, NY; 212-207-7000

ISBN 0060957174

In this newly revised edition, Melina, the mother of two adopted children, explores the latest research to guide parents through their children's development and in answering their children's questions. The book addresses current issues such as open adoption, international adoption and transracial adoption.

The Adoption Triangle: Sealed or Opened Records: How they Affect Adoptees, Birth Parents and Adoptive Parents

Arthur D. Sorosky, MD; Annette Baran, MSW; and Reuben Pannor, MSW

Cost: \$10.95

Corona Publishing: Escalon, CA

ISBN 0931722594

A comprehensive study, which includes case histories, this book explores myths and misconceptions and clarifies an often confusing subject.

Books for Adults *(continued)*

The Family of Adoption

Joyce Maguire Pavao, Deanne Urmy (editor)

Cost: \$14.00

Beacon Press: www.beacon.org; Boston, MA; 617-742-2110

ISBN 0807028010

A sensitive description of the process of adoption from the child's and parents' (birth and adoptive) points of view: grieving and loss, potentials for healing, developmental stages, and predictable challenges.

Transracial Adoption and Foster Care: Practice Issues for Professionals

Joseph Crumbley

Cost: \$18.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs

ISBN 0878687173

This book goes beyond arguments to provide guidelines on making transracial adoption and foster care placements work, so that children develop positive racial and cultural identities.

Twenty Things Adopted Kids Wish Their Adoptive Parents Knew

Sherrie Eldridge

Cost: \$11.00

Dell Books: www.randomhouse.com; New York, NY; 212-782-9000

ISBN 044050838

Common sense helpful suggestions in coping with the unique issues in an adoptee life, especially loss and relinquishment.

Organizations and Websites

American Academy of Adoption Attorneys

P.O. Box 33053

Washington, DC 20033

Phone: 202-832-2222

E-mail: trustees@adoptionattorneys.org

Web: www.adoptionattorneys.org

A national organization of attorneys specializing in adoption law, the Academy promotes reform of laws, provides information on adoption practices, and maintains a list of attorneys who are specialists in adoption law

Bastard Nation

21904 Marine View Drive South

PMB 138

Des Moines, WA 98190

Web: www.bastards.org

Adoptee rights organization, Bastard Nation (and do not be put off by the name) website and organization provide information on adoption systems, connections with other adoptees, information about political action, among other useful topics.

Child Welfare Information Gateway

Children's Bureau/ACYF
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
Phone: 800-394-3366
Fax: 703-385-3206
Web: www.childwelfare.gov

A service of the Children's Bureau, U.S. Department of Health and Human Services, the Gateway provides access to information and resources to help protect children and strengthen families. Visit often for the latest on a wide range of topics from prevention to permanence, including child welfare, child abuse and neglect, foster care and adoption.

Concerned United Birthparents, Inc.

P.O. Box 230457
Encinitas, CA 92023
Phone: 800-822-2777
Fax: 760-929-1879
Web: www.cubirthparents.org

A national organization with information for those touched by adoption, with focus on birth parents.

National Child Welfare Center for Adoption

Spaulding for Children
16250 Northland Drive, Suite 120
Southfield, MI 48075
Phone: 248-443-7080
Fax: 248-443-7099
E-mail: sfc@Spaulding.org
Web: www.nrcadoption.org

North American Council on Adoptable Children

North American Council on Adoptable Children
970 Raymond Avenue, Suite 106
St. Paul, MN 55114
Phone: 651-644-3036
E-mail: info@nacac.org
Web: www.nacac.org

NACAC is a national organization committed to meeting needs of children waiting for permanent homes, and the families who adopt them. The organization and website provide resources, information and publications. Their website has many links to other sites.

Newsletters

Adoptalk

North American Council on Adoptable Children
970 Raymond Avenue, Suite 106
St. Paul, MN 55114
Phone: 651-644-3036
E-mail: info@nacac.org
Web: www.nacac.org

A quarterly newsletter for anyone concerned with adoption, articles examine state and federal legislation, parenting issues, special needs, etc.

Child Abuse & Neglect

Sexual Abuse

Books: Adolescents and Adults

How Long Does It Hurt? A Guide to Recovering from Incest and Sexual Abuse for Teenagers, Their Friends and Their Families.

Cynthia L. Mather, K.E. Debye, J. Wood, and Eliana Gil

Cost: \$16.50

Jossey-Bass: www.jossey-bass.com; San Francisco, CA; 415-433-1740
ISBN 1555426743

A step-by-step guide speaking directly to teenagers who have been sexually abused about their experiences, and overcoming the isolation, confusion and self doubt they feel. Helps friends and family learn how to respond sensitively and helpfully.

Sexual Abuse: What is it? An Information Book for the Hearing Impaired

K.R. Hinkley and N.F. Nelson

Cost: unavailable

Hearing Impaired Health and Wellness Services
St. Paul-Ramsey Medical Center
640 Jackson Street
St. Paul, MN 55101

A good book for hearing impaired children as well as for children impaired by other disabilities.

When Your Child Has Been Molested: A Parent's Guide to Healing and Recovery

Kathryn Hagans and Joyce Case

Cost: \$16.96

Jossey-Bass: www.jossey-bass.com; San Francisco, CA; 415-433-1740
ISBN 0787940739

Information and advice for families who are putting the pieces back together, including help for parents, friends and teachers in supporting children following a disclosure of sexual abuse.

Abused Boys: The Neglected Victims of Sexual Abuse

Mic Hunter

Cost: \$11.00

Fawcett Books: www.randomhouse.com; New York, NY; 212-782-9000
ISBN 0449906299

Books: Children 4–12

The Trouble with Secrets

Karen Johnson and Linda Johnson Forssell

Cost: \$5.95

Parenting Press: www.parentingpress.com; Seattle, WA; 800-992-6657

ISBN 094399022X

An easy to read book for children explaining different types of secrets—some that are fun, but some that are hurtful.

Something Happened and I'm Scared to Tell: A Book for Young Victims of Abuse

Patricia Kehoe and Carol Deach

Cost: \$5.95

Parenting Press: www.parentingpress.com; Seattle, WA; 800-992-6657

ISBN 0943990289

With the help of a friendly lion, a young sexual abuse victim is able to talk about what has happened. The gentle and positive approach is designed to help children understand they are not to blame and to learn to talk to someone safe about what has happened to them.

When I Was Little Like You

Jane Porette, Illustrated by S. Dmitri Lipczenko

Cost: \$6.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs

ISBN 0878687947

In a conversational style, the author helps children understand what sexual abuse is and what it is not, and how to be safe.

Books: Child Abuse & Neglect

Ages 4–10

I Don't Want to Go to Justin's House Anymore

Heather Klassen, Illustrated by Beth Jepson

Cost: \$6.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs

ISBN 0878687246

How Collin and his Mom help his friend Justin whose dad is taking out his frustrations on Justin.

My Mom Had a Bad Temper

Beverly Hopkins, illustrated by Marsha Lederman

Cost: \$8.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs

ISBN 087868722X

A delicate tale, sensitively told, of a child's journey through abuse and recovery.

Family Foster Care

Books for Children

Adolescents:

The Heart Knows Something Different: Teenage Voices from the Foster Care System

Al Desetta (editor)

Cost: \$13.95

Persea Books: Available through Amazon.com

ISBN 0892552182

Children's own stories in their own words, about family, living in the system, searching for identity and thinking about the future.

Ages 5–11

The Star: A story to Help Young Children Understand Foster Care

C.M. Lovell and A.J. Przystas

Cost: \$7.95

Lovell Press: Available through Amazon.com

ISBN 0967701007

An easy to read illustrated story about a young girl in foster care. A star outside her window connects her to other foster children with similar experiences, and becomes a source of comfort.

My Foster Family: A Story for Children Entering Foster Care

Jennifer Levine

Cost: \$3.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs

ISBN 087868509X

A special coloring book that offers young children entering foster care for the first time the opportunity to explore their feelings and to adjust to the foster care system. Using a coloring book format, the book describes the logistical and emotional changes a child is likely to face.

Little Flower: A Journey of Caring

Laura McAndrews, Illustrated by Nancy Conrad

Cost: \$6.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs

ISBN 0878687149

The story of a small, potted daisy neglected by her family who finds help and a new place to stay until her family can learn to take better care of her. This award winning book includes safe and healing project ideas for to help all children understand what neglected children go through.

Books for Adults

The Things I Want Most: The Extraordinary Story of A Boy's Journey to a Family of His Own

Richard F. Minitier

Cost: \$12.95

Bantam Doubleday Dell: www.randomhouse.com; New York, NY; 212-782-9000
ISBN 0553379763

The story of a boy's first year with his foster parents (and their first year as foster parents), with first hand accounts and insight into what works and what does not.

When Do I Go Home? Intervention Strategies for Foster Parents and Helping Professionals

Sally G. Hoyle

Cost: \$6.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs
ISBN 0878687629

The first part of this book tells the story of Karli and her baby brother Jon, who have been taken from their home. Karli does not know where her mother is, and now she and her brother are being placed in separate foster homes. The second part identifies the challenges children like Karli and Jon face, and provides practical strategies for adults in meeting the needs of these children.

Transracial Adoption and Foster Care: Practice Issues for Professionals

Joseph Crumbley

Cost: \$18.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs
ISBN 0878687173

This book goes beyond arguments to provide guidelines on making transracial adoption and foster care placements work, so that children develop positive racial and cultural identities.

The Sexually Abused Child in Foster Care

Bobbie's Story: A Guide for Foster Parents

Brennan Mars

Cost: \$8.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs
ISBN 0878687017

Books for Adults *(continued)*

The Sexually Abused Child in Foster Care *(continued)*

Bobbie's Story: A Feelings Workbook

Brennan Mars

Bobbie's story provides foster parents with information about the sexual abuse of children, and children's resulting behavior and feelings, and provides guidance for working with abused children as they deal with their feelings. The companion Feelings Workbook tells the story of a young child who was sexually abuse and is now living with foster parents, and is designed to be read together by the child and foster parent, after the foster parents has received appropriate guidance and training.

The Sexualized Child in Foster Care: A Guide for Foster Parents and Other Professionals

Sally Hoyle

Cost: \$14.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs
ISBN 0878687904

This practical guide gives foster parents and other professionals working which children who have been sexually abused, information, training tips and many references for those who want to go beyond the basics. The child's needs, signs and symptoms of sexual abuse (with special attention to the child's age) are described, as are ways foster parents can take care of themselves while caring for these children.

Residential Care

The Gus Chronicles: Reflections from an Abused Kid: About Sexual & Physical Abuse, Residential Treatment, Foster Care, Family Reunification, and Much More

Charles D. Applestein

Cost: \$12.00

Albert E. Trieschman Center: Available through Amazon.com
ISBN 0945653050

A fictional story based on real life experiences. Told from the point of view of 13 year old Gus, the story helps adults see Gus' experiences from his point of view (this includes his own slang).

Independent Living

Independence: A Lifeskills Guide for Teens

Anne Brobyn and Julia Ceccerallo

Cost: \$12.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs
ISBN 087868350X

A classic guide for teenagers in pursuit of responsible independence, covering topics such as finding a place to live, banking and budgeting, health and nutrition, finding a job, to name a few.

Preparing Adolescents for Life After Foster Care:
The Central Role of Foster Parents

Edited by Anthony N. Malluccio, Robin Krieger, and Barbara A. Pine.

Cost: \$11.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs
ISBN 0878683526

This book provides comprehensive suggestions and strategies that foster parents, and others involved with teenagers in foster care, may use to guide young people to self sufficiency.

Organizations

National Foster Parent Association

7512 Stanich Lane, Suite 6

Gig Harbor, WA 98335

Phone: 800-557-5238

Fax: 253-853-4001

E-mail: info@NFPAonline.org

Web: www.nfpainc.org

A national organization providing information and organizing support for foster parents.

National Resource Center for Youth Development

University of Oklahoma

202 West 8th Street

Tulsa, OK 74119-1419

Phone: 918-585-2986

Fax: 918-591-1419

E-mail: hlock@ou.edu

Web: www.nrcys.ou.edu

A national center providing comprehensive information and resources for children approaching/planning for independent living. The website has a extensive list of links.

Websites

Foster Club: www.fosterclub.org

Foster Club: The Club just for foster kids

Varied, interactive website for foster children, includes chat rooms, "Famous Foster Kids," advice, independent living information, and much more.

Foster Club for Grown Ups: www.fosterclub.org/grownups

Stories, resources, links, news and message board for adults involved with foster children.

Parenting and Family Life

Parenting

Siblings Without Rivalry: How to Help Your Children Live Together So You Can Live Too

Adele Faber and Elaine Mazlish

Cost: \$12.00

Avon Books: www.harpercollins.com; New York, NY; 212-207-7000
ISBN 0380799006

A classic, action oriented, easy to understand book which offers solutions to sibling squabbling, and gives the way to peace and tranquility with humor, compassion and understanding.

How to Talk So Kids Will Listen and Listen So Kids Will Talk

Adele Faber and Elaine Mazlish

Cost: \$13.00

Avon Books: www.harpercollins.com; New York, NY; 212-207-7000
ISBN 0380811960

A best selling book which helps parents be more effective, and supportive of themselves. Through stories and cartoons, parents can learn how to cope with children's negative feelings, express their own anger, encourage cooperation, resolve conflicts and learn alternatives to punishment.

Common Sense Parenting, 2nd Edition

Roy Burke and Ron Herron

Cost: \$14.95

(2 cassette audiobook is also available for \$14.95) Available from Boys Town Press; 800-282-6657

An award winning book with many examples and step-by-step techniques for setting expectations and consequences, staying calm and teaching self control, helping children make decisions and solve problems, among other essential skills. Also included are strategies for dealing with the media, peer pressure and school problems.

What Every Parent Should Know

Common Sense Parenting from Boys Town Press

Cost: \$1.00 each (50 or more \$.75 each) Available from Boys Town Press; 800-282-6657

A concise, easy to read booklet which gives parents important information on dangers affecting today's youth, such as alcohol and drug abuse, depression and suicide, confusion, gang activity, and effects of divorce and separation. The booklet provides strategies for parents to prevent problems, or deal with them as they occur.

AVAILABLE IN SPANISH.

Helping Children Manage Stress

James H. Humphrey

Cost: \$12.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs
ISBN 0878686681

This award winning book clearly and carefully explains what adults can do to prevent and minimize harmful effects of stress in children. The first section reviews general causes of stress, and the second provides stress reduction techniques, and games that adults can use effectively with children.

Zimmy's Guide to All Kids Need: How All Caring Adults Can Nurture Children

Zimmy Zimberg

Cost: \$12.95

Life's Great: New York, NY; 888-88-GREAT
ISBN 1928995004

An inspiring and easy to read collection of wisdom and ways adults can help children feel loved, special and competent.

When Children are Mad not Bad: A Guide for Recognizing and Handling Children's Anger

H.A. Paul

Cost: \$5.99

Bantam Books: www.randomhouse.com; New York, NY; 212-782-9000
ISBN 0425146480

A sensible guide for parents in understanding the many forms that children use to express anger, including depression, sarcasm, tantrums and misbehavior, as well as teaching children effective ways to handle their anger.

Raising Your Spirited Child: A Guide for Parents Whose Child is More Intense, Sensitive, Perceptive, Persistent, and Energetic

Mary S. Kurcinka

Cost: \$13.00

Harper Perennial Library: www.harpercollins.com; New York, NY; 212-207-7000
ISBN 0060923288

Resisting pressure to label some children as "difficult," the author helps parents understand their child's temperament, and reframes challenging qualities in a positive way, giving readers specific tools to work with these qualities.

Solve Your Child's Sleep Problems

Richard Ferber

Cost: \$13.00

Simon & Schuster: www.viacom.com, or www.simonsays.com
ISBN 0671620991

A classic, practical, easy to understand guide to common sleep problems of children from infancy to age six. Contains a bibliography and list of helpful organizations.

Safety:

It's My Body

Lory Freeman

Cost: \$5.95

Age: Pre-school

Parenting Press: www.parentingpress.com; Seattle, WA; 800-992-6657

ISBN 0943990033

Loving Touches

Lory Freeman

Cost: \$5.95

Age: Pre-school

Parenting Press: www.parentingpress.com; Seattle, WA; 800-992-6657

ISBN 0943990203

These books illustrate for young children ways of telling the difference between “good” touch and “bad” touch, understanding safe boundaries, and ways of responding to unwanted touch.

Organization

Center for Disease Control and Prevention

The CDC’s “Protect the Ones You Love” initiative provides a website for parents and other caregivers on steps to take to prevent childhood injuries.

<http://www.cdc.gov/safekid/>

Websites

The following websites provide up to date findings and reports on food, auto and product safety:

Consumer Produce Safety Commission: www.cpsc.gov

National Highway and Transportation Safety Administration: www.nhtsa.dot.gov

Food and Drug Administration: www.fda.gov

Nutrition

The Family Nutrition Book: Everything You Need to Know About Feeding Your Children—From Birth Through Adolescence

William Sears, MD and Martha Sears RN

Cost: \$18.95

Sears Parenting Library: Available through Amazon.com

ISBN

0316777153

The authors offer a comprehensive handbook on essential nutrients, metabolism and different body types, creating balanced diets, dealing with “pickiness” and overeating, and tips on how to make healthy eating fun for the whole family.

Health

Mayo Clinic Family Health Book

David Larson, Mayo Clinic, and Robert R. Waller

Cost: \$45.00

William Morrow & Company: www.harpercollins.com; New York, NY; 212-207-7000
ISBN 0688144780

A classic guide to prevention, first aid and emergency care, disease and disorders, and good home health practices. Updated in 1996.

Your Child's Health: The Parents Guide to Symptoms, Emergencies, Common Illnesses, Behavior and School Problems

Barton D. Schmitt

Cost: \$19.95

Bantam Books: www.randomhouse.com; New York, NY; 212-782-9000
ISBN 055335339X

An easy to use, practical encyclopedia of childhood emergencies, common illness and problems from birth through adolescence, including guidance on when to call to doctor, and what can be done at home.

Organization/Program

National Center on Birth Defects and Developmental Disabilities

U.S. Department of Health and Human Services

Center for Disease Control

Learn the Signs, Act Early Program

www.cdc.gov/ncbddd/autism/actearly/-

[44K](http://www.cdc.gov/ncbddd/autism/actearly/) or Google the phrase: Act Early

1-800-CDC INFO

This public awareness program helps parents measure their child's progress in terms of milestones that monitor more than just the physical. The program provides parents with tools to gauge how their child is developing by how he or she plays, learns, speaks and acts. The intent is to help with early detection of developmental disabilities, so that children with potential problems can reach a healthier future through early intervention.

Website

Merck Manual Home Edition: Children's Health Issues: www.merck.com

A free, searchable, illustrated reference covering a range of topics in childhood health and well-being.

Family Life

KIDS FIRST! Directory

American Academy of Pediatrics

Cost: \$12.95

APA, 888-319-KIDS, priority code AAP

Rating of more than 700 videotapes and CD-ROMS, assessing content in terms of violence, sexual behavior, verbal/physical abuse, bias, condescension towards children.

The Family Video Guide: Over 300 Movies to Share With Your Children

T. and C. Catchpole

Cost: \$7.95

Available through Amazon.com

ISBN 0913589640

A comprehensive guide featuring reviews of more than 300 movies, specifically evaluating positive message content, frightening content, violence, adult themes.

Diversity

Raising the Rainbow Generation: Teaching Your Children to be Successful in a Multicultural Society

D.P. Hopson and D.S. Hopson

Cost: \$12.00

Simon & Schuster: www.viacom.com or www.simonsays.com

ISBN 0671755188

A thoughtful approach to helping children recognize racism, and learn to celebrate diversity.

Imagine

Angela Lammano, Illustrated by SD. Dmitri Bipczenko

Cost: \$6.95

Ages 4–8

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs

ISBN 0878687440

Imagine what the world would be like if everyone was exactly alike. In this story a young boy explores a world with no surprises, no new ideas, no differences.

Feathers and Fur

Audrey Penn, Illustrated by Monica Wyrick

Cost: \$8.95

Ages 4–10

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs

ISBN 0878687106

What does a cat do when confronted with 11 newly hatched ducklings? In spite of differences, Tuesday the Cat and the ducklings learn that animals who are very different can learn to be friends.

Other

Glenna's Seeds

Nancy Edwards

Cost: \$9.95

Ages 5–10

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs
ISBN 0878687882

A picture book illustrating how small acts of kindness can multiply and transform—just like the seeds of the title.

The Kissing Hand

Audrey Penn, Illustrated by Ruth E. Harper and Nancy M. Leak

Cost: \$16.95

Ages 4–10

Available through Amazon.com

Chester the raccoon is starting school for the first time, and learns to find reassurance and love during temporary separations from home.

AVAILABLE IN SPANISH

Foster PRIDE/
Adopt PRIDE
PRIDEbook

Annotated
Bibliography

Special Concerns

Alcohol, Tobacco and Drug Use

Parenting for Prevention: How to Raise a Child
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Cost: \$15.00

Hazelden Press/Johnson Institute: www.hazelden.org; Center City, MN; 800-328-9000
ISBN 0935908463

This book gives parents a positive approach for helping children avoid trouble arising from alcohol or drug use. Parents learn to teach children life skills, such as expressing feelings, making decisions, communicating effectively, and resisting peer pressure.

Keep Your Kids Tobacco-Free: Smart Strategies
for Parents of Children Ages 3 to 19

Robert Schwebel and George D. Comerci

Cost: \$14.95

Newmarket Press: Available from Amazon.com
ISBN 1557043698

Up to date information on the dangers of tobacco, with practical advice and support for parents in challenging pervasive influences encouraging children to use tobacco.

Seven Sensible Strategies for Drug-Free Kids

J. Stuart Rahrer

Cost: \$24.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs
ISBN 0878687491

An easy to use resource including questionnaires, inventories, and answer sheets to help parents recognize the signs of alcohol and drug use, with clear steps aimed at developing a plan of action to help your child.

ADHD/ADD

Books

ADHD Handbook for Families: A guide
to Communicating with Professionals

Paul L. Weingartner

Cost: \$18.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs
ISBN 0878687505

Covering a broad range of issues from developing behavior modification plans, thinking about medication, and working with professionals and systems, this book provides proven strategies and techniques for parents.

Taking Charge of ADHD

Russell A. Barkley

Cost: \$18.95

Guilford Press: www.guilford.com; New York, NY; 800-365-7006

ISBN 0898620996

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ADHD in the Young Child: Driven to Redirection

Cathy Reimers and Bruce A. Brunger

Cost: \$18.95

Specialty Press: Available from Amazon.com

ISBN 1886941327

This book contains information and practical advice in helping preschool age children with ADHD. Topics include improving social skills, communication and techniques to enhance behavior, using activity sheets, charts and a list of support services.

National Organization and Website

National Attention Deficit Disorder Association

National ADDA

1788 Second Street, Suite 200

Highland Park, IL 60035

Phone: 847-423-

ADDA Fax: 947-423-

5874

E-mail: mail@add.org

Web: www.add.org

ADDA's website is comprehensive, offering up to date information, as well as a bibliography and other resource listings.

Disabilities

The Child With Special Needs: Encouraging Intellectual
and Emotional Growth

Stanley Greenspan and Serena Weider

Cost: \$28.00

Perseus Publishing Company: www.macraesbluebook.com; Boulder, CO; 800-386-5656

ISBN 0201407264

Covering a wide range of disabilities, this comprehensive guide offers parents specific ways of helping all special needs children reach their full intellectual and emotional potential.

Disabilities *(continued)*

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Lizanne Capper

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Brenda McCreight

Cost: \$16.95

CWLA Press: ISBN 087868607X

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs

An important guide for parents or professionals, this book offers practical advice and solid information for dealing with the lifelong effects of FAS/FAE.

Gay, Lesbian, Bi-Sexual and Transgendered Youth

Organization

Parents, Families and Friends of Lesbians and Gays (PFLAG): www.pflag.org

1726 M Street, NW, Suite 400

Washington, DC 20036

Phone: 202-467-8180

Fax: 202-467-8194

E-mail: info@pflag.org

Websites

National Youth Advocacy Coalition: www.nyacyouth.org

An advocacy group for young gay, lesbian, bisexual or transgendered youth, aimed at ending discrimination, and supporting youth. The website offers a comprehensive listing of books, resources and organizations.

Youth.org: www.youth.org

Offers a comprehensive, annotated bibliography for youth, parents and friends on a wide range of issues affecting gay and lesbian teens and youth.

HIV/AIDS

The Family Information Guide

National Pediatric and Family HIV Resource Center

Cost: \$4.95

National Pediatric and Family HIV Resource Center

University of Medicine & Dentistry of New Jersey

30 Bergen Street—ADMC #4

Newark, NJ 07103

Phone: 973-972-0410; 800-362-0071

Fax: 973-972-0399

A comprehensive reader-friendly guide to understanding HIV, treatment, nutrition, psychological and social concerns.

AVAILABLE IN SPANISH

Websites

National Pediatric and Family HIV Resource Center: www.pedhivaid.org

A comprehensive website offering up to date information and news.

Elizabeth Glaser Pediatric Aids Foundation: www.pedaids.org

Containing many helpful links, as well as information for families and those caring for children who are HIV positive or have AIDS.

Learning Disabilities:

Learning How to Learn: Getting Into and Surviving

College When You Have A Learning Disability

Joyanne Cobb

Cost: \$14.95

Order through CWLA: 1-800-407-6273; E-mail: order@cwla.org; Online: www.cwla.org/pubs

ISBN 0878687769

Based on the author's experience, this guide describes how individuals with learning disabilities can take control and fulfill potential.

Loss

Helping Children Cope with Separation and Loss (rev. 1994)

Claudia Jewett Jarrett, Dan Rosenberg (editor)

Cost: \$12.95

Harvard Common Press: see Snowcap Press: Longmont, CO; 877-561-5622

ISBN 1558320512

A classic work providing valuable tools for those helping children cope with loss, moving through mourning to recovery.

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The Bipolar Child: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder

D.F. Papolos and J. Papolos

Cost: \$25.00

Broadway Books: www.randomhouse.com/broadway

ISBN 076790303161

A comprehensive reference guide for parents, including medical information, coping skills for the whole family, and detailed information about hospitalizations, medication and current treatment methods.

The Depressed Child: A Parent's Guide for Rescuing Kids

Douglas A. Riley

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Taylor Pub: Available from Amazon.com

ISBN 0878331875

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Sexuality

Changing Bodies, Changing Lives: A Book for Teenagers about Sex and Relationships

R. Bell

Cost: \$23.00

Random House: www.randomhouse.com; New York, NY; 212-782-9000

ISBN 081292990X

Using a relaxed yet authoritative tone, this book offers a comprehensive guide for teens (and their parents) describing changes experienced in puberty, with thoughtful guidance about healthy relationships, as well as discussions regarding AIDS, gangs, violence and sexual harassment. Readers will find support, as well as answers.

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(book for girls and book for boys)

L. Madaras

Cost: \$12.95

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ISBN 1557044430 (book for boys); ISBN 1557044449 (book for girls)

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Children with Reactive Attachment Disorder

Nancy L. Thomas

Cost: \$12.00

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ISBN 0970352506

A clear and practical guide for parenting hurt children back to health.

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Kathryn Bohl

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ISBN 0878686339

A practical guide book for anyone living or working with traumatized children. The book provides essential information on understanding and guiding children with PTSD, and specific strategies for dealing with the effects of trauma, and helping children.

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Unless otherwise noted, hotlines are 24 hours per day, 7 days per week

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Boys Town National Hotline

800-448-3000

A toll free 24-hour crisis line for children and parents with any problem.

Runaway Hotlines

National Runaway Switchboard

800-621-4000

www.nrscrisisline.org

For youth, parents and others concerned about children who have runaway or are thinking of running away

Child Find

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Helps parents locate children, and helps lost children who need assistance.

Child Abuse

Childhelp USA/Forrester National Child Abuse Hotline

800 4A-CHILD

Services for children and adults concerned about child abuse

Missing Children

National Center for Missing and Exploited Children

800-THE-LOST

Assistance to parents and law enforcement officials seeking help in a missing/exploited child case.

Alcohol and Drug Abuse

National Clearing House for Alcohol and Drug Information

800-729-6686

Domestic Violence

National Domestic Violence Hotline

800-799-7233

Resource Center on Domestic Violence, Child Protection and Custody

800-527-3223

Talking

Cultural Connections

Hair and Skin Care for
Children of African Descent

Jeanne M. Costa
CWLA Press



Making Cultural Connections

Hair and Skin Care for
Children of African Descent

..... Jeanne M. Costa
CWLA Press
Arlington, VA

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*This book is dedicated to my mother, Mrs. Ruth L. (Davis) Costa,
for her patience and loving care of my hair;
and to my daughter, Susan Hilary (Whyte) Saunders,
for her patience while I experimented with
different hairstyles as she was growing up.*

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ACKNOWLEDGMENTS

This book was originally published by the Massachusetts Department of Social Services (DSS) as a booklet titled "Making Cultural Connections: Hair, Skin, and Diet." The booklet, which I also authored, was created through the efforts of the Massachusetts Department of Social Services Statewide Council of People of Color, which assists DSS with issues and concerns specifically related to children of color in its care. Quite often, foster and adoptive parents, seeking advice on hair and skin care for children of African descent, would request information from DSS staff and/or Council members. At the same time, DSS staff member Bill Gilligan expressed concern regarding foster and adoptive parents of a different race than children in their care who were having difficulty caring for the children's hair and skin. Eventually, the idea of a publication as a way to address these needs was born. The booklet, distributed across the state to foster and adoptive parents and to other social service organizations, received such a tremendous positive response that I soon realized that it would be valuable to those outside Massachusetts as well.

The original text was made possible by the editorial and technical assistance of Farrell Gonsalves and Linda Butler, co-chairs of the Massachusetts Department of Social Services Statewide Council of People of Color, and other Council members and staff of DSS.

My thanks also go to Adrienne Williams of the Child Welfare League of America and Sue Brite, formerly of the Child Welfare League of America, for recognizing the importance of this book, and for their encouragement and patience. I would also like to thank Dr. Jacqueline Phillips-Farr for editing the second draft of the book. Finally, I am very grateful to Tina Morgan and Susan Whyte Saunders for their support and contributions to this project.

PREFACE

As a result of increased immigration, refugee resettlement, and family mobility, today's communities are more demographically diverse and dynamic than ever before. In fact, Census 2000 shows the United States of America to be more ethnically and racially varied than at any other time in its history. The diversity of cultures served by child welfare agencies, both public and private, challenges agencies and practitioners to understand the unique needs and expectations of all the children and families they serve, and to develop appropriate policies, programs, and services for them.

Cultural attributes are central to all of us. They define us not only as individuals but also as part of distinct communities. Clothing, religion or faith, language, and music are just a few of the many core aspects of culture that help create a person's identity. As child welfare providers and foster and adoptive parents strive to understand and respect the cultural backgrounds of the children entrusted to their care, it is important to keep in mind that ethnic, racial, spiritual, and social aspects of culture often guide the values and beliefs of children and families and influence their behavior and well-being.

This publication is written to help foster and adoptive parents, as well as child welfare and social service providers, answer some basic questions about the hair and skin care of children of African descent. Many practitioners and caregivers are unsure about how to maintain the hair and skin of children from other cultural and ethnic groups. Some practitioners or caregivers may not realize that different textures of hair require different care routines, or that some skin conditions are particular to certain skin tones or types.

Without intending to, adults in this situation can damage or neglect a child's hair or skin—and worse, they may severely harm the child's self-image. Author Jeanne M. Costa

begins this book by describing a childhood experience of hers in which the adults responsible for her during a hospital stay, unfamiliar with and insensitive to the differences between her hair texture and that of other children, humiliated her publicly. Though Ms. Costa's story is a particularly distressing one, such events, even now, are all too common for children of African descent who are placed in foster or adoptive care.

As Joseph Crumbley wrote, "How devastating to judge your own beauty by the standards of a culture that is not your own!" Culturally, hair and skin can play a major role in promoting a child's healthy self-esteem, and hair and skin are also important to how others perceive a child. Also, for children and youth who have been removed from their homes and familiar surroundings and who may have experienced other trauma, it is vital that adults in their lives support their cultural identities, as it enables them to adjust and promotes their healing.

Making assumptions and decisions about children, youth, their families, and/or their communities based solely on physical appearance can result in a variety of negative outcomes, however. Caregivers can often avoid cultural pitfalls simply by asking questions. Talking with the child or youth about his or her customs, habits, preferences, and dislikes will give the caregiver an opportunity to acknowledge, understand, and respect the child's uniqueness. This may also provide an opportunity for the caregiver to reflect on or learn about his or her own culture.

Although this book focuses specifically on two physical attributes, skin and hair, that are salient cultural characteristics because they are highly visible, we must recognize that the elements of culture go far beyond what we can perceive with our eyes. Other aspects of culture that may be less apparent but even more important to the child's cultural identity include language, cultural values and mores, and food. Caregivers should make an effort to incorporate all facets of the child's culture into the home as often and as thoroughly as possible.



There are many ways to define the beauty of children and youth. When we assume the awesome and at times life-altering responsibility of caring for children, we must not forget—indeed, we should celebrate—the fact that they each bring an array of unique cultural attributes and strengths.

—Jorge Velázquez, Jr.
Director, Cultural Competence Division, CWLA



INTRODUCTION

This book is written for adoptive or foster families who are caring for African American children or children of African or Caribbean heritage. I hope this book will assist caregivers in meeting the unique hair and skin care needs of these children and answer some of the questions that caregivers may have.

As many of us know, children who are placed in care often experience a profound sense of loss when they are separated from their parents, siblings, extended families, and communities. Children who are placed in foster homes that do not match their racial, ethnic, or cultural backgrounds may also experience a less tangible loss: they may feel cut off from their own cultures. When this happens, an integral part of the child's identity is taken away, and the child's self-esteem may suffer.

Part of my desire to write this book was definitely related to my own experience, and I hope to touch the child who may need a healing hand.

At 8 years old, with very little warning, I was diagnosed with a kidney disease and admitted to a hospital for children with long-term illnesses for almost a year. My parents explained my illness to me and told me that I needed to be hospitalized for a while. During those moments, the thought of who was going to do my hair never entered my mind. In fact, until the problem surfaced, I had never really even thought about my hair.

In the 1950s, in my culture (Cape Verdean) as well as other cultures of people of color and Caucasians, little girls always had to have very neat hair. No matter how curly or kinky your hair was, every strand had to be perfectly in place. My hair texture could be described as semi-tightly curled, a combination of my mother's straighter hair and my father's

kinkier hair. My hair was a bit of a challenge for my mother, but she managed quite well. She was the only one I knew who could braid my hair and not leave a strand out of place.

The hospital was located in a rural area of Dartmouth, Massachusetts, about four miles from my home. During my first night in this strange place, I felt very alone. Remembering the strange expressions on my parents' faces after they spoke with the doctor, I realized I was very sick indeed. I became very confused and frightened as I thought of all the possibilities. I was afraid of being separated from my family and friends for a long time, and I thought I was going to die in the hospital.

I became even lonelier when I found out that I was the only female of color in the whole hospital. I had been aware of cultural differences in the past at school, church, and in social gatherings, but in those circumstances, if I ever felt uncomfortable, I knew I could always go home to my familiar cultural surroundings. But I couldn't leave the hospital. I felt I could manage, though, because since kindergarten, I had attended an almost all-white school, and I had adjusted well within my peer group.

That first night, I also noticed that no one on the ward had hair like mine. Then it really hit home. Oh no, I thought, who was going to comb my hair? Who would take the time to do it? It took at least 20 minutes. Would anyone in the hospital know how to braid my kind of hair?

I had often been made aware that my hair was different. "Frizzy" was one name I heard. Sometimes people would comment, "Your hair isn't as nice as your mother's," or ask, "How come you have such dry hair, when other people in your family don't?" A panicky feeling swept over my body. I knew that the hospital staff would find out that my hair wasn't like theirs as soon as they began to undo my braids, and I was afraid of what they would say about my tightly curled hair. My mouth became dry and an anchor and chain seemed to wrap themselves around my body as I slid further down between the crisp, cold, white sheets.



When morning came, it occurred to me that maybe my mother would wash and braid my hair on Sunday when she visited. I gave a quiet sigh of relief and began to think other thoughts. Luck was with me to start, because my mother had washed and braided my hair very tightly the night before I was admitted to the hospital, and if need be, that braiding was usually good for a solid week. When my parents came to visit on Sunday, my mother did comb, brush, and braid my hair, and I was almost as good as new.

About two weeks after my hospital admittance, it finally happened: shampoo day. A nurse named Mrs. Hunter, a short, stocky, older woman with a bun in the back of her hair, wheeled me into the room where the children were bathed. She prepared my water and helped me into the bathtub.

Humming along as she usually did, Mrs. Hunter placed me into the huge steel tub and began to wash me as she had done on previous days. In between her humming she said, "Well, dearie, today we are washing your hair, like it or not." As she began to unbraided my hair, still humming, I could feel my small body begin to curl up with fear. I could feel her probing through my hair, and I knew what was about to happen. Today's bath was to be different than any other time in my life. It would become ingrained on my consciousness, an experience I would never forget, even now, 48 years later.

As her hands moved hesitantly through the coils in my hair, I felt her fingers exploring the thickness and the texture of my hair for the first time. "Good Lord, child, you have a mass of hair here," exclaimed Mrs. Hunter. "My word!"

When she finished unbraiding my hair, she reached over for the steel water pitcher, and my body continued to stiffen. As Mrs. Hunter began to pour water over my head, she started humming again. Since the first pitcher of water didn't wet my hair enough (or so it appeared), she continued to fill the pitcher a few more times. My hair still didn't appear wet because it didn't lie flat against my head. My hair was thick, strong, healthy, and spiraled, and it would never lie flat to the scalp. I knew this, but Mrs. Hunter didn't, so she kept pouring.



O bviously, this was the first time she had ever touched hair like mine, and it fascinated, amazed, and amused her so much that she decided to call everyone who was on duty in the vicinity—including the male janitor—into the bathroom. “Come have a look at Jeanne’s hair!” Mrs. Hunter called out. “Have you ever seen anything like this in your whole life?”

Mrs. Hunter would pour water over my head, wait for a few seconds, laugh, and then everyone would reach over and touch my hair while making unkind remarks. This demonstration went on for about three or four minutes, but to me it felt like an eternity. As I sat naked with one arm crossed over my chest, the other hand wiping the pouring water from my eyes, I was horrified, ashamed, and humiliated. The tears and the water began to blend together. Finally, an attendant named Miss Madeline (God bless her) came in, and when she saw me sitting there, looking pitiful, she reached down and pulled me up into a towel and away from that horrible experience. I cried in her arms until I fell asleep.

My story may be familiar to many young girls and women of color, but I wanted to share this experience to demonstrate how deeply a single bad experience related to his or her hair—or any cultural attribute—can affect a child’s self-esteem. Understanding the skills needed to promote children’s health and hygiene will enhance communication and good relationships with the children in your care.

PART I: HAIR CARE

Try to imagine what it might feel like to be a child in a strange setting, especially if the child looks different, with a hair texture that is different from everyone else in the home. Imagine a child who is too young to care for her hair, or is too embarrassed to ask for hair care products, such as pressing oil or pomades and/or pressing instruments such as a pressing comb or curling iron. If the caregiver is unfamiliar with these items, what does the child do in these situations?

When our hair looks unkempt, we usually do not feel as good about ourselves as we do when it is clean and healthy looking. In many cases, children coming into care have never been given proper training when it comes to grooming, especially hair care. Some children with very tightly curled hair may also have difficulty with maintenance or grooming.

When we understand and learn about these small differences, it can spare the child many embarrassing moments and it will definitely enhance his or her self-esteem. Regardless of a child's cultural, racial, or ethnic heritage and background, hair is part of his or her identity.

The Basics



Some children come from homes where religion dictates their hair length and style. As caregivers, we have to make a conscious effort to support the culture a child brings to the home, whether it's with their food, dress, hair, or choice of religion. A serious effort should be made to maintain the child's hair in its most natural state, the way the child feels most comfortable, or closest to what may be considered normal in his or her culture and/or peer group.

Children of African descent may feel uncomfortable if their hair is treated as a novelty, or if they are repeatedly and publicly asked questions about their hair, especially if their hair texture is different from everyone else's in the household. It's just common sense that children who are placed in unfamiliar settings may not want to draw attention to themselves, so questions like, "How come your hair gets *crizzly* after you wash it?" or "Why do you use that stuff on your hair?" or "How do you make your hair do that?" may offend children or make them feel alienated. This may be the perfect time to talk about the differences between cultures and how each culture brings a certain beauty to the world. This approach could make a potentially dreadful situation a pleasant learning experience for all the children in a home.

If the child requires assistance caring for his or her hair, the gentle approach is always best. The caregiver could ask the child if there is a special hairstyle that he or she prefers or show the child a hairstyle book for hair textures similar to the child's. Sharing this moment with the child will confirm to the child that the caregiver has a special interest in his or her hair maintenance.

Out of curiosity, people who are not of African descent themselves often want to touch the hair of children who are. Though not usually intended to do so, this may embarrass the child, and in certain cultures, touching or rubbing a child or adolescent's head is considered an insult. Unless you are washing or styling a child's hair, it is better not to touch the child's hair unless he or she encourages it.



Children in care often come from families where personal care is not a priority. A lack of education about personal hygiene often leads to unkempt hair, such as a child with a ponytail in a cluster of knots and tangles. At no time should a child's hair be cut because it is unmanageable. Seek the advice of a professional to help you with the child's hair.

Hair Texture of People of African Descent

Often, caregivers have difficulty managing a child's hair because they have never experienced working with different textures of hair. Becoming familiar with the proper care required for various hair textures can be both a challenge and a great experience. But without this knowledge, caregivers may inadvertently damage a child's hair or cause the child discomfort or pain (by trying to brush or comb through a mass of tight curls or tangles, for example). You can avoid this by learning about some of the basic hair care techniques for very tightly curled hair.

Hair Maintenance

Healthy Hair is Good Hair

Generations of families believed that thick hair had to be "tackled," and you somehow had to prepare yourself for the "job." At an early age, a child may have heard that "so and so has good hair" or "you have bad hair." Children tend to adopt these beliefs, particularly because of the way society has portrayed people of color, and may believe that their hair is "bad."

There is no such thing as good or bad hair. Hair is hair, and no matter what its texture, hair is "good" as long as it is healthy and well-groomed. Any child, regardless of his or her ethnicity, can have a healthy-looking head of hair, if properly maintained. Furthermore, if you take the soft approach to the hair regimen, it can be a happy event for both the child and caregiver.

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Q: Why do different people have different hair textures?

A: Hair grows from follicles, and glands produce the oil that surrounds each hair. The hair shaft is made of keratin, a fibrous protein. It has three different layers: the outside layer, called the cuticle; the layer underneath the cuticle, called the cortex; and finally the medulla, the core of the hair shaft. The hair shaft's shape is what determines if hair is curly, wavy, or straight. If a person's hair shaft is almost flat the hair will be curly, if the shaft is oval the hair will be wavy, and if it's round the hair will be straight. Some people are born with two or three types of hair. One section can be curly and other sections can be wavy or straight.

Q: What is one sure sign of unkempt hair?

A: Lint. Combing the child's hair with a smooth rubber-tipped hair pick or a smooth wide-tooth, rubber-tipped comb will help alleviate the problem. Sleeping on a satin pillowcase can also help reduce lint.



Q: What type of hair products should I buy?

A: Ask the child what he or she is used to using. If the child is too young to know what to buy, or doesn't know, take the child to a beauty school or beauty supply store.

Q: What type of shampoo should I use?

A: Be careful not to use shampoos that contain the ingredients lauryl (or laureth) sulfate. These shampoos, which strip the hair's natural oils, were not created for very curly hair. Use a shampoo that includes water, lauroamphoglycinate, cocoamphacboxyglycinate or a sulfosuccinate as ingredients. Since there are variations in the names of these ingredients, look for anything that may be similar. Make sure, however, that the ingredients do not list lauryl sulfate.

When you shampoo very tightly curled hair, use a shampoo that is pH balanced. The pH balance refers to the alkalinity or acidity of a particular product. A pH of 5 is supposedly the closest to that of normal hair and scalp. If you use a highly alkaline shampoo, the hair cuticles will open and the hair will not only



African American children (or children of African heritage) may have different degrees of curly hair. Also, very tightly curled hair may appear to be dull or dry, even if it's not. Here's why: When light hits straighter hair, it reflects off in the same general direction as it does when light refracts off a glass pane, thus giving clean and healthy straight hair a shiny appearance. When light hits very curly hair, however, it reflects off the coils from every angle. Very curly hair will also look shiny when you take proper care of it and follow a few simple rules (Bonner, 1994).

Always remember to be gentle. Under certain conditions, hair that is very curly breaks easily, and overprocessing (chemically treating the hair more than is needed) or repeated yanks with a hairbrush can lead to "short hair syndrome," hair that seems never to grow because of breakage due to improper care. If a child in your care is losing hair or has bald spots or spots with very short hair, this may be caused by hair damage. Contact a professional. Sleeping on satin pillowcases and/or wearing a satin scarf for sleeping can also help minimize hair loss. Children of African heritage do not necessarily have fragile hair; many have very strong and healthy hair. Like anyone else, sometimes they just have bad hair days. If the child's hair is properly cared for, however, the two of you will not be forced to spend so much time on this activity, leaving you more quality time to spend together—and even more important, the child will feel better about him or herself.

If the child's hair does not look healthy, and you have made every attempt to correct the problem through gentle brushing, shampooing, and conditioning, seek professional assistance from a salon or beauty shop (or for boys, a barber shop) that has experience with the child's hair texture.

Brushing

Before brushing, first make sure that the hair is detangled. Using your fingers to detangle and style can be beneficial, because the fingers can feel their way through the hair and often help avoid breakage. Use a gentle natural bristle brush to help prevent hair breakage,

and brush slowly. Because very tightly curled hair twists and turns, brushing too fast with a hard brush will pull the hair and cause excessive hair breakage. Part or separate the hair to the scalp with your fingers, and then brush from the scalp area to the ends of the hair. This method will help to distribute scalp oils and brush away loose flakes of skin.

Shampooing

It is usually best to wash the child's hair as needed. Depending on the texture of their hair, most children of African descent do not need to wash their hair every day. Tightly curled hair does not get as oily as straighter hair unless you add a pomade or a hair dressing to the hair, which can give hair a greasy appearance. Adolescent girls who have their hair pressed and curled or relaxed (see pp. 12–14) may wash their hair as little as once a week due to the cost of these processes and the time they require.

Shampooing Techniques

When you shampoo the hair of a child who has tightly curled tresses, be sure not to gather the hair in a bunch on top of the head. This may cause unnecessary tangling. After gently brushing the child's hair with a soft brush, wash the hair in four to six sections, depending on its thickness. Do not use shampoos that contain ingredients that begin with sodium lauryl (or laureth) sulfate. These shampoos were not created for children with tightly curled hair and will strip the hair of natural oils. Use a shampoo that contains water and lauroamphoglycinate, cocoamphocarboxyglycinate, or a sulfosuccinate. There are variations in the names of these ingredients, so look for anything that may be similar.

Lathering two to three times with shampoo is best, especially for thicker hair. Follow up with two one-minute rinses, using cool water for the last rinse. If the child's hair is long, apply the shampoo to the scalp area and work it down to the ends of the hair. The ends of the hair are usually more porous and drier, so they will clean more quickly. If you find that tangling is a problem, have a smaller child lie on her back on the bathroom or kitchen counter with her head in the sink and her neck cushioned by a folded towel. An older or taller

feel coarser, but also the high alkalinity may cause the hair to tangle. Very tight curly hair requires a mild shampoo. If an adolescent girl has chemically relaxed hair, use a gentle shampoo that moisturizes and adds protein. The hair may also become tangled as a result of being chemically relaxed or textured. Using a cream rinse or detangling rinse will help smooth cuticles and add body to the hair.

Q: My family swims a great deal all through the year. Is there something I can do to protect the child's hair from damage?

A: Before the swim, rub a conditioner in the child's hair and cover his or her head with a swim cap. After the swim, shampoo the child's hair with a build-up—removing shampoo. Follow this with an equalizer or moisturizing conditioner. An equalizer will return the hair to its normal pH and close the cuticle. Remember to read the labels and directions on all hair products.

Q: If I follow all of the shampooing instructions and somehow the child's hair still gets tangled, what should I do?

A: Apply a cream rinse or conditioner. This will soften the hair and allow you to separate the hair with your fingers.

child can sit at the counter with her head back in the sink or stand bending face-forward into the sink. This technique prevents the hair from tangling during the shampooing by keeping the hair straight back into the sink. Never leave a child unattended at the sink.

Conditioning

Condition the hair using the same techniques described for shampooing. For softer hair and improved manageability, leave the conditioner on a little longer (three to five minutes). Special conditioners are manufactured for different hair needs (i.e., dry hair, oily hair, hair with split ends), so choose a conditioner according to the condition of the child's hair.

Conditioners come in two forms: penetrating and instant. Penetrating conditioners are absorbed into the hair and can improve the appearance of damaged hair. They can be used before or after chemical treatments like relaxers as well as on the child's natural hair. Penetrating conditioners made from animal proteins and keratin are the most effective, because they can penetrate into the cortex of the child's hair and improve the appearance of the hair. They improve the way the hair looks and feels, bind split ends, and improve sheen (Hayden & Williams, 1990). This type of conditioner should be used once a week.

Instant conditioners, to be used at every wash, will coat the child's hair and give it body and shine. They flatten the raised cuticle, make the child's hair soft and manageable, and help protect the inner structure of the hair shaft from damage by acting as a barrier. They can contain lanolin, cholesterol, moisturizers, sulfonated oil, vegetable oil, proteins, polymers, or some combination of the above (Hayden & Williams, 1990).

Untangling the Tresses

After shampooing, it is important to keep the hair moist. To accomplish this, you must first get the tangles out by working from the ends of the hair to the scalp. It will help to use a spray bottle with a combination of water and a little conditioner as you comb each section. You probably shouldn't wet the child's hair for daily maintenance, however, because it may cause the hair to lose its natural oils.



Gently comb the hair with a wide-toothed, rubber-tipped comb or pick that is smooth and even along the edges to avoid breakage. When necessary, detangle the hair with your fingers. Be patient, because very tightly curled hair can be very fragile if brushed the wrong way.

Before Bed

At night, before the child goes to sleep, always braid or roll the child's hair, or wrap it in a scarf. This will promote hair growth and keep the hair from getting tangled. If the child's hair is braided during the day, it's not necessary to re-braid his or her hair in the evening unless you or the child has shampooed the hair, but it won't hurt to freshen up the braids before bedtime if you have the opportunity. Do not allow a child with wet hair to go to bed without rolling or braiding the hair. The hair will be a tangled mess in the morning if it's not properly set. If you have washed the child's hair in the evening, be sure to towel-dry it thoroughly, and if you braid the child's hair while it's still damp, do not braid it tightly. Hair loses its elasticity as it dries, and this may cause hair loss.

If you choose to roll the hair, do not use plastic or foam rollers. Sleeping on plastic or foam rollers can cause the hair to break, and it can be uncomfortable, too. When I was a little girl, my friends and I used pipe cleaners to curl our hair at night. Pipe cleaners make great tight curls, and they don't damage the hair and are easy to sleep on. Grip the hair and pipe cleaner and roll the hair up to the scalp in the same way you would roll a perm rod, then twist the pipe cleaner ends underneath to secure them. Growing up, we used end papers so that the hair would stay in place. This is not necessary, but it will help prevent frizzy ends.

Another way to roll the hair for bed is to use strips of paper from brown paper bags. Cut a number of 8"x3" brown paper strips. Twist each of the strips (as though you were twisting/wrapping a cloth), and then wrap the hair around the strip as you would on a roller using two thumbs and two index fingers to keep the hair in place. Again, you can use end papers to prevent frizzy ends, but you don't have to. When you're finished wrapping the hair around the strip, tie the strip into a knot. The size of the section of hair rolled in each



paper strip will determine the tightness of the curl. A large section will produce a larger, looser curl, and a small section will produce a smaller, tighter curl.

Hats

When any child wears a hat, the caregiver should be aware that certain materials will break the child's hair. Wool hats and very curly hair do not mix well. The spiral hair and the wool fibers twist and turn together, so when the child removes the hat, he or she also removes strands of hair. (This does not necessarily apply to boys who keep their hair short.) Wool collars on coats and jackets can cause the same problem, even more so if the child's collar is worn up. On the other hand, a wool hat with a satin lining (especially the inside border) is great. A satin scarf tied stylishly on a girl's head and topped with a hat also works well. Be mindful of both a child's hair texture and the fibers of the hat or scarf before you bundle up the child in your care. This little precaution will save a lot of hair.

Oiling the Scalp

Traditionally, some people of color have put oil and pomades on the scalp because it was believed that this treatment would help the condition of the hair and/or scalp. Children of African heritage who have naturally tightly curled hair do not usually need to oil their scalps. The hair may feel dry, even when the scalp is oily, but this is because the natural oil in the scalp has to work its way around each twist and turn of the hair, and it never usually gets to the ends of the hair. It is better to add a conditioner to the ends of the hair where the hair is drier. Some pomades can cause pomade acne, white bumps filled with inflammatory cells (see Skin section).

If the child's scalp is dry and the hair feels brittle, it's possible that he or she may be using a heavy petroleum- or mineral-oil-based product, which may clog the pores in the scalp. The body produces a natural oil called sebum that lubricates the scalp and hair. If the child produces a low amount of sebum (the scalp will be dry and show signs of dandruff), try products containing jojoba oil, which resembles the body's natural sebum.



Trimming or Cutting the Hair

Only a hair professional should trim or cut a child's hair. If it is absolutely necessary to cut a child's hair (for example, if a barrette is so tangled in the hair that you are unable to remove it), the caregiver should not trim the hair more than an inch. If a girl's hair is very short and badly damaged, take her to a professional. A cosmetology school for people of color is one very good suggestion, because the students are monitored by professionals and have more time to spend with the child and caregiver. Children whose hair is damaged as a result of overprocessing, tight braiding, or similar problems should also see a professional.

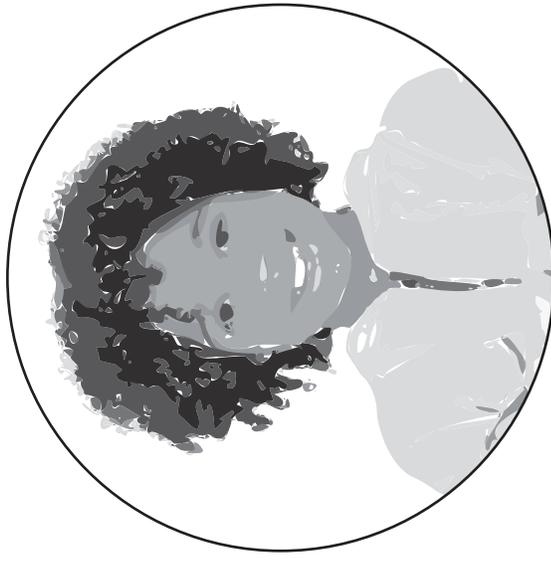
HAIRSTYLES

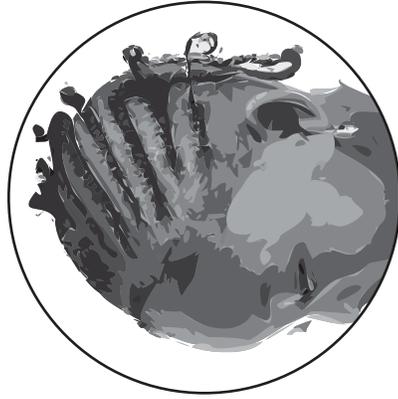
Natural Styles

As people of color continue to embrace their heritage, many of us are also moving toward the "natural" look. There are many new natural styles that look very attractive on young female and male children of African descent. More recently, natural hairstyles like the Afro have made a comeback. These styles are very easy to maintain. A professional could assist with the initial trim and styling, but the child or caregiver can keep up this hairstyle without much expense. The same principles apply for maintaining a natural style as for maintaining a healthy head of hair: Keep the hair clean, trimmed (for split ends) and "picked" with a rubber-tipped pick to prevent breakage and split ends.

Wet and Wear

Wet and wear is a natural style that is easy to care for and will allow the child the freedom to swim, shower, and have more time to do other things. It will also allow children the versatility of wearing straight hairstyles if they choose. A professional who knows the technique should do this particular style initially, because even though the child will appear to be wearing the "natural" look, it does involve some chemicals.





Braids

Braids are a good choice, and there are many different types and styles to choose from. Tight decorative braiding can cause hair damage, however. Repeated or continuous pulling of the hair traumatizes the hair follicles and may cause the hair to fall out. Braids without any elastic bands work well as long as the hair is not pulled so tight that you can see the root. If you choose to secure the braids at the bottom, use a cloth-covered elastic band to minimize breakage. Keep in mind that even if the child's hair is healthy, it's still vulnerable to breakage, and do not pull the hair tight when you braid or set the hair with rollers.

If the child in your care has badly damaged hair, cornrows are a good choice. They are relatively low maintenance, and they can help bring the hair back to a healthy state. Be sure not to use lots of beads or elastic bands, however. Too many beads can weigh the hair down, damaging even healthy hair, and elastics can cause healthy hair to break.

Twists

If a child doesn't have any relaxer in her hair (the hair is in its natural state), this hairstyle can be accomplished very easily with a little patience. Keeping the hair moist, part it down the middle and then divide each side into four sections, for a total of eight sections. Then divide each of the eight sections into two or more roller-sized sections, depending on how thick the child's hair is. Using the "tail" part of a rattail comb, twist one roller-sized section of hair around the tail by starting closest to the scalp and working down the hair until the section is wrapped completely around the end of the comb. Gently slide the hair down the tip of the tail, and begin again with another section. Continue until the whole head is done. Hair without chemicals will stay secured due to its natural curl. When the hair is completely twisted, it should have the appearance of many tiny spiral ringlets.

If you do this very early in the morning, by the afternoon the hair should be dry, and you can create a totally new look by gently pulling the dry sections of each individual twist as though you were separating braids. When finished, this look will be a softer version of the initial hairstyle, similar to an Afro.

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Another twist style is to twirl two sections of hair around one another almost the same way you would braid the hair. The only difference between the two styles is that here, you twist with two sections instead of three, as you do when you are braiding.

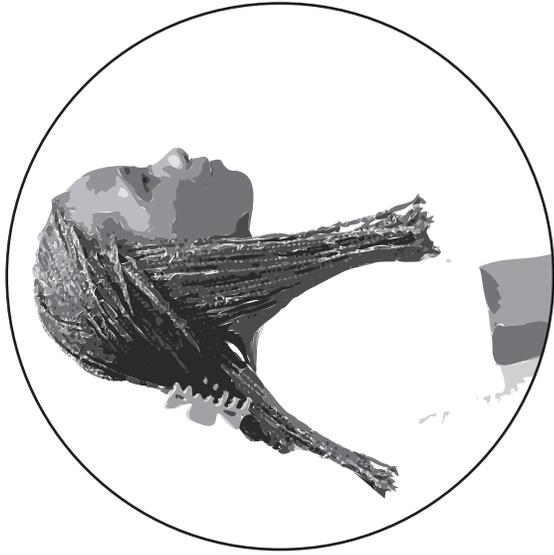
Extensions

Extensions, a process of adding hair to existing hair, can give hair a "rest" if it is damaged and needs to grow out. Although extensions are popular among teens, children as young as two years old may wear them for various reasons. For example, most children of color are born with very thick hair, and because it may take a working parent or another busy adult too long to braid the child's hair every morning, they may opt for extensions or have the child's hair cornrowed to save time. As previously mentioned, sometimes a young child's hair is so damaged that extensions can help the hair to grow out. And some children, even at a very young age, may have developed a preference for longer hair and a more decorative style. My suggestion is to do what's best for the child.

One way to add extensions is just to have a hair care professional simply braid the additional hair into the child's own hair. The advantage of this method is that it tends not to damage the hair as much as other methods; as it grows out, however, the hair will look unkempt. When the added hair begins to stick out of the child's braids, making the hair look straggly, and the extensions are no longer braided close to the scalp due to hair growth, the hair should be rebraided.

Other ways to add extensions include sewn-on hair (real and synthetic) and hair that is glued to the natural hair. Using an adhesive weaving process may cause the hair to break because the adhesive tends to stick to the hair when the added hair is removed. Weaving the hair by using the sewing method is generally less damaging than the gluing process. Both methods require careful maintenance, however. The hair and scalp should be kept clean. To avoid breakage, extensions should not be kept in longer than about two months. When the hair becomes loose, it is time to remove the extensions. When the braiding underneath the extensions (used to hold the added hair) unravels or becomes loose, it

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sometimes causes the wearer's hair and the added hair to tangle together. You can loosen tangled extensions from the child's hair by working cream rinse or conditioner through the hair, and separating the hair strands with your fingers. If the tangling is very bad, the child's hair may have to be cut, but only a hair professional should do this.

Pressing and Curling

Pressing and curling requires a hot comb and a hot curling iron. A hot comb can be electrical or an iron comb that is placed on a hot stove or in a small professional "oven" until it reaches the desired temperature. This technique may involve applying a pomade or oil to the hair and then using a very hot comb. This procedure should only be done by a professional. Hot combing can burn the hair, and nonprofessionals can easily cause severe damage if the comb is too hot or if the technique is otherwise done incorrectly.



The best way to maintain this technique is to use a soft brush to wrap the hair around the head. Brush the hair in one direction around the head so that it is smooth, particularly at the ends. Secure the hair with a large wave clip, tie a satin scarf around the head to keep the hair in place, and then remove the clip. It is best if the child wraps the hair with a silk scarf before bedtime, and, using a shower cap instead of a scarf, during a shower. If the hair is wrapped before going to a special event, this procedure will also give the child a smoother look.

Children under 13 years old should not have their hair pressed and curled with hot irons. If a child younger than 13 does have her hair pressed and curled, by no means should she be allowed to press her own hair. (Some children may already have access to an electrical pressing comb and curling iron.) Children can be seriously burned by the hot pressing comb and/or the curling iron.

Relaxers and Perms

As with pressing and curling, it's not recommended that children under 13 have their hair relaxed or permed with chemicals. Children's hair should remain in its virgin state for as



long as possible, since once the child's hair is processed it will no longer have the elasticity of natural hair, and it may be more prone to breaking. This also applies to adolescent boys who may want to have their hair texturized (a straightening chemical solution that is combed through the hair to loosen the tight curls and then immediately washed out). In addition, younger girls may have a difficult time washing and setting their own hair when the hair is relaxed.

If a child over the recommended age of 13 has previously had her hair relaxed and wants to continue this process, again, a professional should style the child's hair. Work with the professional to make certain that the same chemical relaxing agent is used every time. Such products often have very different chemical formulations, so any two products may be incompatible with one another, resulting in damaged hair and severe breakage. A professional should only relax a child's hair up to a maximum of 80%. This will allow the hair to maintain some elasticity, which is essential for body, bounce, and strength, and is especially important for styling or manipulating the hair in any way. When tightly curled hair is relaxed to the point of being bone straight, it becomes flat and lifeless.

It is imperative that ALL the relaxer is shampooed out of the hair at the end of the process. This will usually take at least three to four shampoos. Any chemical left in the hair will continue to relax it, causing the hair to become overprocessed and eventually to break. Also, to avoid breakage, the professional should relax only the new growth since the last time the hair was processed. Be sure that the chemical does not overlap onto previously relaxed hair. A child who has just removed extensions (weaving or braiding) from her hair should not have her hair relaxed soon afterwards, as the hair needs to rest for at least a month. The extensions can cause tiny nicks and abrasions on the hair, and the relaxer chemicals can affect the damaged areas of the hair unevenly, causing breakage.

A note on these styles and water: If hair that has been pressed and curled or relaxed gets wet from rain, mist, fog, swimming, or the bath, the hair will probably return to its natural, tightly curled state. You can restore the style to relaxed hair by washing the child's hair,



blowing it dry, and curling it with an electric curler or setting the hair in rollers and having the child sit under a hair dryer. Pressed and curled hair will need to be hot pressed and curled again if it gets wet. The best way to prevent additional time and cost on the hair is to have the child wear a rain scarf or hat when outdoors in bad weather, a bathing cap when swimming (the child should not put her head under the water), and a shower cap when bathing.



PART II: SKIN CARE

Skin Tone and Types

The skin, as the largest organ in the body, constitutes 6% of body weight and measures about 20 square feet for an average adult. Skin color is determined by the amount of melanin present in the skin and the way that it is distributed. The more melanin that is present in a person's skin, the darker his or her skin will be. Dark skin absorbs and disperses the sun's rays (ultraviolet [UV] radiation) more effectively and thereby prevents much (but not all) of the damage done by such exposure. When trying to understand skin diseases and disorders, it is more useful to think of skin that is effective in producing pigment in response to UV exposure than to think of racial divisions of people. For example, some people of European descent have darker skin than others of African or Caribbean descent. Many Asians, Latinos, or American Indians have darker skin but very straight hair. No matter what their racial or ethnic background may be, people with darker skin share many of the same skin problems.

Minor Skin Disorders and Treatment

The Basics

Some skin diseases and disorders are unique to particular skin tones. Doctors or clinicians who lack expertise in dealing with skin problems in diverse populations or who are unfamiliar with the specific skin disorders and diseases of people of color may not recognize skin conditions in children of African heritage. Although many skin diseases occur with equal frequency among the races, some diseases are also concentrated in certain racial or ethnic groups due to socioeconomic or environmental factors. For example, ringworm, an infection caused by a fungus and characterized by red, slightly elevated scaly patches, has become a disease found predominantly in young black and Hispanic children (Scott & Bigby, 1990).

Ashy Skin

One of the problems associated with dark skin is that it tends to look ashy—gray or white and dusty) when dry. Ashy skin can become very uncomfortable and embarrassing to the child if it is not properly attended to, especially when the child removes his/her clothes in gym class or at a doctor's office.

For generations, many children of African heritage have been taught to use petroleum jelly for ashy skin. For the most part, it works, but petroleum jelly is a by-product of gasoline, and it can clog the pores, sometimes severely. Some children may hold steadfast to this tradition, so I suggest gentle coaxing and a little education on the benefits of trying something new. Ashy and dry skin can be resolved by using the right moisturizing lotion. Many moisturizers tend to evaporate quickly, while certain products will seal in the moisture that helps ashy skin. A more natural product that contains corn oil, soy oil, and/or beeswax may help; these ingredients moisturize without clogging the pores like petroleum jelly. Children with acne may not want to use moisturizers, because some moisturizers can make acne worse. In these situations, seek advice from a dermatologist.

Q: What else can I do to “break the ice” to discuss questions on skin care, especially for young adults who show symptoms of dry skin or skin disorders?

A: A small investment in ethnic magazines such as *YSB*, *Essence*, *Ebony*, or *Emerge*, can really help.

Q: Should I be concerned about every skin discoloration that may appear on a child of African heritage?

A: Children of African heritage are no different from other children when it comes to bumps and bruises. If something appears to be out of the ordinary, however, see a physician or dermatologist.

Q: If an older child has dry skin that appears ashy, what would be the best way to tell the child without offending him?

A: Let the child know that it is natural for certain climates to cause the skin to dry out and that moisturizers are available that will give the skin a healthy and moist appearance.



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Dandruff

Dry and flaky scalp, medically referred to as seborrheic dermatitis, is also commonly known as dandruff. Dandruff is caused by the overproduction of scalp cells, which tend to stick together and form flakes. This condition is fairly common in children and adults of all races. If the child is shampooing his hair every day, but his dandruff isn't improving, use a medicated shampoo especially designed to eliminate dandruff. Most of the leading anti-dandruff brands are clearly labeled, but look for the ingredient zinc pyrithione in the shampoo. Zinc pyrithione helps to slow down the collection of cells on the scalp.

If the condition still does not improve after a child has used a dandruff shampoo according to the package directions for at least three weeks, contact a physician. A doctor can prescribe a dandruff shampoo that contains tar, selenium sulfide, or zinc pyrithione, and a topical corticosteroid or tar solution, ointment, or gel that can be applied directly to the scalp (Laude, 1983).

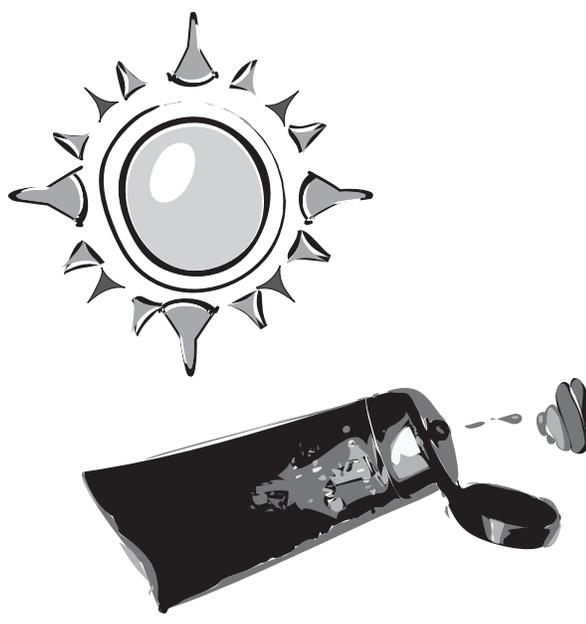
Sunburn

Some people believe that African Americans and other people of color do not get sunburned. This is not true. According to Drs. Deborah Ann Scott and Michael Bigby, the "[redness] associated with sunburn is often not visible in people with dark skin...Sunburn in Blacks occurs and is manifested by skin tenderness and increased temperature on the surface of the skin within 24 hours of exposure... and [peeling] of the skin three to four days after exposure to UV radiation" (Scott & Bigby, 1990).

Very dark skin does have a natural sun protection factor (SPF) of approximately 5, meaning it takes about five times longer for people with darker skin to sustain UV damage to the skin than for a person with very light skin. Nevertheless, it's still important for children to wear sunscreen if they are outside for any length of time.

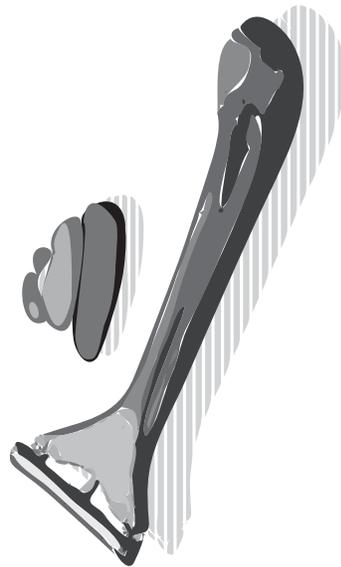
Q: How will I know if a child's skin will develop keloids, and what should I do if the child gets a cut?

A: Check the child for physical signs. If the child is old enough, ask her if she has previously formed keloids. This condition can be treated, although in some cases the keloids do return. See a dermatologist as soon as the keloid begins to develop.



Razor Bumps

These are hairs of the beard that grow back into the skin (ingrown hairs). Although people of any ethnicity can experience ingrown hairs, boys and men of African descent are especially vulnerable to this problem. Like the hair on the head, the facial hair of males of African heritage spirals as it grows, causing the hair to turn into the face more frequently. After shaving, the beard's sharp pointed hair may have a greater propensity to grow back into the skin. Young males who experience this problem should try different methods of hair removal, including shaving with a safety razor, letting the beard soften after applying shaving cream, shaving only in the direction of the hair growth and not against the stubble, attempting to keep the skin pliable during shaving, and shaving daily, but not closely. When the hairs begin to grow inward, use a needle (cleaned well with alcohol) to lift them just prior to shaving. Do not tweeze or pluck the hairs before shaving. Occasionally, before shaving or at bedtime, use a rough washcloth or a toothbrush to loosen hairs before they grow. Another solution for this problem is to grow a beard.



Acne Keloidalis

Characterized by the development of firm circular elevations of the skin and visible pus beneath the skin on the nape of the neck, acne keloidalis is a disorder that affects the hair follicles of African Americans. In severe cases, large lesions can form, which can result in significant scarring and permanent balding. Acne keloids can be treated with topical antibiotic and anti-inflammatory agents that can only be prescribed by physicians. In some cases they can be removed by a variety of surgical techniques. Some doctors may even suggest laser treatment (Scott & Bigby, 1990).

Keloids

Keloids look like a mass of shiny, bubbly skin. They usually form after a cut or another injury to the skin, but they may also develop spontaneously. Piercing the ears or other body parts may induce keloids. This benign disorder is more common in dark-skinned people. Keloids can be surgically removed, but they often return (Scott & Bigby 1990).



Pityriasis Alba

Pityriasis Alba, commonly found in children, manifests in round, light patches of skin covered with fine scales. These patches are the result of mild eczema, and they can occur on any part of the body but are more noticeable on the face and upper arms. Although the color loss is only temporary, it is still advisable to consult a dermatologist (Laude & Russo, 1983).

Vitiligo

This disorder, which occurs with the same frequency in blacks and whites, is characterized by depigmentation, or loss of color in the skin. The affected areas have the appearance of white patches surrounded by normal skin. The contrast in skin tones can make Vitiligo very traumatizing to children with darker skin. Treatments are available for this disorder, although doctors do not recommend aggressive treatments for children (American Academy of Dermatology, 1994). Research on this condition continues and there is hope that a new, safer treatment will be developed in the future.

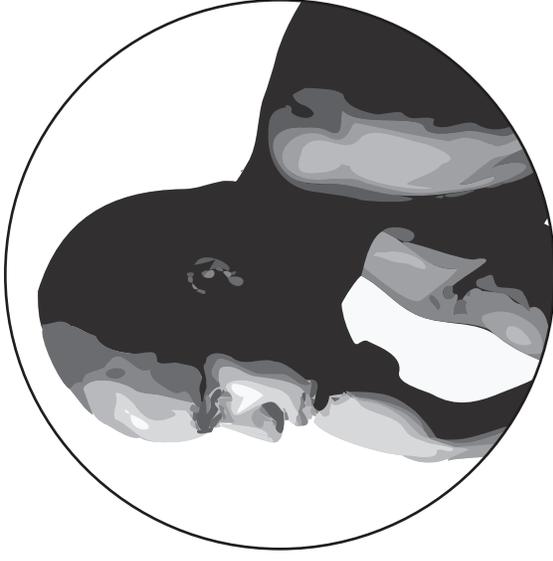
Cafe-Au-Lait Spot

A cafe-au-lait spot is a light tan spot (color of coffee with milk) that appears on the skin surface in a small percentage of children of African descent. Some children may have two spots. The spots, caused by an excess of pigmentation in the skin, are generally harmless, though they may increase in size and number with age. However, five or more spots that are larger than 1/4 inch in diameter, or spots that occur along with freckles in the armpit may suggest other health problems (www.webMD.com).

Dermatosis Papulosa Nigra

Dermatosis Papulosa Nigra are dark flesh bumps that are more common in people with darker skin. These benign bumps usually surface at puberty. The small, smooth, rounded or angular, darkly pigmented bumps tend to appear on the face and neck. If treatment is sought, it is usually for cosmetic reasons (Laude & Russo).

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Infantile Acropustulosis

Infantile Acropustulosis is a cyclical eruption of pus-filled bumps that occurs mostly in black male infants. The breakouts tend to erupt on the palms, soles, fingers and toes, and usually start between 2 and 10 months of age. This eruption may last up to two weeks, go away, and reoccur in three weeks to a month. This cycle may continue until the child reaches 2 or 3. As the child gets older, the condition will go away. Some doctors may prescribe Dapsone for this condition, but be aware that this drug has serious side effects (Laude & Russo).

Leg Ulcers

Leg ulcers (festering lesions, often filled with pus) may occur in people who have sickle-cell anemia, a hereditary, chronic form of anemia most commonly found in people of African descent. The ulcers are very painful and will cause a great deal of discomfort if not treated quickly and properly. A physician should be immediately notified of any symptoms such as unusual sores or abrasions that don't heal normally (Laude & Russo).

Nevus of Ota/Nevus of Ito

Nevus of Ota and Nevus of Ito are benign lesions that may be present at birth or shortly after and may persist through life. These bluish-gray lesions are seen more frequently in females, those of African descent and those of Asian descent. Nevus of Ota are located on the face (especially the eye area), and Nevus of Ito are found on the shoulders, sides of the neck, and upper arms (Laude & Russo).

Normal Line of Demarcation

Also called the Fitcher's line or Voight's line, this line is usually found on the front of the upper arms, chest, and abdomen. This skin demarcation is not considered a skin disorder; it is likely an inherited trait. In addition to lines of demarcation, children of African her-



itage may also have pigmentation of the gums and oral mucous membranes (mouth) that are normal in healthy dark-skinned individuals. Infants may show signs of this pigmentation as early as three hours after birth (Laude & Russo, 1983).

Pigmentation may also be located on the nails (fingers and toes) in the form of pigmented longitudinal stripes which can appear at any time, although in lighter-skinned individuals such pigmentation is uncommon (Laude & Russo, 1983).

Mongolian Spot

A Mongolian spot is a benign pigmented lesion that is found in African American, Asian, and Hispanic children and a small percentage of Caucasian children. The color is black or blue-green. This spot is found in the lower spinal area, especially on newborns of African descent, and in the shoulder area. When this spot is present on an extremity (arms or legs), it's usually located over a muscle area. It is cautioned that an "inexperienced observer may mistake a Mongolian spot for a bruise. If you are concerned, however, please contact a dermatologist as soon as possible" (Laude & Russo, 1983).

Pomade Acne

Pomade acne is caused by the frequent or daily use of greasy or oily hair grooming preparations, such as pomade. Hair pomades may cause an eruption on the forehead, either due to clogged pores or an allergic reaction. Acne on the forehead and temples can occur when the pomade drains down from the scalp. If the child has acne on the scalp, forehead, or temples, and he or she uses a pomade, have the child discontinue using the pomade to see if that helps clear up the breakout (Laude & Russo, 1983).

Skin Cancer

This type of cancer is extremely rare in people of African descent, probably because dark skin absorbs and disperses ultraviolet radiation better than light skin does. The same



symptoms for skin cancer apply for all skin tones, however. Malignant melanoma may appear as spots on the skin with irregular borders in blue, black, red, gray, or dark brown. The spots can even appear on the palms of the hands or the soles of the feet. They usually grow or change shape over time, and they may have an uneven contour, with flat and raised areas within the same lesion (www.webMD.com). Any suspicious-looking mole should be examined by a physician.



RESOURCES

Print

- Alperson, M. (2001). *Dim sum, bagels, and grits: A sourcebook for multicultural families*. New York: Farrar, Straus, & Giroux.
- Bonner, L. B. (1996). *Plaited glory: For colored girls who've considered braids, locks, and twists*. New York: Crown.
- Bonner, L. B. (1994). *Good hair: For colored girls who've considered weaves when the chemicals became too ruff*. New York: Crown.
- Collison, M. N-K. (2002). *It's all good hair: The guide to styling and grooming black children's hair*. New York: Amistad Press.
- Crumbley, J. (1999). *Transracial adoption and foster care: Practice issues for professionals*. Washington, D C: CWLA Press.
- Eliades, D. C., & West-Sutor, C. *Celebrating diversity: Approaching families through their food*. (1998). Washington, D C: Health Resource Services Administration (HRSA).
- Hayden, T., & Williams, J.D. (1991). *Milady's black cosmetology*. Clifton Park, NY: Milady Publishing Co.
- Laude, T. A., & Raymond Russo. (1983). *Dermatologic disorders in black children and adolescents*. New Hyde Park, NY: Medical Examination Publishing Co., Inc.
- Scott, D. A., & M. Bigby. (1990). *Skin and hair problems of black people*. Chicago: Encyclopedia Britannica.
- Steinberg, G., & B. Hall. (2000). *Inside transracial adoption*. Indianapolis, IN: Perspectives Press.
- Taylor, Susan C. (2003). *Dr. Susan Taylor's skin and hair prescription for women of color*. New York: Harper Collins, Inc.

Online

Products and Tips

- Carol's Daughter
<http://www.carolsdaughter.com>
- Jazma Hair Inc.
<http://www.jazma.com>
- Tips and instructions for hair care/styling in multicultural families
<http://www.adoptn.org/hair.html>

Cultural Resources

- The Schomburg Center for Research in Black Culture, New York Public Library
New York, NY
<http://www.nypl.org/research/sc/sc.html>
- Library of Congress, African American Section
<http://lcweb.loc.gov/rr/mss/guide/african.html>
- Library of Congress, African Section
<http://lcweb.loc.gov/rr/amed/african.html>
- National Museum of African Art (Smithsonian Institution)
Washington, D C
<http://www.nmfa.si.edu/>

- The Museum for African Art
Long Island City, NY
<http://www.africanart.org>
- The African American Museum in Philadelphia
Philadelphia, PA
<http://www.AAMPmuseum.org/>
- African Art Links
<http://www.princetonol.com/groups/iad/lessons/middle/afrilink.htm>
- Links to African American art and history museums
http://dmoz.org/Reference/Museums/Cultural/Ethnic/African_American/
- African American History Through the Arts
<http://eghs.dade.k12.fl.us/african-american/>
- K-12 Electronic Guide to African Resources on the Internet
http://www.sas.upenn.edu/African_Studies/K-12/menu_EduLIBR.html
- The Congress of National Black Churches
<http://www.cnbc.org/>
- Cabo Verde Online
<http://www.caboverdeonline.com>





About the Author

Jeanne M. Costa worked for the Massachusetts Department of Social Services (DSS) for almost 20 years; her last position at DSS was Civil Rights Officer. After leaving DSS she worked for the Office of Community Development for the City of New Bedford for three years as a Neighborhood Planner.

While working as a Vista Volunteer with the NAACP in the 1970s, Ms. Costa founded The Niagara Movement II, a cultural center for disadvantaged youth, and in the 1980s, she cohosted the community-based television program "Action Reaction." In 2003, she cofounded "The Cultural Consultants," a group of professionals who promote culturally diverse artists and art.

Ms. Costa has a BA from the University of Massachusetts in Dartmouth, Massachusetts, and a certificate in Community Journalism from the *New Bedford Standard Times*. She is also a freelance writer for the international biweekly *CVN*, a Cape Verdean–American newspaper for which Ms. Costa covered the Million Woman March in Philadelphia in 1997. She serves on the board of the New Bedford Historical Society and is a member of the Cape Verdean Common Threads Conference Committee.

Since her retirement in 2002, Ms. Costa has worked with the Wareham, Massachusetts, Public School CARE Program and has recently rejoined the AmeriCorps Vista Volunteer Program to promote Community Service Learning. She has been honored by the community of New Bedford for her exemplary work with children and is listed as one of the "Outstanding Women of America."

Ms. Costa lives in New Bedford, Massachusetts, where she cares for her mother, Ruth Costa. She travels often to visit daughter Susan Saunders, son-in-law Jerry, and grandsons Bishop and Roman.

