The Child Welfare Team

FosterParentCollege.com[®] A Viewer Guide

Introduction to the course

This course will discuss the importance of the caregiver on the child's protective services team. Children in foster care often have multiple problems that are diverse and far-reaching. No one individual is capable of insuring the child receives comprehensive care and services. The foster or adoptive parent is a valuable member of the child's multidisciplinary team. This course addresses the goal of the child's team and the roles the various members play as those goals are being met. Betsy Keefer Smalley, Director of Foster Care and Adoption Training at the Institute for Human Services (IHS) in Columbus, Ohio, is joined by Sarada Thomas, facilitator.

Ms. Keefer Smalley shares her expertise in this discussion and provides useful suggestions for future foster and adoptive parents. This course includes handouts that can be downloaded from the viewer's homepage at FosterParentCollege.com®.

At the end of this course, the viewer will be able to:

- identify the primary goals of child protective services
- state the types of services that can help achieve protection and permanence for children and teens in care and their families
- describe the parent's role as a member of the service team
- state the importance of collaboration with the caseworker, agency staff, and other professionals who serve both the child in care and the birth family
- describe the importance of advocating for the child's best interests during case planning
- describe the caregiver's role in identifying and accessing appropriate services.

This companion guide provides the content of this course.



Betsy Keefer Smalley, LSW



Sarada Thomas

All too often a tragic story appears in the media about a child being abused by a parent:

"A Brooklyn woman accused of beating her 11-year-old daughter to death denied that she did so, and contended that the girl was injured when she slipped in the bathtub. The medical examiner reported evidence of beatings and ruled the death a homicide caused by blunt force trauma."

While news stories grab people's attention, the constraints of confidentiality– the details, the history, and the people involved – prevent the whole story from being told. There is a handout documenting an actual case and its history in the Handouts section of this course.

In order to gain a better understanding of the full story, it is important to look at child welfare's six main goals:

- 1. To investigate allegations of abuse and neglect, and to determine the degree of risk to the child if he or she remains with the parents.
- 2. To identify the factors in the child's family and environment that create risk; and to pinpoint family strengths and resources that can help reduce or remove risk.
- 3. To provide protective services to children and their families, whenever possible, to prevent the trauma inherent in separation and placement.
- 4. To place the child temporarily in a supportive family placement that meets the child's individual needs when it is impossible to protect the child in the home.
- 5. To work toward permanence for the child from the moment of placement since the first choice is to reunify the child after strengthening the family.
- 6. To secure a permanent alternative home for the child when he or she cannot safely return home.

These goals guide the child welfare agency and the caseworker.

An Overview of the Child Welfare System

The child welfare system seems complex. It is a continuum, or broad range, of services put in place to assure that each child served has a safe, permanent family. A permanent family could be one of several choices, ranging from the child's own family to adoption. Since each child's situation is different, goals and services are determined on a case-by-case basis. These services might include:

- in-home family support services
- temporary out-of-home care (respite care) which allows the family and child to take a break from each other and then reunite
- placement with a relative
- placement with a foster family who is not related by blood
- adoption.



The following scenario will be used to describe the steps child protective services (CPS) takes in a typical case.

CPS introduction to the family began when a concerned individual called the department to report that the family next door was having very long, loud fights, including children screaming. The intake case worker took the phone call and spoke with the supervisor to determine if the department had enough legal justification to look further into the case.

The next step was a visit to the home for an initial screening and to meet with the husband, wife, and children. The parents denied anything was wrong. The wife didn't look bruised, and the children, ages 5 and 7, were very quiet, almost invisible. The father said the children were screaming because they had been playing football inside the house. The house was in disarray but did not pose a health hazard. The children were interviewed separately. While they appeared nervous, they did not acknowledge any serious problems in their family. Later the children's teachers were interviewed; neither had anything to add.

Protective Custody

At this point in the screening CPS had no proof the children were unsafe, although some concerns existed: the children looked unusually well behaved but no clear, visible signs (obvious marks, burns or bruises) of physical abuse were present. The children were clean and appeared to be well-fed, and the house, although messy, was not dangerous. There was no reason to proceed with court action.

In most jurisdictions, this would not be an open case; cause to file a court case did not exist. However, the next week the police were called after a neighbor heard screaming and threats of violence to the wife in the front yard. CPS returned to the same house. Caseworkers entered the home and found two very scared children hiding in their closet. Since the parents had been arrested, the children were taken into protective custody and a clear-cut need for child protection now existed.

CPS now had an open case and options for the children were examined. The first choice was placement in temporary out-of-home care with a relative or in a non-relative foster home. Since the nearest relatives lived out-of-state, the children were placed in a "receiving" foster home: a temporary place to stay while CPS sorted things out. An evaluation of the relatives' home by the CPS agency in their community would take time. The court was petitioned in order for CPS to have temporary custody of the children. As an emergency measure, the court awarded CPS temporary custody.

While the children were in temporary care, CPS workers proceeded with the information-gathering process to learn more about the family's background and any special needs the children had. A case plan was developed to identify the family that could best meet the children's specific needs, to identify resources, and so CPS could make the best short-term and long-term recommendations to the court.



While the ultimate goal was family reunification, CPS felt it would be best for the children to remain in custody while the parents were receiving treatment for their problems. These findings and recommendations were presented to the court. During the first hearing the court decided CPS should assure the safety of the children by providing intensive services to the family.

Overview of the Six System Stages

Child protective services operates under the state welfare agency, which is regulated by federal laws. The court in each county is mandated to review all cases, has ultimate say in the matter, and gives its rulings as an order.

The checks and balances within the state child welfare system include policies and procedures to ensure that the child protection laws are applied appropriately, and the state department monitors county and private agencies to determine that rules are followed.

While cases that come in to CPS often appear different from one another, the stages caseworkers follow are similar:

Intake or Investigative Stage

A report or allegation of child maltreatment is received by CPS.

Screening Stage

To identify the risk, the caseworker and supervisor determine whether the report meets the legal definition of child maltreatment. If it does, a case is opened.

Investigation and Assessment Stage

The child, the family, school staff, and other sources are contacted in order to determine if child maltreatment can be substantiated. In this stage, a family might be referred to another agency for needed services even if no child welfare case is opened.

Decision and Disposition Stage

If allegations are sufficiently credible (substantiated), a petition is filed with the court. If the petition is to remove the child from the home, the child becomes a ward of the court and is placed in the custody of the CPS agency.

Treatment/Case Management Stage

Services are provided to the child and to the family to address the reasons for CPS involvement and to prevent further child maltreatment.



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Closing the Case Stage

The case is closed if:

- the family situation has been remedied
- the child has been placed for adoption
- the child has aged out of the system.

System Stages

The six-stage process is designed to provide the best possible care for children who become known to CPS. To ensure a better understanding of the six stages, viewers are asked to select the stage described by a brief story. Statements are followed by the correct selection and an explanation.

"While her two preschool-age children were in foster placements, I helped the birth mother find transportation so that she could attend weekly parenting classes for the next three months."

This is an example of the Treatment and Management stage. In this case, services provided to the family included transportation so the biological mother could attend parenting classes.

"I just received a phone call from Adam Elementary School. The teacher said a six-year-old child came to class today with several bruises on the back side of her legs."

This is an example of intake. The caseworker is listening to concerns expressed by school staff.

"After a visit to the home and separate talks with the parents and kids, I interviewed other agencies serving the family and the school about the children. I also gathered information from several relatives."

This is an example of Investigation and Assessment. The caseworker is gathering information from individuals who know the family.

Codes, Laws and History Part 1

Child welfare laws have changed over the years. The evolution of child welfare can be traced to ancient times. Around 4,000 years ago the Hammurabi Code dictated that children deserved the right to parental care only if they gave respect to their parents. About 3,600 years ago, ancient Roman law gave the father power over the family, and his rights superseded those of his children. He was the patriarch.

While the earliest codes favored the parents, the Romans gave ultimate power to the father. In medieval times, English law permitted infanticide (or baby killing) and the sale of children in times of poverty; it upheld the parents' or father's right to fully control his children. In 1646 The Stubborn Child Act was enacted in Massachusetts and provided a stubborn or rebellious child could be put to death.



In early law, children were treated like objects or possessions, and it wasn't until more recently that children began to receive any real protection. In 1874, a volunteer caseworker in New York City learned about an eight-year-old girl, named Mary Ellen, who was frequently beaten. Child care institutions were founded to provide safe shelter for children rescued from poor houses and mental institutions. In 1875, the New York Society for the Prevention of Cruelty to Children was created. It was the first child protective agency in the world. In 1912, the U.S. Children's Bureau was formed to represent the interests of children.

Codes, Laws and History Part 2

With the establishment of the U.S. Children's Bureau in 1926, many public and private child welfare agencies were established. By the 1950s, professionals began to realize that children's needs could be better met in family-based care than in institutional settings. A surge in foster care occurred and has continued to this day. Child placement agencies are increasingly looking to prevent out-of-home placement or to place children with relatives.

One very important piece of federal child welfare legislation was passed in 1978 when the Indian Child Welfare Act was assigned sole responsibility to tribal governments for protective services for children of Native American descent. After the 1970s, studies revealed that thousands of foster children were languishing in custody with no plan to return home or to be adopted. The Adoption Assistance and Child Welfare Act of 1980 required child welfare professionals to make reasonable efforts to prevent placement of children in substitute care.

The Multi-Ethnic Placement Act (MEPA), passed in 1994 and amended in 1996, prohibited racial and ethnic discrimination in foster and adoptive placements.

Six Terms

Sometimes the child welfare specialist will use terms and vocabulary, such as "guardian" or "reasonable efforts," or acronyms like ADHD or IL to communicate to other professionals. Foster parents should become familiar with these terms:

ABUSE

A legal term which refers to the mistreatment and endangerment of a child as evidenced by any non-accidental injury, trauma, or death. It includes physical and emotional abuse and neglect, as well as sexual abuse and exploitation.

ADOPTION

The creation of parental rights and responsibilities by a court after the termination of all rights and responsibilities of the birth parents or any other person holding legal rights to the child.



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EMERGENCY DETENTION HEARING

A hearing held to discuss a complaint filed in court by the county asking for emergency custody of a child who is alleged to be in imminent danger of physical or emotional harm if not removed from his or her home environment. This may be the first court hearing held in an abuse or neglect case.

HOME STUDY

This process, during which the agency conducts a series of police and reference checks, physical examination reports, and home safety audits, is crucial to insuring the child's safety in a potential foster or kinship home. During a "family assessment" potential foster, kinship or adoptive parents educate themselves about the rewards and challenges of foster or adoptive parenting, and assess themselves on their ability to parent displaced children.

NEGLECT

A legal term which refers to the failure of parents to provide a child with proper care and support including food, clothing, shelter, education, medical and mental health care, and supervision. It also refers to the abandonment of a child.

PRE-PLACEMENT VISITS

This is a series of visits made by the child to the prospective foster or adoptive home. These help prepare the child for the eventual move and lessen the trauma to the child. In foster care, one visit, at a minimum, is recommended whenever a child has a non-emergency move.

Foster parents need to ask the caseworker or others to clarify any term that is not familiar.

Meeting the Team

Each case requires a team effort to help the child. A team member, someone who is involved with the child or the caregiving family, will fall into one of two categories: primary members or secondary members.

The primary team includes:

- birth parent
- foster or relative caregiver
- child welfare caseworker



The secondary team might include:

- teacher or school principal
- doctor or psychologist
- social worker.

Meeting the Team

BIRTH PARENT

Hello. I'm Marietta. I've got three little kids, but they were taken by CPS. The caseworker told the judge my boys were running loose on the street. That's when CPS took my kids. They said I needed to get clean and leave my boyfriend 'cause he deals. I did that! I'm done with drug rehab and left my boyfriend. I want my kids back! Did I get them - no! Now they say I need to get my own apartment instead of living with my girlfriend and her kids! When will this end? It feels like they've stolen my kids.

AGENCY CASEWORKER

Hello, I'm Jason Smart. I'm a social worker, to be exact, a caseworker in the foster care unit. I carry a caseload of 28 different foster families. I've been a social worker for the department for three years. I've got a master's degree in Social Work; that is a MSW. My job is to protect kids, to support the foster parents. I answer questions caregivers have about the kids, the court, health, etc. I connect them with services the kids need. I believe if I can support my foster families the best I can, then they can support the kids the best they can.

INTAKE CASEWORKER

I'm Kathy Wainwright and I've worked in child welfare for my entire career as a caseworker for child protection. I perform intakes, where I take calls and am involved in investigating abuse and neglect allegations.

FOSTER PARENT

Hello, I'm Jerry. My wife and I have been caring for Marietta's three boys, ages 3, 4, and 6, for the past six months. The kids were pretty wild when they first arrived in our home. They have settled down a lot, but they still get angry and upset when they come home after weekly visits with Marietta. We're hoping she continues to work on the goals in her case plan so the boys can spend more time with her and ultimately go back to live with her.

Other team members are listed in a printable handout that can be accessed from the viewer's homepage.



Caseworker Workday Introduction

While foster parents have several team members to interact with, the relationship with the caseworker is very special. Many foster parents feel a communication breakdown between the caseworker and themselves happens all too often. Frequently the foster parents have critical needs requiring immediate answers, yet the caseworker cannot always respond immediately. Sometimes, a caseworker needs to "triage" or determine which emergency requires immediate attention and which will have to wait.

The following narrative of Lois Blackburn's day's work as a caseworker demonstrates the demands made on her limited time.

Caseworker Workday Log 1

It is Monday morning at 7:45 and I am in the office about to begin my day. I am reviewing my to-do list and calendar; I see I need to leave at 8:00 for my home visit to recertify the William family.

After the visit, I finish making notes for my file: The family seems to be doing just fine; they are caring for a sibling pair of boys ages three and five right now. The house was in order; I did a safety check and answered a few questions. I also made a suggestion on how to improve the log used to track the medications the kids were taking. I arrive back in the office at 11:30 to the following voice mail messages:

Message 1: This is Cora. I just got a call that Michael is being permanently expelled from school for continual fighting. I don't know what to do. Please call immediately . . .

Message 2: Hello, this is Sue at Looking Glass. I need more information about a child your agency has waiting for a home; I think I have a possible family . . .

Message 3: Hi, Jan Miller here. We are interested in adopting a sibling group; we were looking through the adoption book and found nine different sibling groups – can we get the agencies numbers to call from you? Can you call me this afternoon at . . .

Message 4: We have a problem. Frank said he wanted April removed from our home today! He's had it with her lying. Please call me immediately.

All of these messages are important, but Lois has only 30 minutes to return phone calls before a lunch meeting with a co-presenter at tonight's pre-service meeting.

Okay, I am back in the office after my lunch break. It is 12:45, time to make another phone call. At 1 p.m. I started preparing and mailing out requests for references on the new families who are going through the pre-service process. This is a must do for our certification program and took me an hour.

Now it is 2 p.m. and I check my email, most were just staff notes, but I had to respond to two meeting requests: one for a team meeting with a school counselor and foster parent on Wednesday at 1:30; another to set a phone conference to discuss a case with a physical therapist.



It is now 2:45 and I had blocked out this time to prepare for tonight's pre-service class training. I printed out the handouts, read over the class notes and exercises. This took me an hour. I grabbed a cup of coffee at 3:45 and began to call the current pre-service class families to arrange for home visits during this coming week—two were home. At 4:30 I stopped calling and listened to my messages.

Message 5: Hello, this is Sara Kelly. I am having really big problems with LeKevin and her preplacement visits with a prospective adoptive family.

Message 6: This is John Bryant. Sorry to keep bothering you this week, but I just want to check in to say that Sammy was expelled again today for hitting another child. I'm really worried about how he is fitting in.

Message 7: Hello, this is Lee Brown, Principal at Johnson Elementary. I am calling about Sammy Bryant and his behavior problems.

Message 8: This is Mildred Mielke from the State Department of Social Work. I am calling to get information about a consumer complaint.

At 5:00 p.m. Lois left the office to eat dinner and relax until 6:30 when she opened the door for her pre-service class. After the class, she cleaned up and went home at 10:00 p.m.

Caseworker Workday Log 2

The next morning, I got in at 8:30. I check my to-do list, email and phone messages—no phone messages! I take off for a home visit/inspection with the Lutz family.

At the Lutzs' home, using our home inspection sheet, I do a walk-through review of their home. I'm jumped on by the overly friendly family dog who makes it up by curling up next to me when we sit down. I note and tell them the yard needs some clean up; the stack of lumber needs to go away. I notice an unlocked tool shed that needs a lock. The extra child's room was nicely set up. The house was lived in, but clean. There is a need for a fire extinguisher and an updated smoke detector. They said they would fix all of these items. The birth child seems excited that a new child would be in the home. I made some notes to myself for finishing the report later.

I arrive back in the office at 11:00. For the next five minutes I listened to two phone calls:

Message 1: Hi, Lois. This is Mary, ah, Mary Albert...you know, caring for Yerrow. I know you sent instructions, but I was wondering about this reimbursement form. Can you call me back on how to fill it out?

Message 2: Hello, I'm Chris Middleton with Family Services. I'm calling in regards to the results of an application and police check being processed.



I checked my email before starting to return calls. Two emails were from clients, one was the Cole family setting the time for a recertification visit this Friday. The others were easy to answer. I had thirty minutes to return calls before lunch.

At 2:00 I went to my second home visit today, a pre-service home study of the Blair family. The dad wasn't there when I arrived. I began the home study and he arrived as I am reviewing the kitchen. I find the house in good order, but point out they need to add a child-proof lock to the gate to the pool. They also need to mend the fencing around the back yard. I test the hot water at the kitchen sink and the bathtub and I find it is set too high. They will have these items fixed. I meet a tenant (an older lady) who lives in the mother-in-law apartment over the garage on the property. I explained we needed to do a police check on her. I also explain if she watches any of the children from time to time, she will need to be trained. They felt this wouldn't be a problem.

I return to the office at 4:45, check my email and respond to three short questions from parents and a psychologist. Next I check my voice mail.

Message 3: Hi, this is Beth, intake worker from the first floor. We need a couple of foster homes ASAP. The phones were ringing off the hook last night. These kids are in intake and have no known relatives that can take them. The mom is in detox. Call me. Thanks!

Message 4: I am calling on behalf of Dr. Williams to arrange a phone conversation to discuss the sexual contact case between the Sorenson's birth child and the recently placed adoptive child.

It is close to 5:00 and Lois is ready to call it a day, but she listens to the last voice mail and feels she needs to respond immediately.

Message 5: Lois, I need your help now. All I did was ask Robbie to help set the table! Next thing you know he jumps off the couch, throws his game control down, and runs to his room, slamming the door. Now he's got the door blocked and is screaming. "You ain't nobody! I want out of here! I hate you! I'm running away, right now!" Please call me back. I can't get a hold of my husband and I don't know what to do! I can't control him! Oh my goodness, he's starting to kick the walls!

Tonight Lois got out of the office at 6:00.

Team Communication

This story reflects the caseworker's workload and the decisions she faces. Caseworkers are focused on child safety and will respond first to those situations affecting children who are most at risk. All team members struggle with overloaded schedules and parents can help by asking them about their preferred means of communication.

Voice mail: Keep messages short and to the point. Give the caseworker the reason for your call, your phone number and when you can be reached.



Email: This can be used for simple, non-urgent questions. Keep the message short, with a limited number of questions.

Telephone: Find out when is the best time to reach your caseworker.

Keeping information handed out by an agency in a notebook and looking for answers there first will help reduce the calls and emails sent to caseworkers. While support groups and the agency websites are good sources for helpful information, foster parents should to seek the caseworker's advice when problems or when unusual events occur.

If foster caregivers need immediate help or support to be sure children in their homes are getting their needs met, or have an emergency requiring immediate notification of the agency, and the caseworker is unavailable, the foster caregiver should ask for the caseworker's supervisor.

Role of a Foster Parent and Foster Caregiver

The caregiver is a member of the primary team supporting the child, the foster family may be asked to help the caseworker with a wide range of activities.

Caregivers can provide valuable services like:

- mentoring the birth parents during visits with their children
- transporting children to and from visits
- participating in the visits

It isn't always appropriate for the foster parents to work with the birth parents. The foster parents are only asked to work with birth parents once they have been trained to be effective coaches. This may be a lot to ask of foster parents, but often the team feels the foster parents would do the best job of coaching or mentoring the birth parents since they are the ones who know how the child might respond to nurturance, structure, or firmness. This information needs to be shared with the birth family, so they can learn to raise the child safely. Foster parents are encouraged to openly discuss with their caseworker any feelings and questions they have about contact with the birth parents.

A foster caregiver is mandated by law to report any situation in which child abuse or neglect is suspected. Kinship care providers and adoptive parents also have a responsibility to report suspected child abuse and neglect. When reports of suspected child abuse or neglect are made "in good faith" (that is, not deliberately fabricated), the reporter is protected from any criminal or civil prosecution.

Foster parents can be educators about the value of protective services for children. While they cannot share confidential information about a specific child's case, in many ways foster parents are visible representatives of the child welfare system at the child's school, at church, and simply out in public.

The Case Study of Alice Turner

In this composite case, Alice Turner, a 26-year-old single mother, has six children, ages two to ten. The mother suffers from anxiety and depression. The five youngest children are in two foster homes, and the oldest child is in a residential treatment facility for emotionally disturbed children. The caseworker, Kevin Leon, describes the situation:

The children entered foster care four months ago because the mom chronically neglected the children and left them with no adult supervision. We referred Alice, the mom, for a mental health evaluation and services, and removed the children. We couldn't find a single foster family who could take all the kids, so they were placed in several homes.

Eight-year-old River is destructive, hyperactive, and sees a child psychiatrist biweekly. He has significant learning problems and is in a special education class at school. His academic progress is poor and a joint meeting is planned with the foster mom, River's psychiatrist, and school personnel to review his Individualized Education Program (IEP).

Since we didn't think we would have to terminate parental rights, the plan is reunification. River has ongoing visitation supervised by a CPS staff worker, and Alice is mandated by the court to be involved in River's counseling. The court ordered supervised visitation because Alice has a problem setting boundaries. In this case, agency staff transports the children and supervises the visits. Because the children are in different placements, it is difficult to bring the family together. But whenever siblings are placed in more than one home, we want to make sure they are able to talk with one another on a regular basis.

A visitation problem did occur when one foster parent decided that Alice should be able to see her children more often than the scheduled visitations and dropped three children off at Alice's home "for the afternoon." Dropping the three children off at Alice's home created a liability for herself and for the agency.

This was a new foster parent who exhibited well-intentioned but poor judgment. For many, raising children in the context of a team is a different way of thinking. Foster parents must follow the court-ordered visitation plans and must be comfortable with the concept of shared parenting.

Kinship Support System

Both the foster parents and the birth mother are members of the child's team. The foster family might be uncomfortable sharing their address and phone number with the birth family, but they could call the birth mother to report progress, or they could meet with the birth mother at the agency during supervised visitation. The birth mother, at the very least, should have the opportunity to talk with the people who are caring for her children.



Alice Turner's story continues:

The foster mother for the two youngest children called the caseworker to say she has some concerns about potential developmental delays in one of the children. Agency staff has not talked with her about her concerns, and no services to address these delays have been added to the case plan. The semi-annual administrative review of the case plan is coming up in a few weeks, and the importance of input from the birth parents and foster families in these reviews cannot be overemphasized. The foster family should make every effort to attend, offer input, raise concerns, and build relationships with the agency and with the birth family.

Alice's children have a large family network but some of the family members are not a positive support for her. Many have their own issues with substance abuse or chronic mental health issues. However, the foster parents report the children told them about Great-Aunt Wanda who has cared for them on and off for many years.

This is an opportunity for the agency to explore adding a kinship member to the team. Foster parents can help by passing on information about family members who play a positive role in the children's lives.

Case Planning

Alice's story continues:

The Court Appointed Special Advocate (CASA) advocates for the six Turner children and acts as the "eyes and ears" of the court. The volunteer feels CPS should pursue the termination of Alice's parental rights and begin adoption planning in this case. The CPS caseworker and supervisor feel differently, as they are on track to reunify the Turner family. Since significant disagreement exists between the CASA volunteer and CPS about the minimum standard for reunification, the parties will meet soon to discuss the different viewpoints.

The housing issue will undoubtedly surface. Alice's case plan states she must locate suitable housing since she has been homeless for brief periods of time. Sometimes Alice has been too depressed to follow through with a plan to find affordable housing that can accommodate her and six children.

Alice has been given information about low-income housing but she can be so passive, depressed, and discouraged about the loss of her children that she has to be taken by the hand to get things done. The impact of having the children removed has been both emotionally and financially hard. Even on anti-depressants, Alice struggles and her welfare benefits were cut off 90 days after the removal of her children. She may need to see if she qualifies for Supplemental Security Income, (SSI) based on her disability, and she may need a referral for job counseling, so she can learn to support herself while she works toward reunification. This could bring in other team members who specialize in these areas.

In summary, foster parents need to recognize the role of other team members and work with them to help the children.



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To ensure a better understanding of the members of the child's primary and secondary teams, viewers are asked to place individuals involved in the lives of Alice and her children in the correct group: Primary Team, Secondary Team, and Not a Team Member.

Alice Turner

The birth parent is part of the primary team unless parental rights are permanently terminated.

Kevin Leon and his supervisor

The caseworker and his supervisor are always members of the primary team.

Two sets of foster parents

As direct caregivers for the children, foster parents are essential members of the primary team.

River's residential institution staff

Direct caregivers are always included as primary team members.

River's psychiatrist

A therapist is a secondary team member because she is not directly responsible for the daily care of the child or for the case plan.

The children's school bus driver

The school bus driver interacts with the child briefly but is not a team member because the driver doesn't have input on the case plan.

Great-Aunt Wanda

Relatives are in the secondary support team, helping supply information. Kin are knowledgeable about the child's needs.

CASA volunteer

CASA advocates are members of the secondary team.

Local store clerk

A store clerk is not a member of the team because he has no impact on the child's daily needs or influence on the case plan.



School personnel

School staff are members of the secondary team because they don't make decisions regarding the case plan.

Court judge

The judge is a member of the secondary team because she makes her decisions regarding the case plan based on the recommendations of others.

Housing program staff

Housing staff are secondary team members because they are service providers for the primary parents.

Monitors of supervised visits

Agency staff who provide additional services are members of the secondary team.

Wrap-Up

Members of a well-functioning team have several obligations. Team members must:

- agree with the team's goal
- · communicate with other team members
- work in an atmosphere of honesty and mutual respect.

When working with other team members or professionals, foster parents might feel comments they hear are judgmental and directed at them. Professionals often look impartially at the situation as a "case" rather than from the perspective of someone who is emotionally involved with the child. Foster parents are strongly recommended not to take comments personally.

The child welfare system has many players, and has its own language and terminology. As members of the child's primary team, resource parents have a very important role and will work with many professionals, from mental health professionals to judges, and with birth parents. Child protective services is focused on the safety, permanency, and well-being of the children brought to its attention. The child welfare system may not be perfect, but its goals of protecting and caring for children are very important.

Viewers are reminded to access the printable material in the handout section of this course.





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