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In the Beginning

Assessing Commitment and Family Resources

Children are our most valuable natural resource.

—Herbert Hoover

Vignette

A couple, Mr. and Mrs. Johnson, are thinking about becoming foster parents. They have raised three children: one son is married, age 24, and on his own; the other son is age 22 and on his own; and their daughter is in college, age 18, and comes home to visit during breaks from college. The Johnsons have been thinking about fostering for some time but wanted to wait until their own children were grown and able to be accepting of the Johnsons' sharing their love and their lives with additional children. Now seemed like the time to do more research on the topic. They wanted to make sure they were doing this for the right reasons, so they did some soul-searching. Part of this process was to ascertain that they had the emotional commitment, time, money, and physical space that were necessary to foster.

With respect to commitment, they differed. Mrs. Johnson was enthusiastic. She was so excited that she had been researching youth programs that a child might like to join. Mr. Johnson, however, was unsure. He questioned whether he wanted to give up his free time—he had raised three children and was not sure he had the energy for more. He liked having time for his hobbies and time with his own family. Mr. Johnson was concerned, too, because they both worked: she as a receptionist and he as a mechanic at his business. He, then, wanted to consider this decision carefully. Moreover, they both shared some concern about whether they would feel truly comfortable working with children who were ultimately in someone else’s custody. Because they still were finding their answers, they called Mrs. Thomas, a practitioner at their local children’s agency, for guidance in their quest to assess their decision to foster.

Key

Mr. and Mrs. Johnson: potential foster parents.

Mrs. Thomas: foster care worker.

Mr. and Mrs. Johnson and Mrs. Thomas have several important considerations to confront. This first chapter provides information that can help them and other potential caregivers explore their readiness to accept children into their care. For practitioners and foster parents, for example, this means ensuring that they can and will give their all to making a foster care placement successful; for foster parents, it specifically means standing by the youth (children and adolescents) in the long term and thereby minimizing any placement disruption. Placement disruptions undermine the efforts of child welfare agencies to promote safety, permanency, and child well-being (Price, Chamberlain et al. 2008). In our vignette, therefore, it was essential for the Johnsons, with Mrs. Thomas’ assistance, to understand the ramifications of the decision before them. Ensuring that foster parents are ready to foster is the first step of advocacy. Advocacy must be completed at each step along the way, and such advocacy requires energy and stamina. If the care providers are not ready, the children may suffer, either because the care providers might change their mind or because their skills might not be sufficient to handle those children’s specific needs.



Advocacy Checklist

- Assess commitment to providing foster/kinship care.
- Examine existing resources.
- Evaluate motivation to foster.
- Understand the precertification process.

Assess Commitment to Providing Foster/Kinship Care

Identify the Need

Choosing to parent a child who is not biologically your own is a huge decision and an even greater commitment. It means committing oneself to the time, attention, and level of care that a young person needs, as well as the time it takes, as the premise of this book suggests, to advocate for that youth. Some children have greater needs than others, which could involve more supervision, coaching, and medical attention. Foster parents must believe that other nontangible rewards exist; financially, no amount of money can adequately compensate for the strife and ache that come with caring about another human being in pain, emotional or physical. Mrs. Thomas, our practitioner, knew that many potential foster parents give up within the first year (Rhodes, Orme et al. 2003). And yet, for those who continue to foster, there is great joy when a small child smiles at you or a teenage youth feels victorious because you have helped her obtain her first job. Committing to fostering or providing kinship care means following through on an obligation to stay with a child long after it becomes emotionally difficult for everyone involved. For a foster or kinship caregiver, that means agreeing to parent the child(ren) until a permanent family can be found. That “permanency” is achieved when the child returns to his or her parents, or after the child’s parents’ rights have been terminated and either an adoptive family has taken over your responsibilities or you yourself have chosen to adopt the child. Other options for a permanent placement can include the youth participating in an independent living (IL) program and becoming emancipated at a state-recognized age.

During an initial information session, prospective foster parents are sometimes asked if they can make this type of commitment. Deciding if one can make a long-term commitment to an unknown child may take



some soul-searching. For couples, the question may be: do you both have the same level of commitment? In our vignette, we met the Johnsons, potential foster parents, who are exploring this decision.

Analyze the Context

For our discussion throughout this text, we are defining both sets of caregivers, foster parents and kinship caregivers, as adults who care for youth who have been temporarily or permanently removed, under court order, from their biological parents' care, typically as the result of maltreatment (physical abuse, sexual abuse, neglect, emotional abuse). To distinguish these two groups further: Foster parents are adults who wish to provide care for youth to whom they are not biologically or legally related. They may or may not end up adopting the child. Kinship caregivers are adults who have some familial relationship to youth other than being his or her biological or legal parent through adoption; they are typically grandparents but can also be great-grandparents, aunts, uncles, and other relatives. Sometimes kinship care providers serve in a temporary role as they step in to care for their "kin" while the child waits for her/his parent(s) to improve their parenting skills and provide a safe and nurturing home. Other times they serve as "permanent" caregivers by adopting the child, serving as a legal guardian, or acting in other court-approved capacities.

During the early assessment of commitment, kinship and foster parents' perceptions of factors that promote or inhibit successful fostering must be considered (see Buehler, Cox, and Cuddeback 2003). Inclusive in this decision is an assessment of their emotional commitment to this role as well as an assessment of their family resources (spouse/partner, children in home already, finances, household management, physical space, skills) and subsequent commitment of these resources for fostering. Part of this process involves honestly assessing the family's ability to care for children in specific developmental ranges and children with extremely challenging behaviors and/or challenging birth family members. The job of the practitioners is to assist potential foster and kinship parents in this assessment and in the resulting decision to enter this role and take the initial training.

Let's first turn specifically to this decision for potential foster parents. Such a decision is first based on having a fundamental knowledge of foster care



and the role of foster parents. What is foster care? According to the National Foster Parents Association: “Foster care is the temporary placement of children and youth with families outside of their own home as result of abuse or neglect. The goal is to provide a safe, stable, nurturing environment” (<http://www.nfpainc.org/content/?page=FOSTERPARENTINFORMATION>).

What is the scope of responsibilities for a foster parent? The National Foster Parent Association states:

A foster parent is a person who cares for children/youth who are not in their custody, children and youth who have entered the foster care system. Foster parents care about children and are willing and able to provide care and nurturing for the duration of the child’s stay in foster care. Foster parents are asked to complete an application, submit to family/home assessments and attend training. Foster families must demonstrate financial and emotional stability, responsibility and a willingness to work with the agency that supervises their home. (<http://www.nfpainc.org/content/?page=BECOMEAFOSTERPARENT>)

Potential foster parents mull over fostering for a long time before they finally decide to inquire (Love and Velasco-Nunez 2004:30). Nonkinship foster families make up 75 percent of the caregiver applicants (Orme, Buehler et al. 2004). The need for foster homes, and the wonderful people who fill the roles of foster parents, is immense. For the last two decades or more, a push has occurred to shift treatment for children in care from the “therapist to the caregiver (foster parent) with appropriate training and development programs” (MacLean 1992:62). This means that foster parents are faced with more responsibility than ever before. Likewise, greater attention, commitment, and time must be given to the educational needs of youth in care with disabilities by both education and child welfare professionals (Geenen 2006).

Ethically, we do not want to place a child with a foster parent who will give up at the first sign of adversity, for it would be unfair for a child to become bonded with a foster parent only to have that person decide that fostering is too hard and ask the practitioner to remove the child. Or, worse yet, we would not want a foster parent who decides to foster a child and then finds some characteristic(s) of the child that differs from the foster family (e.g., race, religion, or other cultural factors) too difficult to reconcile and therefore asks for the child to be removed. Such action breaks with the



National Foster Parent Association Code of Ethics (2008), which believes in: “Recogniz[ing] the rights of children and youth to safe, nurturing relationships, intended to *last a lifetime*.”

Here are some comments of foster parents that imply this type of commitment.

Before I took that seventeen year old, my husband was like, “That’s it, no more” and I said “Okay, well [name] wants us to go meet her and just tell her what we think about her,” and we weren’t two minutes out the door when he goes: “Okay, when’s she moving in?”

I spent every day with him on the porch, moving his arms, moving his legs, making him look this way, keeping him alert all the time . . . ’cause I just felt determined that this innocent child was not gonna be brain damaged just because [name] shook him, you know?

It’s like just when you feel like “Ugh, I want to quit,” you know, something sort of miraculous or out of the blue thing happens. (Rosenwald and Bronstein 2008:291)

Commitment involves foster parents not just working with youth, but mentoring birth parents as well. Indeed, partnering with birth parents to work toward the return of the children to their home (“family reunification”), or another permanency plan, is a requirement of many agencies. Birth parents are, of course, a very valuable resource for children in care, children, who despite the circumstances of removal from their family of origin, generally remain very emotionally attached to the birth family. It is the practitioner who informs the potential foster parents that they (both the practitioner and the foster parents) have important roles in assisting the birth parents, who are working toward family reunification. This can be challenging, as birth parents vary on their own motivation and the pace of that motivation in working toward family reunification. As a result, the long-term options, referred to as “permanency” options, range from children in care returning home to safer and more nurturing environments (“reunification”) to being “freed” for adoption after parental rights have been terminated (known legally as TPR).

Now we will consider kinship (relative) caregivers’ commitment to serving in the role of foster parent. Kinship care is a quickly increasing trend

among child placement options. Kinship caregivers are more likely to promote contact between the children and their parents than nonrelative foster parents (LeProhn 1994), and children who are cared for by relatives rather than nonrelatives have less behavior problems (Rubin, Downes et al. 2008). While some 6 million youth under 18 are being raised by a nonparent relative (Lugaila and Overturf 2004), when we discuss kinship caregivers, we are specifically referring to those kinship care providers who are caring for youth because they do not want the child to be in the temporary care of “unfamiliar” foster parents and potentially at risk for being permanently removed from family contact.

Aside from facing considerations similar to those of potential foster parents, relative caregivers find that this enormous decision is made more complicated by a factor unique to them—the reality that they are related to the biological parents, who are not viable parent options at the time. Even though kinship caregivers love their children and may be extremely relieved that they are keeping the children from having to enter the foster care system (though sometimes there is an overlap, wherein relatives serve as temporary guardians of children in foster care), they still may feel enormous stress when faced with, and after accepting, an obligation to raise their relative children. This stress can arise from the sheer responsibilities of caring for, at an older age, one or more young children. It is often a result of the disruption of later-life plans, including changing notions of what retirement means. It also relates to continuing difficult emotions of anger, sadness, and/or disappointment that kinship caregivers may still feel and be trying to resolve toward the children’s parents for being unable or unwilling to parent themselves. Reasons for these parents’ absence include the inability or deliberate choice to not parent (often due to substance dependency, mental health challenges, or incarceration).

Consider just one real story of a married couple in their sixties who have legal custody of their daughter’s two grandchildren and are pursuing custody of the third child (Rosenwald, Kelchner, and Bartone 2008). The couple had continued to hope that their daughter, who had a long history of drug dependency, would be able to successfully raise her children, but they were disappointed.

Their lives have not been easy nor has their “retirement” been what they expected. They are saddened by their daughter’s continued use of drugs and alcohol, by her frequent arrests and hospital stays, and by the damage

done to the children both physically and emotionally. Mary is also saddened by the fact that she has not been able to be a “grandmother,” as she is now their [her grandchildren’s] parent. She misses being able to “spoil them” as she had envisioned, but knows that parenting requires a different level of responsibility. Even with the disappointments and the expense both financial and emotional, Mary and Paul believe, as do other grandparents interviewed, that parenting their grandchildren has been a “blessing.” (Rosenwald, Kelchner, and Bartone 2008:12)

For kinship caregivers, while the child(ren) may wish to live with them, they (the adults) need to consider their ability for maintaining objectivity. As the grandparent, cousin, aunt, uncle, or other relative of the children involved, they must ask themselves, “Do I have the ability to maintain objectivity when deciding what is in the best interest of the child(ren) or am I torn to make decisions that are best for the child’s parent(s)?” Indeed, some of kinship care’s pressures include “pressures from the agency, the community, the foster child, and his or her parents [that] affect the way in which [the] family style functions” (McFadden 1996:545). These pressures can impact the commitment level of the kinship caregivers.

Therefore, whether considering foster or kinship care, potential caregivers need to honestly assess their commitment to this vitally important responsibility. Youth who have experienced maltreatment must be able to rely on stable, consistent caregivers.

Develop the Plan

Recalling the Johnsons, the potential foster parents from our vignette: two years had now passed since they initially started discussing the idea of bringing foster children into their family. Understanding the commitment was an important factor to consider, and they wanted to develop a plan to help them decide if they could commit to a child for a lifetime. Therefore, each planned to spend a weekend thinking about the following questions: What does it mean to commit to fostering? Do they see this as a trial run? Do they want to try fostering out by initially providing respite care (temporary care of youth to provide relief to the full-time foster parents)? What will happen when they feel they cannot commit themselves in accordance with the agency’s mission or the National

Foster Parents Association Code of Ethics? Can they really make the necessary commitment?

Mrs. Johnson knew that the Child Welfare League of America recommends that children should be with and grow up with their own parents if at all possible (Child Welfare League of America 2003b). Her husband did not always believe that; he assumed that once a parent has abused or neglected a child, her or she might do it again and therefore could not be allowed to continue raising the child. He did not realize that

A primary goal of the foster care system is to reunite foster children with their biological parents. Keeping foster children connected to their biological parents, through visiting and other forms of contact, is essential for reunification because it helps to reestablish and maintain family ties during out-of-home placement. Parent-child contact can also increase the child's well-being while in care. Although foster parents are expected to help foster children stay connected to their biological parents, their actual involvement in this process remains problematic. (Sanchirico and Jablonka 2000:185)

Concerned about Mr. Johnson's level of commitment to the requirement of working with a child's birth parents, Mrs. Thomas asked them both to consider this difference in opinion as they gauged their commitment.

Implement the Plan

Mr. and Mrs. Johnson put the plan into play. During their usual weekend activities, they each thought about their ability to commit to providing the emotional resources of love and nurturance to an unknown child, or set of siblings, for a lifetime. Although fostering ends when the child is 18 years old (or 21 years old, or even older in fewer cases), the Johnsons contemplated what it would mean to follow the National Foster Parent Association Code of Ethics and make such an emotional commitment for a lifetime. They compiled a list of potential challenges that might make their commitment wane, including: repeated acting out by the youth that places their family members in danger; repeated acting out by the youth that puts the child him- or herself in danger; and challenging birth parents showing up unannounced or threatening their family or property.

Mrs. Johnson found a book chapter that addressed foster parent commitment. This chapter, entitled “The Role of Caregiver Commitment in Foster Care: Insights from the ‘This Is My Baby Interview,’” helped them determine how strong their commitment was (Dozier, Grasso et al. 2007). They also reviewed other books and films that gave them insight into issues related to child welfare and foster care. They read *Three Little Words: A Memoir* by Ashley Rhodes-Courter, which chronicles her courage as a child in the face of first being removed from her home as a result of maltreatment and then experiencing further abuse by her foster family. The Johnsons also examined *Wounded Angels* by David Kagan and *A Child Called It* by David Pelzer, which familiarized them with further traumatic yet courageous stories about people who had survived child maltreatment. They viewed a documentary, *The Beat Down Club* (produced by the Freddie Mac Foundation), that showcases perspectives on foster care from individuals who were actually in the system. Finally, they watched *White Oleander* and *I Am Sam*, two films that address issues with child welfare and specifically with foster care. (For relative caregivers, two helpful books can provide more information about kinship care: *Relatives Raising Children: An Overview of Kinship Care*, edited by J. Crumbley and R. Little, and *Grandparents as Parents: A Survival Guide for Raising a Second Family*, by S. de Toledo and D. E. Brown.)

On Monday morning, the Johnsons met with agency personnel, including Mrs. Thomas, to further discuss their thoughts about commitment, which included their concerns about safety factors. Mrs. Thomas reviewed potential safety plans (plans set by the caregivers and practitioners to ensure a safe environment for the child) they could put in place with the help of their assigned worker. (Mrs. Thomas may or may not be the worker assigned to work with the Johnsons; the particular staff assigned to the case depends on the individual agency.) The examples of safety plans reassured the Johnsons that they would not be alone, and as a result, the Johnsons decided they had the fortitude to see fostering through with a solid commitment. Yet with this commitment they needed to review other components before their decision process would be complete.



Examine Existing Resources

Identify the Need

When considering fostering, potential foster parents and kinship caregivers must evaluate their resources and assess if they have enough to share with children placed in their home. Resources include social support, parenting skills, finances, physical space, and time. The Johnsons now faced the large task of examining these resources.

Analyze the Context

The first resource—social support—plays a key role in helping foster and kinship parents to feel like they made the right choice. Because fostering can be stressful, both emotional support and tangible support are important. What family members, both inside and outside of the home, are available to provide support to the foster parents, to help defuse feelings of frustration? Social support can come from family members' friends, neighbors, work colleagues, and clergy, among other individuals who are available as a sounding board to foster parents when they (the foster parents) want to share a joy, when their last nerve is frazzled, and when they need advice. It is helpful to gauge the extent to which relatives in the home can provide such support. In the case of kinship caregivers, discovering whether there are additional relatives to help them with child raising is important.

Another consideration for social support relates to the relationship between the foster parent/kinship caregiver and the agency practitioner. A positive relationship is vital; it is the charge of the practitioner to initiate such relationships, and both the practitioner and the foster parent must work to maintain them. Having negative relationships with professional child welfare agency staff, for example, can lead foster parents to consider quitting (Roger, Cummings, and Leschied 2006). Chapter 7 discusses the importance of collaboration in greater detail, but it is important that one of the practitioners patiently and effectively work with potential caregivers even through the initial decision-making process under discussion here.

Foster and kinship parents feel supported when they have family, friends, and neighbors who can provide tangible support both to them and to the



youth in care. This support includes providing assistance with transporting children to appointments and extracurricular activities, tutoring, and, depending upon their circumstances, helping supply day care on days that the child(ren) are home from school. Occasional last-minute assistance with running errands and providing supervision may seem minor yet this is an extremely helpful component of social support.

The second resource to be examined is parenting skills. The full component of skills must be determined to be present before foster parents are certified or relative caregivers are approved. Five crucial skill areas are identified by the PRIDE model, a nationally recognized training program developed for potential foster parents. Potential caregivers must be competent in

1. Protecting and nurturing;
2. Meeting developmental needs and addressing developmental delays;
3. Supporting children's relationships with their [biological] parents;
4. Connecting children to safe and nurturing lifetime relationships;
5. Working as a member of a professional team. (Leighton et al. 2003, as cited in Mallon and McCartt Hess 2005:668–669)

While all of these skills are essential, the first—"protecting and nurturing"—provides the bedrock that supports the rest; it therefore requires particular attention. This skill relates to the potential foster parents having "room in their heart"—this is otherwise known as "capacity." These individuals will need to have the capacity to love and care for the child placed with them—recall that it is precisely the difficulties that the children's biological parents had in showing them love or care that account for why the youth are in foster care or awaiting kinship care in the first place. Caregivers must have the patience and tenacity to cope with the myriad of details related to parenting children with damaged bonds and, perhaps, special needs.

Part of the decision-making process is for caregivers, with the assistance of practitioners, to be honest in this assessment; although it may not be easy, they must be ready to admit to themselves that they are not ready to become foster parents or relative caregivers, at least at the current time.

This also relates to foster parents' readiness to acquire skills that they may not have, or wish to possess, in order to foster children with particular needs. For example, if the family cannot deal with a child who has a history of verbally aggressive behavior (cursing, yelling) and they are not interested in developing/refining their parenting skills to work with a child with this behavior, then the foster parents may not want an adolescent or youth who demonstrates that behavior. However, if a family is willing to learn the skills necessary to handle children with behaviors they are unaccustomed to, then it is possible they can become that next resource family for such a child. No one individual possesses every skill necessary to work with every child—the point is for the individuals to be honest about their parenting skill levels. It is important to note that it is normal for foster parents to not always have all skills for all children; however, it is crucial to honestly identify their skill level. Stating they can foster when they do not have or wish to learn the necessary skills is a profound disservice to children and a waste of system resources that can be avoided. (This discussion is continued in chapter 2.) When the alternative is foster care, kinship caregivers may not feel like they have the luxury, or a choice, to refuse to raise a relative's child.

A third resource to consider is finances. While all foster parents receive a stipend for children's basic material needs, often this stipend is not enough and the foster parents pay for some items out of their own pocket. Additionally, foster parents, depending on the jurisdiction, may have to expend money at first and then be reimbursed sometime later. Therefore, a careful consideration of their budget—their family's monthly income and expenses—and a consultation with the practitioner on estimated additional expenses and the stipend will help with financial planning.

For example, usually when children come into foster care, they have few, if any, belongings. They may be delivered to the foster parents with only the clothes they are wearing, or an infant may be dressed in just a diaper (Rosenwald and Bronstein 2008). If they do have belongings, they are sometimes dragged behind the child in a plastic garbage bag. Therefore, foster parents may need to purchase some initial clothing for the child before being reimbursed by the agency. Aside from clothing, they may need to have the financial resources to pay for incidentals (toothbrush, etc.), toys, equipment, and activities above and beyond what the agency stipend will reimburse. Subsequently, having a reasonable amount of surplus money to devote to the care of the child is important. Kinship care providers do

not always have the same financial support as foster parents, because states and counties vary on the existence, type, and amount of stipend provided to kinship caregivers in raising their relative children.

A fourth resource is physical space. Having adequate sleeping arrangements, living space, and efficient kitchen and bathrooms is important. Additionally, sufficient furniture (bed, desk/table, closet/wardrobe, and other items) is needed for the youth in care. Of course, attention to safety and sanitation is paramount as well. Part of the screening process for becoming foster parents includes a required safety check (which may be conducted by the fire company as well as the local health department). The appropriateness of relative caregivers' space will be examined as well by practitioners.

A final resource to consider is time. Childhood is brief; potential foster parents and relative caregivers should make sure they can "invest" in the development of the child throughout their childhood by making time to show their care. Time must be devoted to such core components as love, nurturing, and responsible discipline, and to practical matters such as transportation and attending activities. Practitioners can ensure that there is congruence between foster parents' goals for the child's life and the amount of time they have necessary to meet those goals. For example, foster parents who work more than full time may not have much time or energy to devote to a child in need. Therefore, potential foster parents must decide if they are ready to give up free time or time that cuts into what they currently do for their own children. Their sleep may be disrupted. Their social life may diminish. As with the arrival of a new baby, it is difficult to anticipate the impact a new child will have on the home and family; they should anticipate an increased need for time management. This time challenge is particularly relevant for relative caregivers, because often they have not deliberated as long as foster parents in making the decision to raise children at the present moment in their lives. It is necessity rather than choice that creates a new kinship care family.

Several tools exist to assist potential foster parents in assessing their decision to serve in this role. One is a psychometrically sound measure called the "Casey foster applicant inventory–applicant version" (http://www.fosterfamilyassessments.org/pages/takeassess/cfaiaassess_index.htm). A second is the "Should I Become a Foster Parent?" series of questions included below in table 1.1. These and other instruments can provide important feedback to potential foster parents.



TABLE 1.1 Should I Become a Foster Parent?

YES:

1. I enjoy being around children.
2. I have the time and energy to devote to working through behavior problems of children.
3. I want to contribute to the life of a special needs child/youth.
4. I enjoy teamwork and working with other people.
5. I am naturally optimistic and embrace the many challenges of life.

NO:

1. I have a full-time job and other time-consuming commitments.
2. I have a job that will not allow me to occasionally miss work or phone calls because of the foster child's/youth's needs (e.g. school meetings, emergencies, medical appointments).
3. I am going through a major life change (e.g., divorce, marriage).
4. I prefer to work through problems alone and do not like others to suggest or ask too many questions.
5. I have difficulty coping with stress and excessive demands.
6. I am not ready or willing to experience the huge change in lifestyle or decrease in personal time that working with an abused or neglected child entails.

National Center for Children and Families (2003) as cited in Mallon & Hess (2005), p. 673

Develop the Plan

In developing their plan, the Johnsons already felt adequately prepared in regard to a number of the resources. While it was just the two of them and their dog in the home, they knew that their older children, along with two neighbors, supported them and had stated they would be willing to help as needed. For physical space, they had a spare bedroom as well as enough general living space (including a spacious yard) in their home for up to two children. Because they were a two-income family with adult children outside of the home who were financially independent, the Johnsons had sufficient funds to cover any items that the stipend did not cover.



However, their plan development still required them to assess the impact on their time. Mrs. Thomas had suggested they examine how their life would change in terms of time. These questions framed the process that would help Mr. and Mrs. Johnson evaluate what it would *really* mean to foster. They planned to sit down and write out their weekly schedule; once it was completed, they would review it and plug in all the times that a child would need attention.

With respect to the skills identified by the PRIDE model, they felt that theirs were already sufficient. Mrs. Johnson had a reservoir of patience in regard to scheduling appointments, transporting to appointments, helping with homework, reminding children of their expected behaviors, praising them, and showing love in other ways. Mr. Johnson was skilled at teaching children how to do everything from household chores to playing games. Additionally, he also was the one who had found it easier to follow through with consequences with the children they had already raised. On top of all that, he was a wonderful cook and specialized in “children’s favorites” like pizza and making ice cream.

Mrs. Thomas asked the Johnsons to think about their potential ability to work with, not against, the birth family, for example, in coordinating rules and visits. This is one of the skillsets identified by the PRIDE model. Although Mrs. Johnson had no issue with this, Mr. Johnson was still hesitant about the idea of working with a child’s birth parents. Therefore, he and Mrs. Johnson planned to take this training, based on Mrs. Thomas’ recommendation, even though they had not fully committed yet.

Implement the Plan

The two items identified in their plan that the Johnsons needed to implement were assessing how their schedule would be impacted and waiting to attend the PRIDE training (once they were in the precertification process—see next section). For the first issue, as mentioned above, the Johnsons wrote down their typical weekly schedule. For brevity, we have taken an excerpt of Saturday, which appears in table 1.2.

When they were adding in activities that included a child, they decided for the sake of the exercise to pretend they would have a child or siblings between the ages of 6 and 10, in order to have “actual” examples for determining the amount of time and attention the child/children would need. The adjusted schedule is given in table 1.3.



TABLE 1.2 Tentative Schedule without Fostering

MORNING

- Wake up
- Make and eat breakfast/read the newspaper
- Bathe and get dressed
- Go to bowling or golf league

NOON

- Make and eat lunch
- Do housekeeping and gardening chores
- Visit with the neighbors
- Watch TV or work on hobby or home repair

EVENING

- Make and eat supper
- Go out to movies, sporting events or visit friends or relatives

TABLE 1.3 The Johnsons' Tentative Schedule with Fostering

MORNING

Wake up.

Help the child get going for the day.

Make and eat breakfast/read the newspaper while helping and talking with the child (*this would take longer*).

Bathe and get dressed.

Help or encourage the child to bathe and get dressed.

Take the child bowling or to dance or to an activity of their choice (*not covered by stipend*).

NOON

Make and eat lunch.

Help the child with lunch and clean-up.

Do housekeeping and gardening chores.

(continued)



TABLE 1.3 The Johnsons' Tentative Schedule with Fostering (*continued*)

Teach the child how to help the family with chores intermingled with playing with the child.

Visit with the neighbors.

Take the child to a friend's house or host a friend at our house.

Watch TV or work on a hobby (*there might not be time for this*) or work on home repair.

EVENING

Make and eat supper with the child or help with homework while cooking.

Coach the child on behavior issues.

Go out to movies or sporting events or visit friends or relatives with the child; or hire a sitter and go out without the child.

The Johnsons knew they would need to evaluate the accuracy of their proposed schedule. To do so, they showed it to an already certified foster parent, who suggested that they might need to transport the child to a visit or that the schedule could be disrupted when a child was sick. Additionally, the schedule would be evaluated when they started doing respite (providing other foster parents with a break from parenting by temporarily caring for those foster children), which they had decided might be a good way to try out foster care. After researching the amount of the stipend, they decided they had the time and money for the scheduled activities.

They signed up and looked forward to attending the PRIDE training.

Evaluate Motivation to Foster

Identify the Need

The Johnsons also needed to identify why they *really* wanted to foster. Assessing commitment addresses whether they wanted to foster, and they knew they did. But it was also important to focus on *why* they wanted to foster—that is, to assess their motivation. Identifying and evaluating moti-

vations provides not only information but also “clues” that represent individuals’ deeply held (and sometimes subconscious) values.

Analyze the Context

There are positive and negative reasons to foster. The most frequent motivations for becoming a foster parent are: “intrinsic, altruistic motivators of wanting to make a difference in children’s lives and a desire to have children in the home” (MacGregor, Rodger et al. 2006:351). In one study, successful foster parents were motivated by wanting to be loving parents to children and saving children from harm (Roger, Cummings, and Leschied 2006). The negative reasons for fostering have more to do with the adult wanting to satisfy some inner narcissistic need. Fostering for the money is another self-fulfilling need that does not work out very well for the children. Wishing that someone had helped them when they were young and wanting children to keep them company are not sufficient motivations on their own.

This difference between positive and negative motivations centers, therefore, on whether the motivation is child-centered or self-oriented (Rhodes, Cox et al. 2006:105). It behooves potential foster parents to critically self-examine their motivations. Agencies need adults who have sufficient positive motivation to carry them through tough times. For example, children with special needs can make progress at a pace slower than others in their age group, which takes a strong motivation to work with. Therefore, it greatly behooves individuals to understand their underlying motivations to foster.

Develop the Plan

The Johnsons developed a plan—after they attended an information session for potential foster parents, they decided each would go away for a private weekend (apart from each other) and think about how they were raised and their motivations to foster. They would then compare lists with each other. The questions in table 1.4, suggested by Mrs. Thomas, provided them with much “food for thought.”

TABLE 1.4 Questions to Assess Motivation to Foster

- How were they raised?
- What was their relationship to their parents/caregivers?
- Were they, themselves, in foster care or adopted?
- What values were instilled in them?
- Did they have compassion for a child they knew growing up?
- Did they feel guilty that they had a “good” upbringing or a “bad” upbringing and therefore wish they had been in foster care?
- If they reflect on their life, what is it about fostering that makes them want to go the extra mile? Is it for philanthropic reasons?
- Is the “empty nest syndrome” something driving them since they have time on their hands now?

Implement the Plan

The Johnsons did take some private time from each other to reflect on these questions. During their weekend, they each sat down and listed his or her motivations for fostering. When they returned from the weekend and met at home, at the top of their lists was giving back to the community. Mrs. Johnson was feeling the effects of the empty nest syndrome—now that her children were grown, she wanted children in her home again. Fostering could fill that void for her. Mr. Johnson desired to make his wife happy but knew that was not a strong enough reason to foster. He also recognized that when he was a child, he had felt sorry for the children in the family down the street. There seemed to be domestic violence in that home, and Mr. Johnson always had wished his family could take care of the other children so they did not suffer as much. Besides all this, Mr. Johnson enjoyed teaching children how to do things, seeing the wonder in their eyes, and laughing with them. Both Mr. and Mrs. Johnson knew that raising children also meant illnesses, temper tantrums, sleepless nights, and additional stress; but in their minds, the joys outweighed the pains. Their lists appear as table 1.5. On Monday after their weekend, they contacted Mrs. Thomas to share their thoughts on their motivations. Mrs. Thomas applauded their work. Together, they learned that they had mostly positive motivations to foster (e.g., giving back to community, making a difference, teaching).

However, Mrs. Thomas wanted to be thorough. She was still concerned about motivation, as she would be with any foster care candidates, and she

Mrs. Johnson's lists	Mr. Johnson's list
<ol style="list-style-type: none"> 1. Giving back to the community. 2. Empty nest syndrome—want children in the home. 3. Make a difference in a child's life. 	<ol style="list-style-type: none"> 1. Give back to society 2. Want to make wife happy. 3. Enjoy teaching children.

wanted to establish that the Johnsons were not trying to foster simply so they could look good in the community. Moreover, Mrs. Thomas wanted to make sure they could handle losing some independence, so she questioned them about her concerns. The Johnsons assured Mrs. Thomas that they saw fostering as a way to give back. They did recognize that “the empty nest syndrome” was what Mrs. Johnson was experiencing and that she wanted to give that time to a child or children in need. She clarified to herself and the others that it was about helping a child rather than filling up her time that served as her motivation. Additionally, Mr. Johnson recognized that he had come a long way since they had first considered foster care. He now understood the importance of working with birthparents when necessary. He attributed this to the education they'd received from Mrs. Thomas and to his wife's determination to “do the right thing” by giving their time and talents to children in need.

Additionally, even though they had not been through the foster parent training yet, Mrs. Thomas described some of the eventualities that could occur while they were caring for someone else's child. It can be difficult to work with someone who sexually abused a child, or beat a child, or chose to party with drugs over caring for the child. Even after all the stories that Mrs. Thomas shared and that the Johnsons heard from other foster parents, however, they still thought they had the motivation to work with the children and their parents because they were patient and caring people.

Understand the Precertification Process

Identify the Need

All potential foster parents need to complete a precertification process, which typically includes a home study, an information session, education

and training, and a criminal history check, including fingerprinting. Potential kinship caregivers also undergo a screening process, but the parameters for such a screening widely vary: relative caregivers should consult with their caseworker for further details. (The National Resource Center for Family-Centered Practice and Permanency Planning provides some of states' requirements for kinship care—see the list of Web sites at the end of this chapter.)

Because the home study is the most comprehensive component of this process, we will place the most emphasis on it. After all the soul-searching and lists the Johnsons had made, Mrs. Thomas decided it was time for the Johnsons to be educated about the home-study process. This could help the couple gain a better understanding of the time involved, allowing both of them to do more research. For the Johnsons, they could gather information about procedures—it would be an exploration for both the Johnsons and Mrs. Thomas, as the agency representative, because the agency would also gain more information about the Johnsons. Mrs. Thomas had also conducted research about assessment tools used by practitioners to decide if potential families are ready to foster; she relied on the “Casey foster applicant inventory—applicant version (Orme, Cuddeback et al. 2007) (mentioned earlier) and a book entitled *Adoptive and Foster Parent Screening: A Professional Guide for Evaluations* (Dickerson and Allen 2007). Even though the home-study process could be a daunting undertaking, the Johnsons decided to proceed with whatever it was necessary to do to be able to foster.

Analyze the Context

The home-study process is an extensive series of interviews and other data collection that serves as the principal tool for potential foster parent assessment. Home-study requirements and processes vary from agency to agency. Table 1.6 provides a summary of some areas that applicants can expect to be part of the home-study process. As you can see, it covers information that ranges from physical and mental health history to financial stability and house safety. (The criminal history check can be included with the home-study process or can be separate.)

This process has changed over time as child welfare has evolved. Initially, “courts used adult probation departments to investigate families” to decide

TABLE 1.6 Components of the Home-Study Process

1. *Education.* Foster and kinship parents rule in an agency or rule it out. The agency does the same with the applicant.
2. *Interview.* This may take place in the home, possibly over two or three sessions.
3. *Home Visits.* Safety checks are an important part of this clearance process. Additionally, home visits help the worker gather information about the culture of your home as well as the neighborhood where you live.
4. *Health Statements.* These ensure that the foster and kinship parents are physically and mentally fit enough to attend to the needs of children who may be placed with their family.
5. *Criminal History Checks.* This process begins with taking fingerprints of potential foster or kinship parents and uses those fingerprints to check for a history of criminal activity.
6. *Income Statements.* Foster and kinship parents must show financial stability. Foster care stipends do not always cover the full cost of caring for another person.
7. *Autobiography.* This statement may include a photo album to be shown to the child and family of the child to be placed with the foster family.
8. *References.* These are a necessary part of the process to round out the information shared by the potential foster family. Some states require an in-person interview with references.
9. All of the above are written into a document that may be broken down into the following categories:
 - a. Family Background
 - b. Education/Employment
 - c. Relationships
 - d. A Typical Day
 - e. Parenting Style and Skills

Source: Adapted from Bayless and Craig-Oldsen 2004 and "The Adoption Home Study Process" (<http://www.childwelfare.gov/adoption/adoptive/homestudy.cfm>).

if they were “fit to adopt” (Love and Velasco-Nunez 2004:222). Later, social service agencies were asked to perform this service and placement decisions were based more on “physical characteristics than matching the psychosocial needs of the child with the parenting capabilities” of the family (Love and Velasco-Nunez 2004:222). Because the home-study process can be the source of great anxiety, foster and kinship parents should be prepared to answer the questions in table 1.7, which are typical of a home study.

Foster parents may even have to assist the home-study worker in writing their own professional development plan. As in any work setting, the development plan is an agreement between you and the agency; it lists who will do what to assist you in developing the skills needed to do the job of fostering.

Although much focus is needed to address the home-study process, education and training form another essential part of the precertification process. These are an excellent way for potential foster parents to get to know the child welfare system and for the child welfare practitioners to get to know the potential foster parents. The National Resource Center for Family-Centered Practice and Permanency Planning has assembled a listing of state training requirements. It appears in table 1.8.

TABLE 1.7 Questions in the Home-Study Process

- How do you think having a child in your home will impact your social life and lifestyle in general?
- How do you think a child will impact how you express your emotions?
- How would chores be divided up in your family?
- Who do you turn to for help when having a crisis (financial, emotional, physical)?
- What does that person think about your fostering?
- What is your plan for child care after a child is placed with your family?
- How would the child be treated by your friends, relatives, neighbors?
- What experiences have you had with other races and cultures?
- What age range of youth have you experienced?
- What behaviors are you willing to address?

TABLE 1.8 State Training Requirements for Precertification of Foster Parents

REQUIRED HOURS	STATES
6 hours	Minnesota, Pennsylvania*
8 hours	Nevada
10 hours	Alaska*, Georgia (IMPACT), Idaho*, New Mexico
2 hours	California, Colorado*, Michigan (PRIDE), Mississippi (PATH)
14 hours	South Carolina
16 hours	Wyoming
18 hours	Hawaii, Montana
20 hours	Indiana (Fosterparentscope)
21 hours	Florida (GPS-MAPP)*, New Hampshire, Nebraska
24 hours	Maine, Massachusetts (MAPP), Ohio*
27 hours	Delaware (PRIDE), New Jersey, Illinois (PRIDE), Maryland, Missouri (STARS), North Dakota (PRIDE), Oklahoma (OK PRIDE)
30 hours	Alabama*, Arizona (PS MAPP)*, Arkansas*, District of Columbia (PS MAPP)*, Iowa (PS MAPP), Kentucky (GPS-MAPP), Louisiana (MAPP), North Carolina, Rhode Island*, South Dakota, Tennessee (PATH), Texas (PRIDE)*, Vermont, Washington*, West Virginia (PRIDE)
32 hours	Utah (CCBT)
45 hours	Connecticut (PRIDE)*
# of hours not specified	New York*
No preservice requirement	Oregon* (orientation, prior to or within 30 days of placement), Virginia, Wisconsin

*Exceptions and Explanations, by state:

* Alabama: 30 hours over 10 weeks of group preparation or 7 weeks of individual sessions if family cannot participate in a group.

(continued)

TABLE 1.8 State Training Requirements for Precertification of Foster Parents (*continued*)

- * Alaska: Requires 10 hours for a one-parent household, or 15 hours per household for a two-parent household.
- * Arizona: Or 7 consultations using the PS Deciding Together program.
- * Arkansas: CPR and First Aid training are required.
- * Colorado: 12 hours plus CPR and First Aid. Additional 15 hours completed within 3 months of placement.
- * Connecticut: 45 hours of training must be completed within the first 18 months of licensure.
- * District of Columbia: All public and private agencies in the District of Columbia must use a federally recognized training modality, i.e., PRIDE or PS-MAPP.
- * Florida: The Administrative Code standard is 21 hours, but also requires use of GPS-MAPP, which consists of 30 hours.
- * Idaho: Not less than 10 hours of training no later than 1 year following the issuance of an initial foster care license.
- * New York: Requires certain content areas, but not number of hours. Many counties and agencies use the Model Approach to Partnerships in Parenting/Group Preparation and Selection (MAPP/GPS) Precertification Training Program. Although it is not required by the Office of Children and Family Services, it is the recommended selection and preparation program.
- * Ohio: A person seeking certification to operate a pre-adoptive infant foster home shall complete a minimum of 12 hours of preplacement training. A person seeking certification to operate a treatment foster home shall complete a minimum of 36 hours preplacement training.
- * Oregon: Applicants and certified families must complete the Foundations of Relative Care, Foster Care, and Pre-Adoptive Care (Foundations) training, or have written documentation of completion of equivalent training content from another licensed child-caring agency within two years of an applicant's dated application for a Certificate of Approval from the Department.
- * Pennsylvania: 6 hours minimum preservice orientation is required. Many counties require additional preservice training hours.
- * Rhode Island: Requires 27 hours of preservice training for state foster parents. Some contracted child placing agencies require fewer hours of preservice but have mandatory training requirements after licensing. In order to insure that all of the agencies deliver the same basics in their training, State has developed core competencies, based on the CWLA core competencies, and the agencies have to demonstrate when/how the competency is delivered.
- * Texas: DFPS's Residential Child Care Licensing (RCCL) division is responsible for licensing and monitoring child-placing agencies (both DFPS and private). It is the child-placing agencies that are responsible for verifying families. RCCL requirements are 8 hours of preservice training. DFPS requires 30 hours of PRIDE training for its homes.
- * Washington: Also must complete first aid/CPR and blood-borne pathogens course.

Source: http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/policy-issues/Foster_Parent_Preservice_Training.pdf.

Develop the Plan

The Johnsons planned to complete the paperwork for the home-study process and to continue with their precertification training. They knew it would take time and were looking forward to the process of telling their own stories. One concern they had, however, was that “skeletons in their closets” might be found. Mr. Johnson had an uncle that abused alcohol, while Mrs. Johnson had been sexually assaulted as a teenager. Mrs. Thomas assured them that based on how they had handled these challenges, those experiences could help develop skills that would help them foster children with similar challenges. Subsequently, she scheduled a screening appointment.

Implement the Plan

Implementing their plan included learning about and completing the home-study; the Johnsons enjoyed the process of talking with each other and Mrs. Thomas about their answers. At times, they needed assistance on how to interpret some of the questions on the written forms; Mrs. Thomas was happy to help them and asked that they examine the questions and realistically answer the questions based on fact rather than perception.

Additionally, they consented to criminal background checks and attended the PRIDE training in their state, which counted as the required education and training. (They had attended an information session several months ago.) After they completed the education and training, Mrs. Thomas checked in with Mr. Johnson on where he was with working with birth parents. (Mrs. Johnson was already on board.) The three discussed this issue at length. From the training, Mr. Johnson had learned that a parent’s abuse or neglect of a child does not automatically lead to a termination of a parent’s rights and that in fact much of the work when a child is in care is focused on family reunification as appropriate. As a result, he felt much more comfortable about working with birth parents because if family reunification was the goal, then the birth parents had been determined by practitioners to be “motivated”—and that was good enough for him. Mrs. Johnson was proud of her husband. Mrs. Thomas typed up the home-study and provided the Johnsons with a copy of it as well as an evaluation of the home-study, and the education and training. She followed up with another evaluation six months after the Johnsons began to foster their first set of siblings.



Summary

This chapter outlines issues that practitioners, foster parents, and kinship caregivers should assess when deciding to take the initial step toward advocacy by become a stable caregiver for children through fostering or kinship care. Foster and kinship parents must commit themselves and other resources to the goal of raising someone else's child. This is a monumental undertaking and one to be taken on with great seriousness. It is the responsibility of the practitioner to make sure that potential foster parents consider all the important factors, including assessing commitment, resource, and motivation and undergoing the precertification process. Practitioners can assist with the precertification process through information sessions, training, and the home-study process. Relative caregivers will also benefit from practitioners who are sensitive to the additional needs of these caregivers. Proper assessment and honest reflection go a long way in strengthening foster parent and relative caregiver retention and increasing placement stability.

This all illustrates that the decision to caregive is indeed the first step in advocating for children in care.

Discussion Questions

1. How would you handle a situation in which a married couple who were considering fostering disagreed with each other on their motivation? Would your answer be different if the married couple were grandparents considering raising their grandchild? Why or why not?
2. Describe the components of the home-study process and why it is an important assessment tool.
3. Five resources were discussed that contribute to foster parent readiness. Can individuals increase some of these more easily in preparation for the role? Are some more difficult? Why?
4. If potential foster parents or kinship caregivers are found not to have sufficient commitment, in what other ways might their talents be utilized and still make them feel good about their contributions?





Web Sites

- Child Welfare Information Gateway: <http://www.childwelfare.gov>
- Foster Care Support Network: http://www.impact-publications.com/category/general_info_fcsn
- Kinship Training: http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/policy-issues/kinship_training.pdf
- National Child Abuse and Neglect Data System: www.ndacan.cornell.edu
- National Foster Parent Association: www.nfpainc.org
- National Resource Center for Family-Centered Practice and Permanency Planning: <http://www.hunter.cuny.edu/socwork/nrcfcpp/>

