

CWS3103W Mutual Family Assessment

LEARNER HANDOUTS



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES



List of handouts CWS3103W Mutual Family Assessment

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Transfer-of-Learning Day 1

Word document TOL post-class for activities related to Day 1; email to your trainers after Day 1

Kinship Resource Family Mutual Family Assessment template (blank)

Non-Relative Resource Family Mutual Family Assessment template (blank)

Supervisor Transfer-of-Learning

Word document TOL received from your trainers post-class to discuss and do activities with your supervisor within your agency

CWS3103W MUTUAL FAMILY ASSESSMENT

COURSE COMPETENCIES AND LEARNING OBJECTIVES

Competencies:

1. Utilize casework and interviewing strategies to promote development of a collaborative family/caseworker relationship
2. Assess the prospective resource parent's knowledge, abilities, attitudes, relationships, and capacity to foster
3. Compose a written and integrated summary of required documentation into the Mutual Family Assessment template

Learning Objectives:

Upon completion of the course, trainees will be able to:

1. Identify the qualities and skills needed by resource parents to care for children who've experienced trauma and the importance of training and preparation
2. Develop interview questions and responses to guide the direction of an interview to achieve its stated purpose
3. Prepare to flexibly select or modify interviewing strategies in response to family members' reactions and contributions
4. Summarize discussion to restate or reaffirm conclusions and decisions made during an interview.
5. Recognize the importance of engaging family members and children, when appropriate, in collaborative assessments to increase the depth, accuracy, and relevance of assessment findings
6. Analyze, compare, and integrate assessment information from various sources and draw relevant conclusions upon which to base case decisions.
7. Assess the prospective resource parent's motivation, capacity, parenting skills and ability to meet the core competencies and whether those could be better developed to meet the needs of children in their care.
8. Integrate and document assessment findings and conclusions in a thorough, summarized Mutual Family Assessment template
9. Recognize the importance of supportive services to both non-relative and kinship resource parents to strengthen and sustain placements

10. Understand the different approaches needed when assessing non-relative and kinship caregivers.

THE CONSORTIUM FOR RESOURCE, ADOPTIVE, AND FOSTER FAMILY TRAINING (CRAFT) REGIONAL CONSULTANTS

CRAFT promotes the safety, permanency, and well-being of children by helping shape stronger foster, adoptive, respite, and kinship families (collectively referred to as resource families) who serve local Departments of Social Services to meet the needs of children and youth in Virginia's child welfare system.

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21 Core Competencies of the State of Virginia

Pre-service training must address, but not be limited to, the following core competencies:

1.	Factors that contribute to neglect, emotional maltreatment, physical abuse, and sexual abuse, and the effects thereof.
2.	Factors associated with the delay in the development of children and factors that affect bonding and attachment.
3.	Stages of human growth and development (not required for respite resource parents).
4.	Concept of permanence for children and selection of the permanency goal (not required for respite resource parents).
5.	Reunification as the primary child welfare goal; the process and experience of reunification.
6.	Importance of visits and other contacts in strengthening relationships between the child and their family, including their siblings.
7.	Legal and social processes and implications of adoption (not required for respite resource parents).
8.	Support of older youth's transition to independent living (not required for respite resource parents).
9.	The professional team's role in supporting the transition to permanency and preventing unplanned placement disruptions.
10.	Relationship between child welfare laws, the LDSS's mandates, and how the LDSS carries out its mandates (not required for respite resource parents).
11.	Purpose of service planning (not required for respite resource parents).
12.	Impact of multiple placements on a child's development.
13.	Types of and response to loss, and the factors that influence the experience of separation, loss, and placement (not required for respite resource parents).
14.	Cultural awareness and sensitivity.
15.	Preparing a child for family visits and helping them manage their feelings in response to family contacts.
16.	Developmentally appropriate, effective, and nonphysical disciplinary techniques.
17.	Promoting a child's sense of identity, history, culture, and values.
18.	Respecting a child's connection to their family, previous resource families, and/or adoptive families.
19.	Being nonjudgmental in caring for the child, working with their family, and collaborating with other members of the team.
20.	Roles, rights, and responsibilities of resource parents (not required for respite resource parents).
21.	Maintaining a home and community environment that promotes safety and well-being.

21 Core Competencies of the State of Virginia by MFA Competencies

MFA Competency #1

Creates a Stable, Supporting, and Safe Environment for Children

14. Cultural awareness and sensitivity.

16. Developmentally appropriate, effective, and nonphysical disciplinary techniques.

17. Promoting a child's sense of identity, history, culture, and values.

21. Maintaining a home and community environment that promotes safety and well-being.

MFA Competency #2

Advocates for Children's Developmental Challenges Through Trauma-Informed Care

1. Factors that contribute to neglect, emotional maltreatment, physical abuse, and sexual abuse, and the effects thereof.

2. Factors associated with the delay in the development of children and factors that affect bonding and attachment.

3. Stages of human growth and development (not required for respite resource parents).

12. Impact of multiple placements on a child's development.

13. Types of and response to loss, and the factors that influence the experience of separation, loss, and placement (not required for respite resource parents).

MFA Competency #3

Promotes Connections to Families, Community & Culture

6. Importance of visits and other contacts in strengthening relationships between the child and their family, including their siblings.

14. Cultural awareness and sensitivity.

15. Preparing a child for family visits and helping them manage their feelings in response to family contacts.

16. Developmentally appropriate, effective, and nonphysical disciplinary techniques.

17. Promoting a child's sense of identity, history, culture, and values.

18. Respecting a child's connection to their family, previous resource families, and/or adoptive families.

MFA Competency #4

Supports Long-Term Relationships and Stability for Children Through Permanency

4. Concept of permanence for children and selection of the permanency goal (not required for respite resource parents).

5. Reunification as the primary child welfare goal; the process and experience of reunification.

7. Legal and social processes and implications of adoption (not required for respite resource parents).

8. Support of older youth's transition to independent living (not required for respite resource parents).

9. The professional team's role is in supporting the transition to permanency and preventing unplanned placement disruptions.

11. Purpose of service planning (not required for respite resource parents).

18. Respecting a child's connection to their family, previous resource families, and/or adoptive families.

MFA Competency #5

Fulfills Role/Responsibilities and Collaborates with Stakeholders to Serve Children & Families

9. The professional team's role is in supporting the transition to permanency and preventing unplanned placement disruptions.

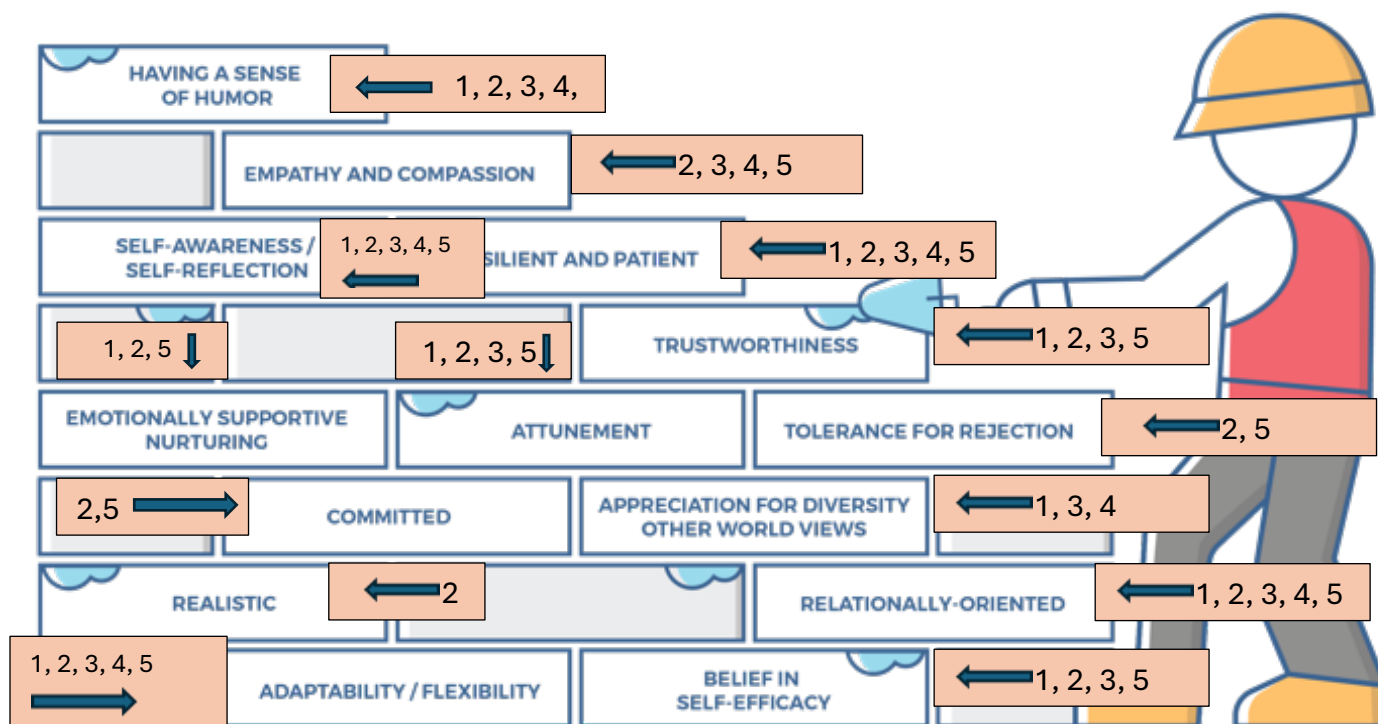
10. Relationship between child welfare laws, the LDSS's mandates, and how the LDSS carries out its mandates (not required for respite resource parents).

11. Purpose of service planning (not required for respite resource parents).

19. Being nonjudgmental in caring for the child, working with their family, and collaborating with other members of the team.

20. Roles, rights, and responsibilities of resource parents (not required for respite resource parents).

14 Characteristics of Effective Foster/Adoptive Parents



MFA COMPETENCY KEY

CHARACTERISTIC	MFA CORE COMPETENCY				
	#1	#2	#3	#4	#5
Adaptability & Flexibility	✓	✓	✓	✓	✓
Appreciation for Diversity & Other World Views	✓		✓	✓	
Attunement	✓	✓	✓		✓
Belief in Self-efficacy	✓	✓	✓		✓
Committed		✓			✓
Emotionally Supportive & Nurturing	✓	✓			✓
Empathy & Compassion		✓	✓	✓	✓
Having a Sense of Humor	✓	✓	✓	✓	✓
Realistic		✓			
Relationally Oriented	✓	✓	✓	✓	✓
Resilient & Patient	✓	✓	✓	✓	✓
Self-Awareness & Self-Reflection	✓	✓	✓	✓	✓
Tolerance for Rejection		✓			✓
Trustworthiness	✓	✓	✓		✓

Excepted and adapted from: NTDC and Home Study Assessments Integration Guide (June 2024)

Triple “S” ~ Skills, Supports, and Sustained Motivation

Will replace ARW- Skill (Ability), Supports (Resources), and Sustained Motivation (Willingness)

Skills- General and specialized parenting skills, knowledge, and self-awareness

General Parenting Skills: Prospective caregivers discuss their parenting philosophies, approaches to discipline, and strategies for supporting a child's development. Professionals evaluate the prospective caregiver's capacity to provide a nurturing and stable environment.

Specialized Parenting Skills and Knowledge: Prospective caregivers demonstrate their understanding of attachment theory, trauma-informed care, and relevant parenting techniques. Professionals assess the prospective caregivers' readiness to address the unique needs of foster or adoptive children. This may also include plans to support a child's identity and cultural connections.

Childhood and Family History: Prospective caregivers provide information about their own upbringing, family dynamics, and significant life events. This helps assess how their past experiences may influence their parenting approach.

Supports- Support networks, financial, and community resources

Support Systems: Professionals examine the prospective caregivers' support networks, including family, friends, and community resources. They assess the availability of emotional, practical, and financial support for the prospective parents and the children in their care.

Sustained Motivation- To be a resource for children and their families and support permanency goals.

Adoption and Foster Care Considerations: Professionals assess the prospective caregiver's openness to supporting permanency goals for children, shared parenting, and other types of ongoing contact with a child's birth family members.

IMPRESSIONS/RECOMMENDATIONS

Mr. and Mrs. Jones have completed the required National Training and Development Curriculum (NTDC) pre-service training and have articulated and demonstrated the characteristics of the Virginia core competencies embodied in the NTDC themes. Listed below are competency categories and the strengths and challenges/supports needed, noted in each area:

*****Use NTDC language: Triple “S”: Skills, Supports, and Sustained Motivation***

Mr. and Mrs. Jones have demonstrated the skills, supports, and sustained motivation to.....

Competency Category #1: Creates a Stable, Supporting, and Safe Environment for Children

Characteristics of this Competency

- Home meets standards of space, safety, and health
- Financially able to support children
- Resource of time to care for children
- Clear backgrounds
- Physically/mentally able to nurture & care for children
- Overall, a physically and emotionally safe environment
- Protective Factors:
 - Resilience (recover quickly, overcome trauma, toughness, self-care).
 - Concrete supports & social connections (ask for and accept help)
 - Adaptability: Belief in self-efficacy
- Promotes a trusting environment where needs are met (all domains) to promote positive/healthy/secure attachment.
- Appreciates/nurtures differences in culture and worldviews
- 4 S's of Relationship-Focused Parenting:
 1. Seen: Attuned to the child's seen and unseen needs
 2. Safe: Build safety with time at home/with family, with protection and predictability
 3. Soothed: Comfort by word or action
 4. Secure: Connect physically and emotionally to build trust

Competency Category #2: *Advocates for Children's Developmental Challenges through Trauma-Informed Care*

Characteristics of this Competency

- Knowledge: Being willing to learn new child development and parenting strategies to parent children who have experienced separation, loss, and trauma more effectively.
- Knowledge of social, cognitive, educational, emotional, and physical development, milestones for kids
- Three Rs: Regulate, Relate, Reason
- Adversity and how that can impact development
- Understand that development can be disrupted by trauma – potential delay in each domain
- Attunement: Sensitive to the needs of the child, whether the child is aware of it or not.
- Healthy sexual development
- Each developmental stage takes time to master.
- Positive feedback and how to engage a child with developmental delays
- Communicate with the department about awareness of potential developmental delays.
- Emotionally supportive and nurturing – allows the child to express pain and emotion beyond behaviors
- Realistic expectations
- Understanding separation and loss: If not validated, then there is no support, closure, or healing – it has a profound effect in all areas of their life.
- Kids who entered foster care with no problems have a problem now – they were taken away from everything they knew.
- Self-awareness, self-reflection, empathy, compassion: give a child a safe place to support feelings of separation and loss and recognize how their own childhood has impacted them.

Competency Category #3: *Promotes Connections to Families, Community, and Culture*

Characteristics of this Competency

- Relationally-Oriented: Showing respect, empathy, and compassion for the family of origin to build a foundation.
- Encourage parents to have self-efficacy – parents feel competent to parent.
- Recognizing the value of relationships.
- Life books and other documentation of the child's life
- Maintain connections to community and culture/customs
- Working with the family – visitations, phone calls, texts. Infants need bonds with parents and often have more frequent visits.
- Express genuine concern and encourage families that change is possible.
- Highlight the strengths of parents and do not speak negatively about the parents.
- Respect the right of the child to love their parent unconditionally

Competency Category #4: *Supports Long-Term Relationships and Stability for Children Through Permanency*

Characteristics of this Competency

- Understanding reunification, achieving the goals, understanding a foster care plan, and concurrent planning.
- Adoption
- Long-term connections to biological families after adoption.
- Understanding the child's best interest to maintain that connection.
- Children are capable of loving more than one parent.
- Build connections with children long-term so they are supported throughout childhood and into adulthood.

Competency Category #5: *Fulfills Role/Responsibilities and Collaborates with Stakeholders to Serve Children & Families*

Characteristics of this Competency

- Knowledge of service planning and permanency goals
- Supporting Parents/Child/Agency in achieving goals on the foster care plan, and everyone on the team assisting to help the process.
- Foster/Adoptive Parent Roles & Responsibilities – they have goals in the foster plan, too.
- The role courts play
- Lifelong collaboration and learning to fulfill the role and responsibilities as foster/adoptive parents.
- Foster/adoptive parents have the most contact with the child during this difficult time; therefore, you play a large role in the professional team.
- Committed long-term to the child, adaptable, and flexible as a team member
- Resilient: Self-care is necessary
- Having a sense of humor, self-awareness, empathy, and compassion as a child welfare team member

REFLECTION QUESTIONS INCORPORATED INTO THE MFA

NTDC REFLECTION QUESTIONS		MFA SECTION
1.	Identify one characteristic that you consider a strength & one challenge for you.	Background Information
2.	Write one challenge you expect to experience as you take on the role of parenting a family member's child, and one behavior you will practice to reduce stress and avoid burnout.	Child-Specific (Kinship)
3.	What thoughts, beliefs, and attitudes did you have about parents whose children are in foster care before you started this class, and have they changed? (NON-RELATIVE)	Motivation (Non-Relative)
4.	Understanding of the Child Welfare System	Child-Specific (Kinship) Motivation (Non-Relative)
5.	Think about developmentally age-inappropriate behaviors that may present in foster children that you learned about in class. What do you think would be most challenging to you if you were caring for a child with such a mixture of developmental stages? What support might you need?	Child-Specific (Kin) Foster/Adopt Profile (NR) Willingness to Foster Scale (NR)
6.	Think about your own attachment history-the way that your parent or earliest caregivers took care of you. Consider for a moment how you were parented.	Background Information: Relationship with Caregivers
7.	How might you categorize your parent(s)' style of attachment? How did that feel for you as a child?	Background Information: Relationship with Caregivers
8.	Now picture the child you hope to foster or adopt. Think about how you might want to parent this child differently or similarly. Take a moment to write any reflections down. If you find that some thoughts and feelings surface outside of class, it would be good to continue reflecting on the effect on your parenting.	Family Life & Parenting Skills
9.	Reflections from "Expanding Your Parenting Paradigm"	
	As you reflect on the information presented in the video, has your view about how to parent a child whom you are fostering or adopting changed? If so, how has it changed?	Family Life & Parenting Skills
	Which areas of your parenting do you think you might need to adjust in order to accommodate the needs of a child who has experienced trauma, separation, and loss?	Family Life & Parenting Skills
	What challenges do you anticipate facing as you expand your parenting paradigm? (Look back at your report from your Self-Assessment to obtain ideas.) How might these challenges affect others within your family?	Child-Specific (Kin) Foster/Adopt Profile (NR) Willingness to Foster Scale (NR)
	Which characteristics or skills did your Self-Assessment reveal as needing the greatest attention?	Background Information Family Life & Parenting Skills
	What are some ways that you believe you can create a consistent and predictable environment when a child you are fostering or adopting enters your home?	Family Life & Parenting Skills
	Which kinds of visual reminders can you place in your home to help you stay focused on the root causes of the child's behaviors, rather than the behaviors themselves (for example, calming pictures, resource books, pictures of joyful times, notes with reassuring words)?	Family Life & Parenting Skills
	Do you think that changes in your routines or traditions will cause any of your family members discomfort or stress? (For example: If your family travels every Sunday to your mother's home for dinner, how will your mother feel if that tradition cannot be accommodated easily?)	Background Information (Parents/Siblings/Family) Family Life & Parenting Skills Children Other Household Members
	How can you help to prepare members of your family and support system for the journey of fostering or adopting a child?	Background Information (Parents/Siblings/Family) Family Life & Parenting Skills Children Other Household Members
10.	Parents need to consider their own grief and loss triggers. Think back to a personal loss. Be aware that dealing with our own losses may be triggering, so remember to do what you need to do to take care of yourself. Now that you have thought about a personal loss, consider these questions:	Significant Life Events

	Can you imagine how supporting a child's loss might stir up feelings in you?	Significant Life Events Family Life & Parenting Skills
	What are some ideas for how you will practice good self-care to help deal with these feelings?	Significant Life Events Health Background Information
11.	Write down the names of three important people in your life, including at least one sibling if you have one. For each one, answer the following questions:	Background Information (Parents, Siblings, Family)
	What role do they play in your life?	Background Information (Parents, Siblings, Family)
	When was the last time you talked with them or saw them?	Background Information (Parents, Siblings, Family)
	What would be missing if you no longer had contact with them?	Background Information (Parents, Siblings, Family)
	What efforts would you make to be sure to maintain contact with them?	Background Information (Parents, Siblings, Family)
12.	Think about a child having a meltdown, yelling at you, and calling you names. Consider these questions:	
	How do you think it would feel to you?	Child-Specific (Kin) Foster/Adopt Profile (NR) Family Life & Parenting Skills
	What might be your first reaction?	Family Life & Parenting Skills
	How would you get yourself ready to help the child co-regulate?	Child-Specific (Kin) Foster/Adopt Profile (NR) Willingness to Foster Scale (NR) Family Life & Parenting Skills
	What support might you need?	Child-Specific (Kin) Foster/Adopt Profile (NR) Willingness to Foster Scale (NR)
13.	When you are highly distressed or threatened, do you tend to use more hyperarousal strategies (do you get confrontational, agitated, and angry with conflict/frustration/stress) or dissociative strategies (do you avoid and shut down with conflict), or some of both? What do you think sparked you to develop these strategies?	Background Information Marriages/Relationships Family Life & Parenting Skills
	Based on what you have been learning, identify the list of regulating or calming activities that you use or can use. What makes you feel better when you are upset?	Background Information
	Reflect on how your responses to distress may play out when interacting with a dysregulated child.	Willingness to Foster Scale Family Life & Parenting Skills
14.	Think about your childhood and how you were given messages about boundaries.	Background Information
	Were they explicit messages, or were they more subtle and delivered by example?	Background Information
	Is there anything about those messages that you would change for a child coming into your home?	Family Life & Parenting Skills
15.	What are the behaviors that really bother you? Why do they trouble you so much?	Child-Specific (Kin) Foster/Adopt Profile (NR) Willingness to Foster Scale (NR)
	What is your greatest fear about managing one of these challenging behaviors?	Child-Specific (Kin) Foster/Adopt Profile (NR) Willingness to Foster Scale (NR)
	What proactive things do you think you can do to cut off escalations before they occur?	Family Life & Parenting Skills
	List one or two skills that you've learned in this theme.	Family Life & Parenting Skills
	How do you honestly think you would react in the face of escalating behaviors, and how would you want to react differently?	Family Life & Parenting Skills

Equipping Foster Parents to Actively Support Reunification

Reunification with birth parents has consistently remained the primary permanency plan for children in foster care. Our child welfare system recognizes that children have a right to be raised in their families of origin if they can be safe in that environment, and designed a system to support that value.

Child welfare professionals work hard to recruit, engage, develop, and support the foster parents and kinship caregivers who will care for children who cannot remain safely with their birth parents. As part of that work, it is critically important to fully address the importance of foster parents' role in reunification. Our practices must effectively position foster parents to help work toward reunification—whenever reunification is the goal—and to feel supported after children return home.

Key questions

Key questions to explore when assessing your child welfare system's approach to preparing and supporting foster parents to help equip them to support reunification include:

- Does our messaging emphasize reunification as a system-wide value and priority?
- Are we adequately preparing resource parents to be partners in reunification?
How do we know whether we are effective at this?
- What skills and attitudes do foster families need to actively partner with birth parents? How are we developing these skills?
- How are we supporting foster parents through the challenges, complex dynamics, and grief and loss they will likely encounter as they take on this work?
- What feedback loops do we have in place to continue to learn from foster parents about what they need to be effective partners in reunification efforts?

Benefits of preparing and supporting foster parents

Partnering with foster parents in reunification efforts benefits children, birth parents, foster parents, and the child welfare system:

Children will have an increased likelihood of successfully reunifying with their birth families. They will also experience more consistent messages—both explicit and implicit—from the adults involved in their care and will see that their foster parents are a valuable support to their birth family.

Even when children cannot go back home, they will likely see that their foster parents were supportive of and respectful toward their birth parents, which can help the child develop a better sense of self and embrace connections with birth family members. A positive connection between birth and foster families can also help children avoid feeling divided loyalty, potentially easing the transition from foster home to permanent home.

Birth parents will have the skills and supports they need to successfully care for their children. Even if reunification doesn't happen, they will have the comfort of knowing who is taking care of their children.

Foster parents will see how they fit into the team of people working to achieve positive outcomes for children they are parenting and will feel better equipped to manage their many important roles as foster parents.

Foster parents will be better able to handle their own emotions and reactions during periods of transition—for example, when they experience complicated feelings of both loss and success when children return home. When foster parents are better prepared to cope with their own emotional challenges, they are more resilient caregivers and may be more likely to continue in their role as foster parents.

Child welfare systems will have additional assistance working toward achieving children's permanency goals and will likely experience reduced foster parent burnout and departure.

“ Creating space for relationship-building... will become transformational in the life of a parent, also in the life of a child.... A house divided is no good for a child.”
—a birth parent

What does it look like when a foster parent actively supports reunification?

What do we mean when we talk about a foster parent supporting reunification?

Foster parents who *actively* support reunification understand that reunification is most often in the child's best interest, and are committed to doing what is best for the child, even if it in-

volves complexity or loss for the foster family. They are an engaged member of the team working toward reunification, and they have a clear role on that team. They embrace the approach of shared parenting, and they are committed to building a positive, child-focused relationship with the birth family. They see themselves as an important resource for the birth family, and they view the birth family as experts on the child's needs and care.

In contrast, a foster parent who ***passively*** supports reunification doesn't interfere with the achievement of the plan goal, but doesn't work toward it. They understand that foster care is temporary and that the system will seek to reunify the child with their family, but they don't see themselves as part of the team working toward that goal. They are committed to providing warm and loving care for the child, but they see this as the only role they play.

A foster parent's active support of reunification relies deeply on the engagement, development, and support that agencies provide. Our practices should be making our expectations clear and preparing foster parents to be engaged and committed partners who actively work toward the child's permanency goal.

Concurrent planning

While we ask foster parents to actively support and engage with a plan goal of reunification, we often simultaneously ask them to consider adopting children in cases where reunification is not possible. This can be a challenge for foster parents, who may feel they are being asked to prepare for two outcomes that appear to be in opposition to each other. For this reason, it's critical that agencies include comprehensive training on concurrent planning. Foster parents need to understand that there really is one unifying goal for each child—timely permanence—and that reunification is typically the first and best permanency goal. A comprehensive understanding of concurrent planning, and how plan goals shift based on the child's best interest, can help foster parents embrace a goal of reunification while simultaneously understanding that the circumstances of the case may necessitate a plan change down the road.

Tips to enable foster families to actively support reunification

Partnering with birth family to support reunification can be challenging. Foster parents are in critical need of support as they build and strengthen connections to the child's birth

family. You can make this easier by building practices and implementing policies that reinforce partnerships between birth and foster families and that effectively develop and support foster parents for their key role in supporting reunification:

- **Use consistent messaging in family recruitment, response, engagement, and orientation to convey the temporary nature of foster care and the role foster parents play.** Prospective foster parents are often hungry for information about the process, which gives you a great opportunity to share information about what their role would be. In the materials you provide to prospective parents, you can include data on the percentage of children in foster care who reunify with birth family and who are placed with relatives. At orientation, you can highlight how reunification, when appropriate, is in children's best interest and that healthy partnerships with birth family help children thrive. Language choice matters tremendously as you try to set realistic expectations with prospective parents, so it's also critical that your recruitment materials don't undermine your message. Phrases such as "save a child" and references to "orphans" give the wrong impression about the role of foster parents and the importance of valuing birth families. In addition, staff and information shared should make it clear that pursuing foster parenting is not the same as pursuing adoption.

“ An amazing supervisor who encourages partnership is effective because of the language she uses. Her message to both the birth and foster parent is ‘I believe in both of you.’ ”

—a foster parent

- **Encourage positive attitudes towards birth families in your interactions with foster parents.** Foster parents' feelings about birth parents and why their children came into care can affect their ability to effectively partner with birth parents in support of reunification. In every orientation, training, group session, and one-on-one interaction with prospective foster parents, you have an opportunity to positively affect their attitudes toward birth families. During pre-service and ongoing training, you can encourage foster parents to reflect on their feelings toward birth parents, and challenge narratives that reflect bias. Incorporate exercises into training, such as role play or written reflections, that encourage empathy for birth parents' circumstances and highlight reunification success stories. You can also incorporate discussion topics into support groups that help foster parents focus on birth parent experiences. Perhaps most importantly, every worker who interacts with the family should speak about birth parents in positive terms. Ensure all staff are trained on how to speak with foster parents about birth families in ways that highlight strengths and encourage partnership.

- **Ensure training includes skills that foster parents need to support reunification.** Include concrete strategies in your pre-service and ongoing training that foster parents can use to build trust between themselves and birth parents. Be clear about what shared parenting looks like and what it can accomplish when it's done well. To effectively partner with birth families, foster parents need to have strong communication skills, including active listening skills and conflict management. Foster parents also need to have strong skills related to talking to the children in their care about their birth families, understanding that the manner in which foster parents speak about birth parents matters tremendously.
- **Incorporate birth parents and youth into your training curriculum.** Incorporating birth parents into your training can help to dispel myths and stereotypes and build empathy for birth parents, setting the stage for more successful partnerships between foster parents and birth parents. This can be especially valuable if you also include foster parents who successfully partnered with those birth parents to achieve their shared goal of reunification. In addition, have youth who are in or have been in foster care share their perspectives on the value of having their foster parents support reunification and partner with their birth family.
- **Provide opportunities for peer support from foster parents who have experience actively supporting reunification.** Foster parenting is challenging and no one understands that better than other foster parents. You can offer a foster parent support group led by an experienced foster parent or provide financial or material support to existing independent parent peer groups. Incorporate current or former foster parents who commit to and have experience in actively supporting reunification into your training and support programs.¹
- **Provide clear guidance and support on birth family contact and visitation.** The purpose of visitation is to maintain the bond between the birth parent and the child. Consistent contact with birth family is critical to supporting reunification, so special attention should be paid to educating foster parents about its importance. Visitation may also prompt stress in the foster parents, due to tension in the relationship with the birth family or challenging behavior from the child during or after visitation. Foster parents need support and guidance around visitation so they understand what to expect and are ready for possible challenges. They need to understand the reasons why children may have intense reactions after visits and that those reactions aren't an indication that visits shouldn't happen. In addition, if foster parents are expected to provide supervision or coaching during visitation, they will need specific training to build the skills necessary for that role, such as behavior modeling, healthy communication, and record-keeping. You can make visitation easier on everyone by

¹ For more information about providing peer support, read our tip sheet, *Providing Peer Support to Foster, Adoptive, and Kinship Families*, available at adoptuskids.org/for-professionals.

providing inviting and open meeting spaces, transportation, or material support for food or activities. If safe to do so, encourage visitation that is natural and informal, outside agency offices.

- **Offer enhanced support during periods of transition and loss.** When a child leaves a placement for a positive reason, such as reunification, it still represents a loss for the foster family. You should plan for any placement transition carefully, considering what the transition means for each party. Agencies should be prepared to enhance the supports they offer to the entire foster family (including other children in the home) when a child transitions out of their care. Before a child moves, match the transitioning family with another family who has been through it so they can provide peer support. You can also provide specific support groups for families transitioning a child out of their home or specific training on grief and loss.

- **Incorporate feedback and data analysis to improve your services.** Current and former foster parents, birth parents, and youth know best if your services are effective and if they meet their needs. By gathering their feedback—for example, through regular needs assessments, surveys, or exit interviews—you can better understand if your system is adequately preparing and supporting foster families to be partners in reunification. Use the information you glean from current or former foster parents to improve the training and support that you provide to prospective parents. For example, if survey responses reveal that many foster parents did not know that they would be playing as involved a role in visitation with birth family, make changes to your training curriculum to address that omission. Further, by analyzing the available data—reunification rates, time to permanence, or foster parent longevity—you can better understand if your services are having the impact they are designed to have. If analysis reveals that your services are not having the intended effect, use that information to make systemic changes to better meet families' needs.²

“ Get creative to allow longer and more frequent visits. More in-depth visits, like going for ice cream instead of sitting in a room where it’s awkward. It’s easier on the kids and they don’t have to feel bad being happy to go with the foster parents. It feels safe because they see their parents and foster parents working together. It’s natural, the same way it would be with a grandma or an aunt. It’s more authentic so the kids don’t have to feel like they’re living two lives.”

—a foster parent

² For more information about program evaluation, read our tip sheet, *Evaluating Family Support Programs*, available at adoptuskids.org/for-professionals.

- **Give special consideration to kinship caregivers.** Child welfare systems are increasingly relying on relative caregivers to meet their placement needs. The strengths and needs of this population of resource parents are unique and should be given special consideration in the development and support that you provide. Consider providing additional or tailored training for this group, highlighting the skills that are especially necessary for relative caregivers, such as boundary setting and managing shifting family dynamics. In addition, what may be an appropriate expectation of non-relative foster parents—such as supervising visitation—may not be appropriate or may need to be modified for kinship caregivers, given existing family relationships. Consider offering a peer-to-peer support group specifically for kinship caregivers. Kinship navigator programs can also be a tremendous support to relative caregivers who are managing unique circumstances that come with their role.

From the field—Washoe County, Nevada³

As part of their participation as a Quality Parenting Initiative (QPI)⁴ site, Washoe County sought to make its entire child welfare system more child-focused. This required that administrators, staff, and community stakeholders take a holistic approach and make changes to policy and practice across program areas. Below, we focus on how they shifted their approach to the development and support of foster families and to visitation to better prepare foster families to actively support reunification.

Orientation

Administrators realized that, to be child-focused, there was a significant need to discuss the importance of reunification early, as prospective foster parents began to interact with their system. Beginning at orientation, staff now highlight the key role that foster parents play in whether reunification will be successful. Staff also introduce the various paths that families can take at orientation—fostering, adopting, mentoring, or volunteering—while emphasizing that those that choose the fostering path should be committed to supporting reunification. They encourage self-assessment to begin at this early stage as families consider which path is right for them.

Pre-service training

Washoe County also changed its model of pre-service training to devote more time to birth-parent visitation, shared parenting, and the role that foster parents play in making reunification successful. While reunification had always been discussed in pre-service training, the agency now positions reunification as the cornerstone of the foster care system and shared

³ Source: Mikie Franklin and Jesse Brown, interview, January 28, 2019

⁴ The Quality Parent Initiative (QPI) is a strategy of the Youth Law Center in San Francisco, California. For more information about the Quality Parenting Initiative, visit qpikids.org.

parenting as an important method to achieve reunification. Pre-service and ongoing training now also examine the value of visitation in maintaining the bond between children and their birth parents, and how foster parents' engagement in visitation helps to strengthen the partnership between birth parents and foster parents.

Foster parent liaisons

From their first interaction with the child welfare system in Washoe County, prospective foster parents are guided by liaisons who help them access training, complete their paperwork, and answer any questions they have. These staff remain available to foster parents after placement if they aren't sure how to access a specific service that their child or family needs.

Family Engagement Center

In 2017, Washoe County opened the Family Engagement Center for the purpose of improving the quality of visitation between birth parents and children. Five staff, called engagers, serve 50 to 60 families each. Engagers coordinate visits and help to ensure they are interactive, meaningful, and child focused. Having staff dedicated to managing visitation has helped to prioritize visitation in all cases involving out-of-home placement across the county.

The center is a large building with many open spaces, kitchens where families can prepare meals together, and a lot of outdoor space. All visitors wear color-coded name badges so staff know about special considerations—for example, if their visit needs to be supervised.

Visitation as a separate part of the case

In a significant policy change, Washoe County reframed birth parent visitation to be a completely separate part of the case that was not dependent on how well birth parents were doing in other parts of their case plan. Visitation was no longer treated as an incentive for birth parents, nor was it canceled when birth parents weren't meeting expectations. Agency visitation policy was rewritten to be child-centered, focusing on the power of positive visitation and the impact it can have on child wellbeing and on behavior. This shift in philosophy meant that more children were visiting with their birth parents, and the Family Engagement Center and its staff ensured that those visits were safe and meaningful. In addition, while engagers document if visits take place, watch for trends in visitation patterns in families, and alert social workers about any safety concerns, they do not document the detailed interactions of the visits. This helps all parties to feel more at ease during visits, and leaves everyone to fully engage with the child.

Shift in foster parent expectations

In pre-service training and in ongoing contact with foster parents, staff continually communicate that foster parents are expected to transport children to visits and join in visitation with

the birth parents whenever possible. Staff are consistent in messaging to foster parents that participating in visitation provides an opportunity to better understand the child's relationship with their birth parents. Foster parents can see firsthand the bond between birth parents and their children and engage with birth parents on how best to provide care for the child while they are in their home. In addition, transporting the child provides opportunities to talk with the child about the visit and process how they felt about it. While staff can transport the child to visitation in limited circumstances, such as illness or last-minute schedule changes, staff have found that setting this expectation has led to more foster parents actively engaging in visitation.

Opportunities for peer support

Each foster parent can access a mentor as they near the end of pre-service training. Mentors are former or current experienced foster parents who volunteer their time to help new foster parents navigate the challenges of foster parenting. Mentors encourage foster parents to partner with birth families, giving them tips on how to achieve a successful partnership. Foster parents report that having a mentor to call on helps them work through frustrations and keeps them focused on what's best for the child in their care. Staff also host several in-person monthly support groups for foster parents. Child care is provided during groups, giving both parents and children an opportunity for respite and peer connection.

From the field—Project Revive, New Mexico

Project Revive was a statewide support project operated by La Familia, Inc., that sought to help foster parents in New Mexico normalize and recognize the grief their families encounter as part of being involved with the foster care system. The project recognized that often the successes in foster parenting result in some form of loss for the foster family—such as when children reunify with birth family. The following services were provided to foster parents and children in foster care throughout the state to address the need for grief and loss education and support:

Training on grief and loss

Project Revive offered three-hour trainings on grief several times per year around the state. Parents were able to attend as often as they like. Childcare and credit for training hours were provided. The grief and loss curriculum was designed to:

- Share up-to-date and accurate information about grief and loss and the foster parent experience.
- Inform attendees about how foster families, caseworkers, and children interact and the way that grief and loss affect those communications.

- Help current foster parents explore how their own unresolved grief and loss affects the way they parent children they are fostering.

Support groups

The project also offered activity-based support groups for foster parents and all children in the family. Through these groups, foster parents and children in foster care had separate meetings where they learned about grief and loss and had the opportunity to explore, process, and integrate difficult and confusing experiences. Child care was provided for children who were too young to attend the youth support groups.

Telephone helpline

Regional family advocates were available to provide information and support to other parents in their region by phone. Advocates were foster parents themselves with at least five years of experience.

Private Facebook group

Parents shared information and supported one another through a private Facebook group, which was monitored by program staff.

Additional resources on supporting reunification

Search for these resources at Child Welfare Information Gateway's website, childwelfare.gov:

- *Partnering With Birth Parents to Promote Reunification*
- *Supporting Successful Reunifications*

More publications on engaging, developing, and supporting resource families are available at adoptuskids.org/for-professionals.

If you want help developing your support services for adoptive, foster, and kinship families, we can help. Contact us at consultation@adoptuskids.org.

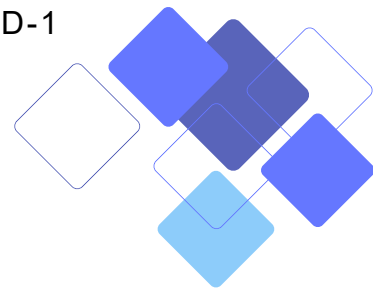


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Trauma-Informed and Hope-Centered Language Checklist

Date: _____

☐ **HAS PERSON-CENTERED LANGUAGE BEEN USED?**

- Focus on the person, not the condition, e.g. use 'person with a disability', not 'disabled person'.
- Focus on what people can actually control.

☐ **ARE THE CORE TENANTS OF THE SCIENCE OF HOPE INCLUDED?**

- Use specific hope-centered language, e.g., goals, pathways, and willpower.
- Frame challenges as opportunities for progress rather than insurmountable problems.

☐ **HAS STRENGTHS-BASED LANGUAGE BEEN USED?**

- Use empowering language, e.g. use 'youth with untapped potential', not 'at-risk youth'.
- Highlight assets before shortcomings.

☐ **HAS INCLUSIVE LANGUAGE BEEN USED?**

- Use culturally respectful and gender-neutral terms.
- Respect an individual's preferences; when possible, ask individuals how they prefer to be identified.

☐ **HAS ACCESIBLE LANGUAGE BEEN USED?**

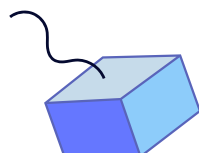
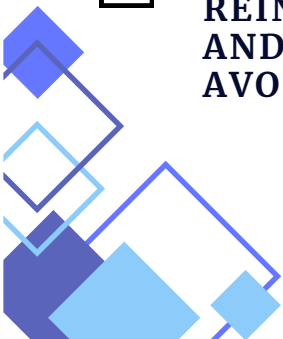
- Use clear, simple words.
- Avoid jargon and acronyms, e.g. use 'non-custodial parent' not 'NCP'.

☐ **HAS SENSATIONAL OR FEAR-BASED LANGUAGE BEEN AVOIDED?**

- Use factual, neutral wording, e.g., use 'serious challenge', not 'devastating crisis'.
- Frame challenges as common experiences, not personal failures.

☐ **HAS LANGUAGE THAT REINFORCES STIGMA AND/OR SHAME BEEN AVOIDED?**

- Avoid negative terms, e.g. use 'living with', not 'suffering from'.
- Use language that emphasizes support and solutions rather than blame.



CHAPTER ONE: Home Finding in New York State

Interviewing Method	Description	Examples
Closed-ended, probing or yes/no questions	Allows assessor to gather specific information from applicant(s)	“What is your birth date?” “How long have you been married?” “Divorced?” “How old are your children?”
Open-ended questions	Assists assessor in gathering a broad range of information including insight into applicant(s)’ feelings and perceptions	“Tell me about your childhood.” “Describe your spouse to me.” “Why are you interested in this type of child?”
Supportive responses - Active listening	Builds trust between assessor and applicant(s); encourages applicant(s) to be honest in the interview	“It must be difficult to accept that you cannot have children biologically.” “Sounds like you have thought about adopting or caregiving for a very long time.”
Clarification	Helps assessor accurately interpret applicant(s)’ responses; assists applicant(s) in gaining insight into their own feelings and perceptions	“You believe that you have a good marriage. What does that mean?” “Sounds like you are feeling very ambivalent about a school-age child. Can you tell me more about that?”
Redirection - Summarization	Helps to maintain focus and organization during interview; assists assessor in moving interview along and using limited time efficiently	“Now that you’ve talked about your childhood, let’s hear about your life as a married person.” (redirection) “You’ve told me three things that you consider strengths: your parenting experience, high energy level, and positive relationship with the school system.” (Summarization)
Giving options, advice, or suggestions	Allows assessor to serve in a supportive role to applicant(s)	“I can see that your heart’s set on adopting a newborn. Our agency only places older children with special needs. Let me give you the names and numbers of agencies that can help you.”
Confrontation	Necessary when assessor feels applicant(s) have been resistant or have not been completely honest in responses	“I don’t believe that you are giving me all the details about the extent of the abuse you suffered as a child.”

Self-Assessment: Minimal Provider Standards and Home Environment

“The provider” refers to the individual/couple applying to become approved to foster.

Please check with your local agency for additional requirements.

My Notes:	Space and Furnishings
	The home has sufficient, appropriate space and furnishings for each child that may receive care in the home, including space to keep clothing and other personal belongings.
	Children sharing a bedroom have personal space, including closet/storage.
	There is an accessible sink and toilet facilities.
	There is space for play and recreational activities.
	All rooms used by the child are well-lit, heated in winter, dry, and well-ventilated.
	Drinking water is available to children at all times.
	Sleeping Space
	There is sleeping space on the first floor of the home for any child unable to use stairs unassisted, other than a child who can be easily carried in an emergency or a child-specific placement.
	There are safe, comfortable sleep furnishings.
	No child over the age of two (2) will share a bed.
	No child over the age of two (2) will share a bedroom with an adult unless it has been approved by the local department of social services and the circumstances and plan to allow the child to sleep in the adult's bedroom are documented and approved. (Child's documented needs, disabilities or other specified conditions).
	No child shares a bed with an adult.
	Children of the opposite sex over the age of three (3) will not sleep in the same room.
	Children under the age of seven (7) or children with significant and documented cognitive or physical disabilities will not use the top bunk of bunk beds.
	Emergency Protocols
	The Emergency Plan is complete and posted where child(ren) can see it (regardless of the age child/children who may be placed there). <i>A copy should be kept in the agency's file. This is a specific form, not simply a diagram of the house, which includes questions about emergency contacts.</i>
	The provider and child(ren) have access to a working telephone in the home. <i>Note, if using a wireless phone to meet this requirement, it must be charged, accessible, and able to be unlocked/used by kids in the home.</i>
	The Provider can arrange for a responsible adult caregiver in case of an emergency, and has contact info listed on the Emergency Plan.

	The Provider has the CPS Hotline Number to notify the Department of the provider's location and contact information in the event of a relocation or large-scale evacuation: 1-800-552-7096.
	Training must be completed on recognizing and reporting child abuse and neglect for mandated reporters. As a Mandated Reporter, approved providers must report suspected cases of abuse, neglect, or other dangerous situations.
	Provider has a plan for provisions such as emergency food, water, batteries/flashlights, and a radio in the event of an emergency.
	Home Safety Requirements
	Provider's home has an operable smoke detector (on each level of the home) and is in compliance with local requirements regarding fire safety. <i>Provider should push smoke detector test button to verify that it is in working order (it should not be beeping that a new battery is needed). Depending on your home's specifications and/or local requirements, you may need multiple smoke detectors, carbon monoxide detectors, fire extinguisher(s), and/or fire ladder(s).</i>
	The home and grounds are free from litter and debris and present no hazard to safety. <i>For example, but not limited to: the house/property are not cluttered, general cleanliness is maintained; there are no loose boards on steps, decks, or porches; railings are sturdy and in good repair; there is no stagnant water or places where it could collect. PLEASE NOTE: All areas of the home must be seen/inspected, regardless of whether they will be accessible to children, to ensure that the agency is familiar with your entire house and can ensure there is no potential danger given the unique needs of kids who have experienced trauma.</i>
	<u>If applicable</u> , the provider will permit a fire inspection of the home by appropriate authorities because conditions indicate a need, and the local department requests such an inspection.
	Possession of all weapons, including firearms, in the home complies with federal and state laws and local ordinances. All firearms and other weapons (including but not limited to BB, rubber pellet, and air guns) are stored with the safety mechanisms activated, in a locked closet or cabinet. Ammunition is stored in a separate and locked area and the key(s) or combination to the locked cabinets or closets are maintained out of the reach of all children. This must be visually verified and documented by the agency. <i>Please inform us if you have a concealed carry gun permit so we can discuss ways to ensure safety while you are providing care for children who may be experiencing PTSD or other mental health challenges. Parents with jobs requiring weapons (such as law enforcement or FBI) should talk with the agency about how to comply with this standard in a way that is acceptable to the employer's protocols.</i>
	Household pets are not a health or safety hazard, are kept in accordance with state laws and local ordinances, and are current with all required vaccinations. <i>We will meet all the pets as part of a home visit and will ask to visually verify rabies vaccinations. If your city/county has rules related to animals – such as limits on the number of dogs, requirements for the keeping of chickens, etc. – these must be followed. Ask your agency and/or Animal Control where you live to learn more about specifics.</i>

	All cleaning supplies and other toxic substances are stored away from food and locked as appropriate. <i>Food and beverages are accessible to children at all times (as is age-appropriate). Cabinets, pantries, refrigerators, and other areas containing family food will not be locked.</i>
	Medications are out of the reach of children and locked as appropriate. Medications are stored separately from food, except those medicines that require refrigeration.
	The home contains (no less than) basic first aid supplies.
	<u>If applicable:</u> Any local inspections/checks/verifications have been completed/passed (e.g., water or well check, fire inspection, building inspection). <i>Please ask your local agency, as these are specific to each city/county.</i>
	Provider(s) and other individuals in the home understand laws/requirements for transporting children in and have provided appropriate documentation. If a child is placed with the family, the agency should verify that the provider knows how to properly install the car seat. <i>Families may not be required to have car seats prior to approval, however most agencies do not provide them upon placement of a child – please check with your local agency and/or other local resources (such as the fire department or health department).</i>
	Provider(s) and other individuals providing child transportation have a valid driver's license, registration, inspection sticker and auto liability insurance.
	All marriages and/or divorces must be verified. <i>If you are separated or estranged from your spouse but still legally married, the agency must be informed in order to proceed/document accordingly.</i>
Standards of Care and Continued Approval	
	Providers may not discriminate on the basis of race, color, sex, national origin, age, religion, political beliefs, sexual orientation, disability, or family status. <i>Parents must be able to provide care and nurturing for children that is unconditional.</i>
	Food and snacks are available to children, appropriate to their daily nutritional needs; children will receive a special diet if prescribed or in accordance with religious or ethnic requirements or other special needs. You may not withhold meals as a punitive measure. <i>Generally speaking, there should not be locks on the cabinets, pantry, or refrigerator where meals, snacks, and/or kids' beverages are kept. Agencies may ask you to keep liquors locked away or take other measures to limit kids' access to beer, wine, etc. Cannabis must be in compliance with the Commonwealth's laws, locked & away from children; edibles, vape pens, etc. should not be kept where kids can access them, like in the pocket of a jacket, purse, or backpack that is left out in the home/car. Tobacco, vape, or other products requiring age 21 should be kept away from under-age children, youth, and young adults.</i>
	Providers will ensure that children have clean clothing, appropriate for the season and fitting to the child's age/size. <i>This includes footwear in good condition, such as tennis shoes for school, boots for inclement weather, etc. Coats and jackets should be available and in good repair so that they can be zipped/buttoned if needed.</i>

	Providers will refrain from the use of corporal punishment, humiliation, withholding food or visits, etc., and will provide guidance and discipline in accordance with the DSS Discipline Agreement. <i>EVERYONE you entrust to care for the children must also refrain from these practices. Parents should be able to adjust their expectations to children's developmental ages (not just their chronological age) and respond in a way that is trauma informed.</i>
	Providers will maintain confidentiality regarding foster care-related information. <i>Most agencies prohibit you from posting photos of children in their custody or sharing information about their families – please check with your local agency about specifics.</i>
	Providers will inform DSS as soon as possible but no later than 45 days BEFORE a significant change occurs in the household composition or circumstance. Unforeseen changes should be reported immediately. <i>This includes, but is not limited to, adding a new household member (like getting married or having an elderly relative move in), losing a household member (if there is a separation or death, for example), reducing the number of bedrooms/bedspaces, health changes that impact caregiving capacity, restraining orders, the filing of any criminal charges, and/or if there has been Child Protective Services involvement by any DSS.</i>
	If applicable: When minor-aged household members turn 18, they must complete background checks as required by Federal and State Law, including fingerprints and a Central Registry check. <i>This cannot be done in advance of someone's 18th birthday and should be completed within 30 days of turning 18. Inform the agency if a youth in your family has charges filed against them.</i>

Updated December 2023

Required Documentation - Mutual Family Assessment

Family Name: _____

REQUIRED STATE FORMS				
*Marked items will be visually verified, all others must be provided in digital/hard copy				
	FORMS	Parent#1	Parent#2	Adult Household Member
1.	Application for Provider Approval			
2.	Checklist for Provider Approval			
3.	Confidentiality Agreement			
4.	Corporal Punishment Agreement			
5.	Sworn Statement			
6.	Fingerprints			
7.	Central Registry (CPS Check)			
8.	Emergency Plan			
9.	Budget Sheet			
10.	References (3/parent)			
11.	Physical Form			
12.	TB Risk Assessment (conduct screening/test only when indicated)			
ADDITIONAL REQUIRED DOCUMENTATION				
13.	DMV Record			If transporting children
14.	Income Verification*			
15.	Marriage Certificate/Divorce Decree*			
16.	Social History (if required)			
17.	Homeowner's/Renter's Insurance*			
18.	Vehicle Registration*			If transporting children
19.	Vehicle Insurance*			If transporting children
20.	Vehicle Inspection*			If transporting children
21.	Pet Immunization Record*			
22.	Pre-Service Connections/Homework			
23.	Pre-Service Certificate/Completion (OR Pre-Service Competency Checklist)			
24.	Mandated Reporter Training Certificate			
25.	Normalcy Training Certificate (if required)			



Top Ten Tips for **MOVING THE ASSESSMENT PROCESS ALONG!**

1. When you are on a home visit, schedule the next visit with the family at that time...no calling back and forth to pick a date.
2. Carry an extra set of blank forms and documents with you in case the applicants need more, have lost theirs, or made a mistake.
3. Make a schedule for forms - what things are due by each training session (or home visit, or date). Staggering what is due and when makes the volume of paperwork more manageable for families (and for you!).
4. Give families a schedule and/or checklist of what is due so that they can also keep up with what is due and when. Use them yourself to keep track of returned forms and documents.
5. Send reminders that forms are due ... get e-mail addresses wherever possible so that you can send out one blanket reminder to the group (saves you time!!).
6. Forms related to the non-negotiable requirements ... criminal background checks, for example, should be given/returned first.
7. Consider filling out one full set of paperwork as a sample that parents can look at if needed. (Tip - do one set and scan it in as a file that you can e-mail parents as a sample ... no cost for making copies or mailing anything, and they have a sample at their fingertips anytime they are filling out forms.)
8. Take the time to explain the TB Risk Assessment form - not everyone needs the skin test anymore, only those at risk.
9. Use a printout of the mutual family assessment template as a guide to take notes during home visits.
10. Plan ahead what your home visit agenda will be—let the family know by phone, email or mail so they will be prepared.

WRITE IT RIGHT (and speak clearly, too!)



~ Use words that give an exact meaning.

Too often assessors use statements like:

They have a stable marriage. They have a good relationship. It is a nice house.

What do “stable,” “good,” and “nice” really mean? It would be more accurate to say:

Like any other couple, Fred and Mary have had their ups and downs in the 12 years they have been married. They both agree that there have been only a few major disagreements and they have been able to negotiate or compromise each time. They say neither can stay angry very long.

While small in size, the Collins home is cozy, neat, and comfortable. It is well-lighted outside, with a fenced-in back yard. The inside is well-organized with plenty of ventilation and light, and sufficient space for both family activities and individual alone time.

~ Get rid of extra words (and make the ones you use, count).

When writers are verbose and wordy, the reader must sort through unnecessary words to get to important information. Important information can get overlooked as a hurried worker is reading the information to determine placement. If we are too sparing with our words, however, we may lose sight of our goal – to describe this family and how they are a good match for the tasks of being a resource family. For example:

Robert attended North High School and graduated in 1983. He played football his sophomore and junior years, baseball his senior year, and basketball throughout his high school career. He lettered in all three sports.

Or

Linda graduated from North High School in 1983. She was a cheerleader and in the choir.

This tells us little about who the parents are, what their strengths may be, or their needs for support. With unnecessary words eliminated and key points added, the focus shifts back to the real purpose of assessment:

Both Robert and Linda graduated locally from North High School in 1983. Robert's love for sports is clear in his high school athletic achievements and in his coaching a Little League team for the past five years. Linda, who was active in cheerleading and choir, stated that she would be very encouraging of youth in their care to continue any teams or activities they were a part of before coming to stay with the family.

~ Do not use slang, lingo, or jargon.

Slang is generally looked upon as unprofessional, and is easy to misinterpret. Lingo and jargon can also lead to misunderstandings since most individuals do not use the verbiage of child welfare in their daily language. It can also make the assessor seem unapproachable or out of touch with real family life. For example:

He's a smooth talker.

It is easy to assume a negative meaning from the above statement, whereas the following is harder to misinterpret and gives information that can be useful for assessment/matching:

He is an energetic conversationalist, immediately putting others at ease.

~ Give the truth, the whole truth, and nothing but the truth.

Some assessors take such a strength-based approach that important needs for support are omitted – for example, issues related to loss, infertility, history of being abused as a child, and substance use. Some writers feel uncomfortable writing about financial status, cultural differences, religious preferences, etc. These factors and issues may not prevent us from approving a family, but they may be important to consider when determining placements. Keep the focus on “who is this family” and “what are their strengths/needs for support related to fostering?” When in doubt, get a second opinion on what you have written from someone who will give honest feedback.

Creating a Safe Space for Discussing the Mutual Family Assessment

To promote a collaborative and respectful environment, the LDSS should use effective interviewing and relationship-building techniques, including the following:

- **Clearly communicate identified strengths and needs** documented through the mutual family assessment process or observed during previous interactions with the family.
- **Demonstrate cultural awareness and sensitivity** by recognizing and respecting the client's cultural background, language, values, and family dynamics.
- **Use neutral and respectful language**, avoiding jargon and words/terminology that may be biased, judgmental, or inflammatory.
- **Encourage family participation** by inviting them to share their thoughts, feelings, and outcomes of family discussions through open-ended questions and attentive nonverbal communication that demonstrates genuine interest.
- **Address discrepancies constructively** by respectfully exploring differences between the agency's requirements or practices and the family's goals or perspectives.
- **Demonstrate empathy and compassion** by acknowledging and validating the family's feelings and experiences.
- **Maintain respect for the family regardless of the outcome** by listening to their perspectives and recognizing their commitment and engagement in the process.
- **Maintain professionalism and focus**, redirecting conversations when necessary to ensure discussions remain relevant to the assessment and decision-making process.

How to Have a Discussion for Discontinuing the Mutual Family Assessment

A full mutual family assessment is not likely to have been completed for families who do not continue the process, however it is important to keep documentation. This should include whether the decision was initiated by the agency or by the family, what the reasons were for discontinuing, and any other relevant items (such as interview notes). If/when a family reapplies, these reasons and whether they still apply should be explored.

LDSS Initiated – When the family's identified strengths and needs do not align with the requirements of the resource family program, the following practices should guide the discussion:

- **Express appreciation for the family's interest and effort** in pursuing the fostering or adoptive parent program. Acknowledge their willingness to support children and families involved in the child welfare system.
- **Highlight the family's strengths** identified during the Mutual Family Assessment process. Recognizing strengths helps maintain dignity and respect during the conversation.
- **Reference previously discussed concerns** related to the family's ability or willingness to fulfill the essential responsibilities of fostering or adopting. Connect these concerns to the competencies and guidance standards required by the program.
- **Communicate the decision clearly and directly.** Avoid ambiguous or unclear language. Inform the family that the agency will not be moving forward with selecting them into the resource family program. Provide specific examples, when appropriate, to ensure transparency.
- **Be clear about the basis for the decision.** Emphasize that the determination is based on the needs and best interests of the children and families served by the agency, rather than a judgment of the family's character or intentions.
- **Maintain the agency's decision respectfully.** Even if the family disagrees with the outcome, remain professional and consistent in upholding the decision.
- **Leave the door open for future engagement when appropriate.** If the family may be able to reapply or participate in the future, clearly communicate the circumstances or changes that would allow them to pursue the program again.
- **Consider discussing alternative ways to support the children and the community if applicable.** If the family may contribute in other roles, outline potential opportunities for involvement.

Family Initiated – If the family chooses to withdraw from the Mutual Family Assessment process:

- **Thank the family for their time and interest** in exploring the fostering or adoptive parent program.
- **Leave the door open for future reconsideration if appropriate,** by encouraging them to reconnect with the agency if their circumstances change.

Training Requirements for Resource Family Staff

Name: _____

Start Date: _____

The following on-line courses will be required to be completed within the **first three (3) weeks** of employment. *These courses are **pre-requisites** for many other courses including CWS3100W Resource Family New Worker Guidance Training with OASIS. (Note: e-Learnings denoted by CWSE titles.)

COURSE	Resource Family Services Staff Completion Date
CWSE1002 Exploring Child Welfare - online	
CWSE5692 Recognizing and Reporting Child Abuse and Neglect – Mandatory Reporter Training - online	

The following **Online** and **Instructor Led courses** will be required to be completed no later than within the **first 6 months** of employment.

COURSE	Resource Family Services Staff Completion Date
CWS3100W Resource Family New Worker Guidance with COMPASS/OASIS Virtual Learning Lab (Prerequisites: CWSE1002, CWSE5692)	
CWS3101W Introduction to PRIDE Model (Prerequisites: CWSE1002, CWSE5692)	
CWS3103W Mutual Family Assessment (Prerequisites: CWSE1002, CWSE5692)	
CWSE4060 Family Search and Engagement – online (Prerequisites: CWSE1002, CWSE5692, CWS3100W)	
CWS4080W Kinship Care in Virginia (Prerequisites: CWSE1002, CWSE5692, CWS3100W, CWSE4060)	

Training Requirements for Resource Family Staff

Name: _____

Start Date: _____

The following meet the annual **24 hours of continuing education** requirements beginning the third year of employment.

[illegible]

RESOURCE FAMILY REGIONAL COSULTANTS

Local Engagement and Support (LES) is comprised of staff at the VDSS home office and five regional offices across the Commonwealth. Teams work collaboratively across each location to support Virginia Social Services System initiatives by consulting and supporting Local Departments of Social Services. There will be one Resource Family Consultant in each region this year that provide guidance for kinship, foster and adoptive family home approvals.

<https://fusion.dss.virginia.gov/dfs/DFS-Home/Resource-Family>

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