

Unit VI: Supporting Permanent Plans

Overview

This unit emphasizes that truly permanent plans for children are *not* achieved merely with the termination of a case from the child welfare system. Permanency planning requires a long-term view of child rearing. It requires that caseworkers help families anticipate future needs and develop plans for addressing these needs. In many cases, these needs can be adequately met by members of the child's kinship network. In other cases, there will be a need for formal social services sometime in the future. One of the barriers to permanency planning is the fear that the family will not be able to access formal social services if the child is no longer the legal responsibility of the child welfare system. Therefore, it is important that caseworkers help families identify both informal community supports and formal social services in their communities. It is also important that caseworkers help families understand ways of accessing these services in the future. In many ways, the caseworker is helping the family develop case management skills so the caseworker and the child welfare system can disengage from the kinship network.

It is important that caseworkers help families develop skills in identifying potential risks to the child and plans for ensuring the child's safety. It is also important that the family make plans for addressing the developmental needs of the child. These needs change over time and the persons in the kinship network who are able to address some of the young child's needs may not be able to address the needs of the child at a later age. Caseworkers need to help families take a look several years into the future, to anticipate the child's needs, and to assess the resources within the family and the community. It is

also important that caseworkers help families make strong commitments to assist each other in rearing the child to the age of majority.

The fourth segment of the training videotapes that accompany this manual provide an example of a family meeting that focuses on supporting the permanent plan that the family has decided to pursue. The learning activities in this unit include exercises for assessing the adequacy of permanent plans and case examples that can be used to help child welfare caseworkers apply the practice principles and methods presented in this training manual.

Goals for Unit VI: Supporting Permanent Plans

This unit is intended to assist child welfare caseworkers in gaining:

1. a long-term view of child rearing;
2. skills in helping kinship networks identify what they will do to ensure the children's safety;
3. skills in helping members of the kinship network negotiate specific ways that they will contribute to rearing the child and supporting the permanent caregiver;
4. skills in helping members of the kinship network anticipate changes that will occur in the family and discuss ways that they will adjust to these changes;
5. skills in helping members of the kinship network anticipate needs for formal social services that may emerge and develop the ability to access these services if necessary in the future;
6. skills in helping members of the child's kinship network strengthen their commitment to support the child and permanent caregiver until the child reaches the age of majority;
7. skills in disengaging from the kinship network.

UNIT VI DISCUSSION: Supporting Permanent Plans

The ultimate goal of permanency planning should not be exit of the child from state custody through adoption, transfer of guardianship, or reunification with biological parents. These case status changes are reflective of decisions which are important interim steps in the pursuit of permanency. Development of truly permanent plans that ensure protection of the child and support the child and family's well-being requires a long-term view. Planning for permanency requires child welfare caseworkers to help members of the child's kinship network anticipate problems and needs several years into the future.

If children are reunified with biological parents, adopted by a relative, or legal guardianship of the child is transferred to a relative, the child welfare system will no longer be monitoring the care of the child. In Unit IV, criteria for assessing the appropriateness of a permanent plan were presented. These criteria should not be used to merely rule out permanent plans as appropriate or achievable. They should be used to identify issues that need to be addressed before legal permanency can be accomplished. When caseworkers address these issues with families, they are more likely to help families look into the future and to be realistic about the commitment to care for the child to adulthood. It is important that caseworkers help families take this realistic view, so that the plans developed have the best chance of really being permanent. Conducting family meetings with families after they have made the decision to pursue a particular permanency goal is helpful in assessing the appropriateness of the plan and in helping the family address those needs that would make the plan appropriate.

It is important that the intended permanent caregiver has an adequate support system, whether the caregiver is a biological parent, current relative caregiver, or another relative. There need to be people in the kinship network or larger social support system who will provide child care when the caregiver needs this type of help. It is important to discuss with family members, who is able and willing to support the caregiver in this way.

Kinship caregivers also need emotional support and sometimes need concrete support such as financial assistance and transportation. It is important for the caseworker to discuss with family members their willingness and ability to provide these and other essential supports. It may be easy for family members to state in a meeting that they will pitch in and help. This one time vague statement is not sufficient to ensure that help will be available when the caregiver needs it. It is important for the caseworker to help families develop plans for the involvement of family members and others in the provision of specific supports that the caregiver and the child can depend upon.

It is essential to know that the permanent caregiver and the caregiver's social support system can protect the child from maltreatment without the monitoring and assistance of the child welfare system. A safety plan should not only be developed with the caregiver and her/his support system; the effectiveness of this plan should be tested. Families should demonstrate the ability to consistently implement the safety plan. Family meetings are useful forums for discussing safety plans, how they are being implemented, and how effective they are.

It is important to help caregivers and other members of the kinship system look far into the future to consider challenges they may encounter caring for the child as the child grows older. They also need to consider who will care for the child if the caregiver becomes ill or dies or if other changes occur in the caregiver's family or support system. If the caregiver adopts the child or the child is reunified with a biological parent, the adoptive or biological parent can designate a secondary caregiver. When kinship caregivers become legal guardians, they do not have the legal authority to designate a secondary caregiver. If the caregiver dies or guardianship is vacated by the court before the child attains majority age, guardianship reverts to the state, not the biological parent. The state and the court must determine whether another member of the kinship network should become the legal guardian of the child. It is important for caseworkers to work with families to identify persons in the kinship network who can make a commitment to be a

permanent part of the child's life. It is important to discuss with these people and other members of the kinship network their preferences regarding who might be a secondary caregiver for the child. Even in the case of vacated guardianship, it is likely that a supportive kinship network with a well developed plan to rear the child to the age of majority would have a strong influence on the decisions made by the court.

It is also important to discuss with members of the kinship network what adoption of the child or transfer of guardianship might mean to each member. It is important for family members to consider ways that their roles in the family may need to be redefined to support the permanent plan. For example, in some families with young children, the caregiver must rely on younger adult members of the kinship network to involve the children in recreational activities. It may be that aunts or uncles include the child in activities in which their own children participate. In other families, the caregiver does not feel equipped to discuss the child's educational needs with school personnel. The caregiver may ask a highly educated member of the family to accompany her to meetings with school personnel and to help the child with homework on a regular basis. The amount of contact between the child and biological parents must also be discussed when kinship caregivers plan to adopt or assume legal guardianship of the child. In most cases, contact between parent and child will continue and the child will benefit in many ways from this contact. Caregivers and other family members will need to consider how they will respond if the child's parents expose the child to harm. There may be some ways that the family currently relies on the child welfare system to control the behavior of the parent and to control the parent's access to the child in certain circumstances. Members of the kinship network need to plan ways that they will handle these situations when they are unable to rely on the child welfare system to do so.

Adopting a long-term view of child rearing to support permanent plans also means relying on the strengths and natural helping traditions that have been identified in the kinship network. It is important for caseworkers to remind families of the strengths that

they display. As the caseworker and the family look toward the future, it is important to rely upon those in the kinship network who can provide leadership, who provide balance by sharing caregiving responsibilities and supporting the caregiver in specific and dependable ways, and those who help to create harmony by negotiating agreements and helping resolve conflicts. By relying on the strengths of the kinship network and helping the family plan for the future, the caseworker is disengaging from the kinship network. Disengaging in this manner, increases the likelihood that the kinship network will be able to ensure that children are safe, experience a sense of belonging and stability, and feel that there are adults who are committed to care for them until they are grown. These are the conditions that foster healthy development and the well-being of children

Summary

Ensuring permanency requires a long-term view of child rearing. Caseworkers can be helpful to families who have decided to pursue a specific permanency goal by facilitating family meetings and focussing with the family on specific criteria for determining the adequacy of a permanent plan. Regardless of the permanency goal that the family has decided to pursue, family members need to identify what they will do to ensure the children's safety. It is important for the caseworker to help members of the kinship network anticipate changes that will occur in the child and the family several years beyond the child's exit from state custody. Family members need to consider ways that they will adjust to these changes. Caseworkers can help members of the kinship network negotiate specific ways that they will contribute to rearing the child and supporting the permanent caregiver. Caseworkers can also help members of the kinship network anticipate needs for formal social services that may emerge and help them develop the ability to access these services if necessary in the future. Also, caseworkers can help members of the child's kinship network strengthen their commitments to support the child and permanent

caregiver until the child reaches the age of majority. Helping members of the child's kinship network look several years into the future and plan for the changes that can be anticipated allows the caseworker to disengage from the kinship network with confidence that children will be safe and cared for by adults committed to rearing them until they reach adulthood.

Learning Activities and Resources for Unit VI

1. The Training Videotape: Segment Four
2. Assessing the Appropriateness of Permanent Plans
3. Case Examples for Analysis and Discussion
4. Additional Resources

Learning Activity #1 The Training Videotape: Segment Four

In the fourth and final segment of the training videotape, *Supporting Permanent Plans*, a subsequent family interview takes place after the caregiver has decided to assume legal guardianship of the child. The meeting is conducted in the caregiver's home. The child's maternal grandmother, mother, aunts, and uncle are present at this meeting as well. The purpose of this meeting is to help the family look into the future, to take a long-term view of child-rearing, and to confirm and strengthen commitments made by each family member to assist in rearing the child to adulthood.

Learning Activity #2 Assessing the Appropriateness of Permanent Plans

In Unit IV, criteria were presented for assessing the appropriateness of reunification, adoption, or assumption of private guardianship by the caregiver. These same criteria were discussed in Unit VI and are presented in a checklist on the following page. This checklist can be used to help the caseworker develop skills in assessing the adequacy of permanent plans and in developing service plans with families toward the goal of making permanency possible.

The following exercises are recommended using this checklist in group training, in supervision, with a colleague, or in self-directed learning:

- ! View segment four of the training videotape. Use the checklist to assess the adequacy of the permanency goal that the family and caseworker are working toward.

- ! Review a current case using the checklist. Assess the adequacy of a variety of permanency plans for that case. Identify what needs to be accomplished for permanency to be achieved for that case. How can you draw upon the kinship networks strengths (leadership, balance, harmony) and natural helping traditions to ensure the adequacy of a permanent plan?

Assessment of the Appropriateness of Permanent Plans Checklist

- The intended permanent caregiver, whether that person is a biological parent, current relative caregiver, or another relative has an adequate support system
 - child care/respice care;
 - emotional support;
 - concrete support (financial, transportation, etc); and
 - other essential supports.

- The intended permanent caregiver and her/his social support system can protect the child from maltreatment without the monitoring and assistance of the child welfare system.
 - a safety plan has been developed with the caregiver and her/his support system;
 - the caregiver and her/his support system have demonstrated the ability to consistently implement the safety plan.

- The intended permanent caregiver has considered with her/his support system:
 - caring for the child as the child grows older;
 - care of the child if the caregiver becomes ill or dies; and
 - care of the child if other changes occur in the caregiver's family or support system.

- The intended permanent caregiver with her/his support system has made an *informed* decision for reunification/adoption/guardianship to occur:
 - commitment to raise the child to the age of majority;
 - clear understanding of the legal aspects of adoption/guardianship (if applicable);
 - redefinition of family roles in terms and ways that are comfortable for the caregiver(s), the child, the kinship system, and others in the social support system; and
 - determination and negotiation of the degree and type of "openness" desired in adoption--the degree and type of contact and responsibilities of members of the kinship network for any permanent plan.

Learning Activity #3: Case Examples for Analysis and Discussion

The following pages contain three one page descriptions of case examples that can be used for analysis and application of the practice principles and methods that are presented in this training manual. These case examples may be particularly useful for new caseworkers who have not yet had experience working with families and children receiving kinship foster care services. The case examples can be used in group discussions with other caseworkers and supervisors, in supervisory conferences, or as self-directed learning tools. The case examples can be used to apply practice principles and methods from each of the six learning units. Some suggestions follow.

1. Begin to develop genograms and eco-maps for each case (Unit I). What information would need to be confirmed or collected in future meetings with family members? Who would you interview to acquire this information?
2. Begin to assess the strengths and natural helping traditions in these families (Unit II). What steps should be taken to further identify these strengths and helping traditions? What could be done to assess the family's functioning in terms of leadership, balance, and harmony?
3. Has substance abuse had an impact on this family (Unit III)? In what way? What are some ways that the caseworker can help the family deal with the impact that substance abuse has had on the family? How can the caseworker help the family place the highest priority on the safety, permanency, and well-being of the children, while supporting the parent's participation in recovery?
4. What strategies should be used to convene members of the kinship network to facilitate their involvement in planning for permanency, safety, and well-being of the child (Unit IV)? What process should the caseworker go through to decide who should be invited to the meeting?
5. Anticipate what might occur in a meeting with several members of the family to develop a permanent plan for the child (Unit V). Develop a role play scenario with brief descriptions of the characters. Conduct the role play of the meeting and solicit feedback from persons playing family members or observers, using the initial family interview process checklist.
6. Rate the appropriateness of the permanent plan identified in each case example using the checklist for assessing the appropriateness of a permanent plan (Unit VI). What are the areas that need strengthening for the identified permanency goal to be considered appropriate and achievable?

CASE #1

Children: 9 year old male, 7 year old female, 5 year old male
Kinship Caregiver: Paternal grandmother (Age: 55)
Permanency Goal: Reunification with the biological mother

The three children were living with their mother under a protective order. The biological mother is known to have abused drugs and is described as having frequent "temper tantrums" that make her extremely difficult to deal with. Approximately one year ago, the maternal grandmother called the child abuse and neglect hotline to report that the biological mother had left the children alone overnight without supervision. The children were removed from the biological mother's home and were placed with two different maternal relatives. The children were physically abused in both of these homes before finally being placed with the paternal grandmother six months ago.

The biological parents never married. The biological father is now married to another woman with whom he has three children. He and his new family live in another state. The father has little contact with any of the children who are living with his mother and he has no contact with the biological mother. However, he does communicate with his mother, the caregiver. According to her, "he cares very much about his children, but is unable to do anything for them."

The caseworker indicated that the current caregiver is not well and has asked that the children be returned to the mother or placed with another relative at the end of the school year. Because of their behavior and academic problems, they are involved with numerous social services and have to be transported for various appointments. The current caregiver's health problems require her to keep numerous medical appointments. All these demands are taking their toll on her.

The permanency goal of return home is the only one that has ever been considered in this case. The biological mother has participated in drug treatment, family therapy, and group therapy. Random drug screens have been negative. The biological mother's "temper tantrums" have decreased. However, the biological mother's relationship with the caseworker has not been good. The caseworker noted that each time the children's return home seemed imminent, the mother has done something to interfere with this outcome. She has missed some of the scheduled visits and on one occasion she hit one of the children. She has also caused several serious disturbances in the community. The child is described as having behavior and academic problems. The children are described as requiring close monitoring and direction.

CASE #2

Children: 12 year old female
Kinship Caregiver: Maternal aunt (Age: 45)
Permanency Goal: Adoption

The child was removed from the biological mother's care two years ago after an indicated report of neglect by the mother. The report alleged that the child frequently went to school inadequately dressed for the weather and unfed. The child also described mother's moods and behavior as being unpredictable and frightening to her.

The mother identified the father by name, however, his name does not appear on the biological certificate, no relatives had ever had contact with him and his whereabouts are unknown. The child was placed with the maternal aunt. The current caregiver also raised the biological mother and helped the biological mother raise the child since birth.

The State had been involved with the family in the past when the oldest child, now 18 years old was younger. Specific information about this involvement was not available. The 18 year old moved to another state to live with the maternal grandmother. This was arranged by the family and is not a formal "kinship foster care placement".

The biological mother abuses drugs, has a history of mental illness and is homeless. She has never participated in treatment and continues to refuse treatment. She has not shown up for any of the evaluations that have been scheduled.

The current caregiver initially feared that if she adopted the child and the mother became well enough to understand what happened, that the biological mother would hurt the caregiver for taking her child. The caregiver is now enthusiastic about adopting the child. However, the caregiver is still fearful of the biological mother's reaction. The biological mother has avoided contact with the caseworker and the current caregiver has not spoken to her about adopting the child.

The child is functioning very well academically and talks about plans for college. The caregiver is involved in the child's schooling, helps her with homework, takes good care of the child and appears to be invested in the child's success.

The child and the caregiver have participated in counseling to resolve problems related to the reasons the child came into care and to address issues related to the adoption. The child reports that she feels torn between the adoption and her hopes that her mother will get well and be able to care for her.

The biological mother was recently arrested for causing damage to the abandoned building in which she had been living. When they learned of her arrest, her siblings bailed her out, negotiated a settlement with the authorities and arranged for her to be moved out of state to live with her mother.

CASE #3

Children: 2 year old male
Kinship Caregiver: Maternal great-grandmother (Age: 55)
Permanency Goal: Legal Guardianship

This child was removed from the biological mother and placed with the maternal great-grandmother upon discharge from the hospital about one month after birth. The child tested positive for cocaine at birth. The specific allegation was "neglect". This child has one other sibling (5 years old) who was already living with this relative caregiver. The sibling is not under the custody or guardianship of the State.

The biological mother has a history of drug use (cocaine) and has been unable to maintain stable housing or employment. The caseworker has offered services and referrals to the biological mother for dealing with her substance abuse and other difficulties that brought the child into care. While the mother was initially responsive, she failed to complete drug treatment and parenting classes. The caregiver and other members of the extended family are supportive of efforts to rehabilitate the biological mother. They encourage her to participate, but also "bail her out" when she is having difficulties (lack of housing, food, etc.).

The biological father was incarcerated for five years. Since his release from jail, he has struggled in finding stable employment and housing so he can provide care for his child. He does visit the child regularly.

Both parents express love for the children. The caseworker sees little evidence that either parent will be able to provide a permanent home for the child but neither parent is willing to relinquish parental rights.

The caregiver is described as taking very good care of the child. This caregiver raised the biological mother and is now raising both of the biological mother's children. She is also described as being patient and loving, not only with the children, but also with the biological mother. She is not willing to adopt the children but is considering legal guardianship, while holding out hope that the biological mother will eventually be able to parent her children.

Additional Resources for Unit VI

Etter, Jeanne (1994). *Parent Empowerment Process: Cooperative Adoption Mediation Process*, Eugene, OR: Adoption Teamwork of Oregon Press

A valuable resource for negotiating kinship adoptions. It provides guidelines for caseworkers and child welfare mediators who have been trained in the cooperative adoption mediation process to help biological parents consider both parenting and adoption options, and make decisions about their children's future. The goal of this approach is to plan adoptions that as much as possible will serve the needs of all.

Lakin, Drenda (1995). *Making the Commitment to Adoption Curriculum*. Spaulding for Children, National Resource Center for Special Needs Adoption.

An excellent resource for addressing special needs adoption issues.

Handouts and Overheads for Unit VI

Goals for Unit VI: Supporting Permanent Plans

This unit is intended to assist child welfare caseworkers in gaining:

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2. skills in helping kinship networks identify what they will do to ensure the children's safety;
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4. skills in helping members of the kinship network anticipate changes that will occur in the family and discuss ways that they will adjust to these changes;
5. skills in helping members of the kinship network anticipate needs for formal social services that may emerge and develop the ability to access these services if necessary in the future;
6. skills in helping members of the child's kinship network strengthen their commitment to support the child and permanent caregiver until the child reaches the age of majority;
7. skills in disengaging from the kinship network.