

WORKING TOWARD PERMANENCY AS A TEAM

Why Work with Children and Families?



If you use your talents on behalf of children and families and enjoy your work, you will be motivated to do your best.

If you do your best, you will succeed more than you fail and be challenged to do your best over and over again.

If you do your best over and over again, your work will have the quality of excellence.

If your work has the quality of excellence, it is likely to become your life's work.

When your life's work is working for children and families, your life and the lives of everyone you serve will be worthwhile.

— Mary Ann Brownstein
Former foster parent

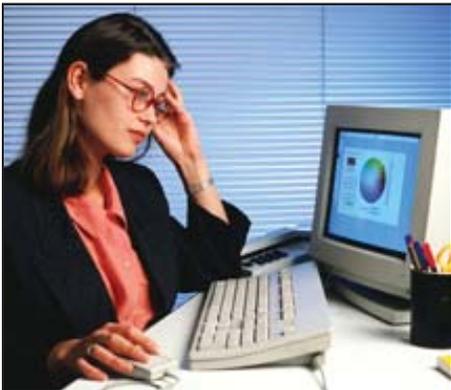
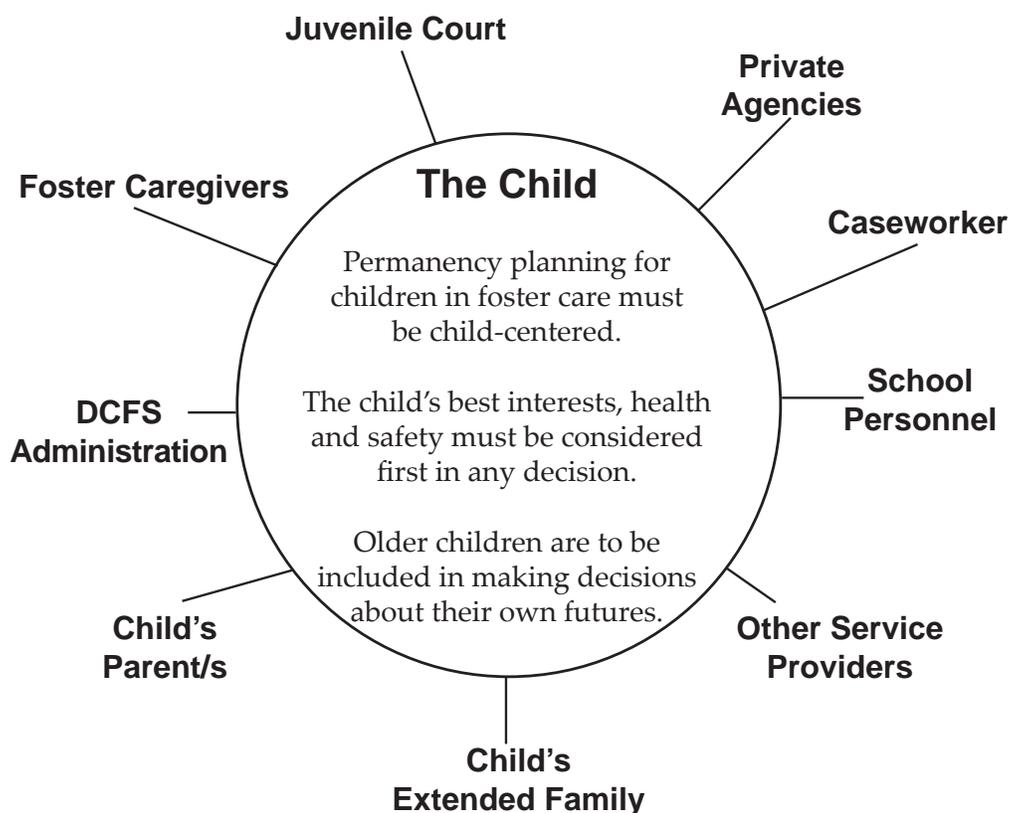


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WORKING TOWARD PERMANENCY AS A TEAM

Children are placed in to the temporary custody of DCFS due to abuse or neglect. Under these serious, traumatic circumstances, the adults involved in the care of the child have to operate as a team to minimize the lasting harm, help the child heal and maintain connections with siblings, family members and other important relationships. Foster care is not intended to be a permanent living arrangement. Instead, it provides a way to protect and nurture a child, until he or she can safely return home to parents who are ready to regain that responsibility. When that can't happen, foster families can help to establish permanency through adoption or guardianship or support an older youth moving toward independence. No matter the goal, it takes commitment and teamwork to make decisions that will lead to the best outcomes for a child. Foster caregivers are an important part of the team that has many team members.



The Child Welfare Team

Either directly or in collaboration with private child welfare agencies, DCFS maintains a professional child welfare team to work for the best interest of each child in foster care. This child welfare team might include parents, extended family, DCFS or private agency caseworkers, school personnel, counselors and foster caregivers. The team members work together to assist the family in correcting conditions that led to the child's placement into foster care.

What is a Team?

A **team** is two or more people who:

- share common purposes, goals, objectives and values;
- have a body of knowledge, a set of skills and values to meet the team's purposes, goals, and objectives;
- have complementary roles with individual expertise, knowledge and skills needed by the team to achieve its goals and objectives;
- make mutually agreed upon decisions and plans to achieve the team's goals and objectives;
- work together to implement the team's decisions and plans;
- have established methods for preventing and resolving conflicts, including having a team leader, captain, or coach;
- assess the achievement of their goals and objectives; and
- change their goals and objectives, as well as members on the team, decisions and plans, and ways to solve problems as needed.

Everyone on the team has specific knowledge and skills. Effective team members do the best job every time and show a dedication to what they are doing. Being on the child welfare team requires each member to extend respect to the other professional members on the team. Understanding the roles, responsibilities and authority of everyone on the team is the first step toward becoming a valued professional team member.

What is Teamwork?

Teamwork is a process that includes:

- determining shared goals and objectives;
- identifying and respecting the complementary roles of other team members and individual expertise;
- making and implementing decisions and plans;
- resolving conflicts in the best interests of the goals and objectives determined;
- assessing achievements and progress toward goals and objectives; and
- making new plans as needed.

The Child Welfare Professional Role

Under Illinois law, caseworkers, supervisors and administrators of DCFS and private agencies are considered to be “child welfare professionals” as defined by law and the educational and performance standards. Child welfare professionals are *employees* of DCFS or private agencies who are authorized by Illinois to act in a decision-making capacity for neglected and abused children and their families.

DCFS requires caseworker’s minimum qualifications to be either a bachelor’s degree in social work from a college with a program approved by the Council on Social Work Education, or a bachelor’s degree in a field related to social work from a recognized college or university with one year of related experience, and knowledge of the child welfare system. New caseworkers are also required to successfully complete a training program after they are hired. The way caseworkers work with children and families has changed. A more structured, clinically-based assessment and critical decision-making process is now in place for caseworkers, which matches the new, shortened permanency timelines.

Although foster caregivers need many professional skills as *volunteer caregivers*, they are not required to meet the same educational and performance standards the State of Illinois requires of “child welfare professionals.” That said, Illinois values the important role that foster families play in keeping children safe. The Foster Parent Law requires that licensed caregivers be treated as professional members of the child welfare team. While not in the statute, that umbrella of professional treatment also covers relative caregivers who may not be licensed.

Caseworkers (also called permanency workers or case managers) provide direct service to children in foster care, their parents and extended family, the foster caregivers and the juvenile court by:

- determining the placement of children in DCFS care;
- recommending a permanency plan and goal for each child in foster care, including termination of parental rights, if necessary;
- developing a Client Service Plan for the child and family, based on their strengths and needs, the permanency plan and goal for the child;
- developing treatment plans;
- developing the Visitation and Contact Plan and the Post Permanency Sibling Contact Plan to support the relationships between children and their siblings.
- participating in Administrative Case Reviews (ACRs);
- monitoring parent/s’ progress in following the service plan and agreements made during the ACR;

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- providing direct service interventions to accomplish the permanency plans;
 - completing required forms documenting delivery of services;
 - preparing court reports and testifying in court; and
 - supporting foster caregivers.

The Foster Caregiver Role

Foster caregivers, who have the most daily contact and involvement with the child, have always played an important part in:

- protecting and nurturing the child;
- meeting the child’s developmental needs and addressing any delays;
- keeping the child connected to his or her family, culture and religion while in foster care;
- working as a member of the professional child welfare team; and
- helping to prepare older youth to live independently and supporting their transition to living on their own.

In recent years, foster caregivers have seen a renewed focus on permanency. Caregivers should expect children to stay in care a much shorter time and also expect to work directly with families to get children back home.

DCFS and private agencies are recruiting foster caregivers who are willing to:

- work directly with parents toward returning the child home, but are willing to adopt the child if return home is not possible;
- adopt children in their care who cannot return home;
- help recruit other families willing to foster specific children and children with specific needs and encourage children to build and maintain connections with siblings and other important relationships; and
- provide foster care while working with the child welfare team and with the parents to achieve permanency.

Caseworkers are required to make a structured assessment of the child and family’s strengths and needs. The foster caregiver role varies according to the caseworker’s recommendation for intervention with the family and the permanency goal. For example, fostering a child with a preferred goal of return home and a concurrent adoption goal takes competency in working with parents, coupled with emotional stamina. Foster caregivers must be willing and able to: 1) support the parents by working directly with them to model parenting 2) work as a professional member of the child welfare team and, 3) consider adopting if the child cannot return home.

UNDERSTANDING THE CHALLENGES OF TEAMWORK

Child welfare teamwork can seem difficult. Like professional sports teams, child welfare team members are asked to join a child's team according to their role, knowledge and skill. Team members come from different backgrounds and experiences, influencing the way they interact with each other. Understanding each other's roles, responsibility and authority and learning how to work together are the first steps to becoming accepted as a child welfare team member.

All team members may not have the same knowledge of the child welfare system or of the responsibilities of others on the team.

Every member of the child welfare team, including foster parents, must understand their role, the roles of others and the child welfare teamwork expected by Illinois law and DCFS rules and procedures. Teachers, counselors and medical providers giving particular expertise to the team have little or no knowledge of how child welfare works and usually no formal training. Continuously educating new team members to child welfare and DCFS rules can be tedious, but is necessary. Uneven knowledge and training among child welfare team members and professional experts can cause starts and stops and disagreements, slowing progress.

New teams need time to get acquainted, share expectations, decide how they can best work together, and respect each other's individual expertise.

Planning for a child's individual needs and for the child to move into a permanent family begins on the *first day* of foster care. Initially, time for caseworkers and foster caregivers, teachers and other members of the child's team to get to know each other seems very limited. Mutual respect and confidence is built on repeated positive experiences and takes time. The best foster caregiver/caseworker teams work at getting to know each other better to build a solid working relationship.

Foster caregivers, caseworkers and others may feel like they have different goals and objectives.

Caregivers are usually volunteers or relatives who became caregivers with a personal goal of making a difference in the life of a child – not having a job. Caseworkers, agency administrators, teachers, doctors and others are on the child's team due to their professional role in a particular job. They are likely to have chosen their profession, however, from a personal dedication to children and families. In order to be effective, child welfare team members must recognize that their mutual goal is the same – planning for the best interests of the child in foster care.

Making life-defining plans and decisions for human beings is emotional work.

Unlike other members of the child welfare team, foster caregivers who want to adopt and parents who want their child returned, have a personal and emotional stake in the outcome of permanency planning. Staff working closely with families and children may also feel an emotional stake in their success. Being able to separate emotions and remain objective isn't easy, but it's necessary to fairly represent the best interests of any child in foster care.

TEAMWORK IN CHILD WELFARE DECISIONS

Ongoing changes to Illinois law and child welfare practice affecting how the child welfare system and the juvenile court work with children and families have sought to prevent a child from growing up in foster care and to assist parents in taking more responsibility for their children's futures. Timelines for moving a child out of foster care and into a permanent family have been shortened.

Caregivers need to understand the timelines as they relate to foster parenting, child welfare and the juvenile court in order to continue to be effective advocates for children in their care while contributing to the team.

The Child Welfare Intervention Process

The ultimate goal of taking a child into temporary custody is to ensure his or her health, safety and well-being. The caseworker, in consultation with the child welfare team, which includes the birth family:

- assesses the needs of the children and family;
- plans for needed or desired supportive services;
- evaluates progress; and
- recommends case closure when permanency is achieved or safety issues are resolved.

From the beginning of the intervention process to the end, the caseworker makes recommendations to:

- place a child in substitute care;
- return a child to the care of his or her family; or
- move toward alternate permanency planning, such as adoption or guardianship.

All casework decisions are made in collaboration with the parents, the extended family, caregivers and any involved service providers (i.e. intervention team) according to the principles of sound social work practice.

Teamwork Activity: Clinically focused “family meetings” to assess what “reasonable efforts” have been taken to help the family and the family’s progress are required at least quarterly and need to include the caseworker, supervisor, foster caregivers and the parent.

Making Placement Decisions

Keeping Children Home: Diligent Search for Parents and Relatives Required

If an allegation of abuse or neglect results in a child being removed from his home, caseworkers must take specific steps to immediately locate parents and relatives before the Temporary Custody Hearing (within 48 hours of the child being removed from the home). If the parents are not located within this time, specific further steps are required at 30 and 60 day intervals, with caseworkers reporting search findings to the court at the adjudicatory hearing. These early search requirements for parents and relatives give children a fair chance of staying inside their own family.

Foster Care Placement Criteria

If foster care placement becomes a necessary option to consider, it must be consistent with the best interest and special needs of the child. Children who need foster care must be placed:

- in the *least restrictive setting* appropriate for the child that most closely resembles a family;
- within *reasonable proximity to the child's home when the goal is return home*, and within the child's school district, whenever possible. The special needs of the child and family, the importance of maintaining stability in the child's educational and social relationships and the availability of the services needed for the child and family must be taken into account;
- with relatives, if possible;
- with siblings, unless the case falls into the exceptions listed in DCFS Rule 301.70;
- with foster or prospective adoptive parents who have the ability to meet the needs of the child and to encourage the relationships that are important to the child; and
- according to criteria described in 89 Ill. Adm. Code 307, Indian Child Welfare Services, if the child is of Native American heritage.

Using *Best Interests of the Child* in Decision-Making

The underlying principle in permanency planning is to make plans and decisions for foster children based on the *best interests of the child* — not the parents, foster caregivers, the agency, or anyone else. The Juvenile Court Act contains the following legal definition of *best interests of the child*.

Whenever a child’s “best interest” must be determined, the following factors shall be considered *in the context of the child’s age and developmental needs*:

- physical safety and welfare of the child, including food, shelter, health and clothing;
 - development of the child’s identity;
 - the child’s background and ties, including family and religion; and
 - the child’s sense of attachments, including:
 - where the child actually feels love, attachment and a sense of being valued (as opposed to where adults believe the child should feel such love, attachment, and a sense of being valued);
 - the child’s sense of security;
 - the child’s sense of familiarity;
 - continuity of affection for the child;
 - the least disruptive placement alternative for the child;
 - the child’s wishes and long-term goals;
 - the child’s community ties, including church, school and friends;
 - permanence for the child;
 - uniqueness of every family and child;
 - risks connected with entering and being in substitute care; and
 - preferences of the persons available to care for the child.
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Discussion, debate and decisions made by the child welfare team in permanency planning must be based on and defended by the legal *best interests of the child* definition. Foster caregivers need to use this definition in advocating for the child’s needs and in discussing permanency goals with the child welfare team and the juvenile court.

CLIENT SERVICE PLANNING

The child in care and his or her parents are the “clients” served by the child welfare team. The caseworker (permanency worker), in consultation with other members of the child welfare team — the supervisor, agency, clients, caregivers and service providers — coordinates case planning for the family and facilitates key decision-making within the child welfare team. The family’s overall case plan is called the “Client Service Plan.” The Client Service Plan contains individualized tasks for each parent and child.

Integrated Assessment (IA) Program

DCFS created the Integrated Assessment Program to improve casework staff’s capacity to address not only critical safety and risk factors, but also the medical, educational, developmental, behavioral, and emotional needs of children and the adults who care for them. From the IA process, the child welfare team will determine a recommended permanency path and develop a client service plan.

New cases, called Standard Placement Cases, receive an assessment with the assistance of a clinical screener, a specifically-trained and licensed mental health professional. Screeners meet with the parents and caregivers to determine their needs, strengths and support systems. They also conduct clinical interviews with each child, identifying strengths, functioning levels and developmental and behavioral/mental health needs. The IA process depends on engaging significant family members including: the child, parents/ guardians, paramours, step-parents, caregivers and other relevant adults. Together, these individuals, along with the permanency worker (caseworker), supervisor and clinical screener, make up the IA team.

Throughout the interviews and screenings, they all share and discuss information, questions, concerns, impressions and recommendations as the team plans and identifies referrals. Additionally, specially-trained medical professionals complete an enhanced Comprehensive Health Evaluation for each child.

By 21 days from the date the court grants DCFS custody, all interviews/screens and the Comprehensive Health Evaluation (CHE) should be completed. Next, the screener drafts the Integrated Assessment Report and provides it to the permanency worker and supervisor to review. After review and revisions, the final report must be filed on the DCFS computer system (SACWIS). By day 40, the permanency worker and supervisor conduct a Family Meeting to discuss the recommendations and begin developing the Family Service Plan. By day 45, the final documents must be submitted to Juvenile Court.

Developing the Family Service Plan

One critical outcome of the IA process is the Family Service Plan. It includes tasks, services and resources to meet the medical, developmental, educational, and behavioral/mental health needs of families. It is developed in conjunction with the caregiver, parent, and child at a Family Meeting, and is reviewed periodically for progress. The caseworker and supervisor continue to assess the family's needs and strengths, updating the Integrated Assessment (IA) report and the service plan throughout the life of the case. These documents serve as the foundation for what is to come as the case moves to a satisfactory permanency conclusion. Throughout the life of the case, the permanency worker, guided by the supervisor, continues to engage the family, gather information, analyze findings, and update the Integrated Assessment Report and the Family Service Plan.

Role of the Foster Caregiver in the Integrated Assessment Process

Foster caregivers and other substitute caregivers are critical to the IA process. They have to provide continuous care in the home, so they know the children in placement better than the other professional team members.

With some variation, the caregivers' major responsibilities during the IA include:

- participating in the caregiver interview and screenings with the child as needed;
- taking children for their Comprehensive Health Exam (CHE), to the designated HealthWorks provider.
- acting as a professional team member, interacting and sharing information; and
- attending and participating in family meetings as appropriate.

Foster caregivers also provide ongoing care for children, which may include administering medication, monitoring conditions, and transporting for treatment, as part of the IA process.

PERMANENCY PLANNING PROCESS

Although foster care is a temporary solution to keeping a child safe, it does not offer the permanent, lifetime family that every child needs and craves. In past years, many children grew up in foster care. Now, planning for a child to leave foster care begins on the first day the child comes into DCFS custody. All planning revolves around finding a permanent family — his or her own parents, other family members or another family — for the child, , maintaining sibling and family connections and moving the child into permanency as quickly as possible.

Permanency planning for a child is a joint process involving:

- DCFS and the child welfare team, including foster caregivers;
- the child and his or her family; and
- juvenile court.

The permanency planning process considers all of these factors and others in making critical decision guidelines for children and their families:

- the health and safety of a child come first;
- the “Best interests” of a child control all decisions;
- a child’s sense of time governs the permanency timetable; and
- parents must make “substantial progress” in correcting the conditions that led to foster care.

Permanency Options for Children in Foster Care

The goal of permanency planning is for the child in DCFS care to exit foster care to a permanent family.

A child in foster care may find a permanent family by:

- returning home (Reunification);
- adoption; or
- guardianship.

DCFS is committed to finding a permanent family for all children under state care. Sometimes teens who cannot return home to their birth families choose not to move to adoption or guardianship. Sometimes we cannot find a permanent home for a teen. When return home, adoption and guardianship have been ruled out as a permanency option for a child that is at least 16, they may have a goal of independent living. When independent living is the goal, the child welfare system provides services to help the child learn to live independently.

Section 7, *After Foster Care*, explains adoption, guardianship and independent living. It also describes support services provided by DCFS.

The Pathways to Permanency

There are three paths that a child can take – Early Reunification, Concurrent Planning and Expedited Termination – and the child and family need a caregiver who is willing to support them based on the designated path.

The goal for every child entering foster care is to return home. When a child is removed from his family for protective care, the state is legally bound to make efforts to help the parents to correct the conditions that made it unsafe for the child to stay at home. Each child is placed on the pathway to permanency that best suits his or her needs. It is important to remember that no assessment, no matter how thorough, can predict with certainty what the future will hold. The child’s path to permanency may change according to the parents’ progress.

The Pathway of Early Reunification

Early reunification is the pathway for the child whose family is ready to begin working toward the changes needed to safely parent. The goal is to return the child home as soon as safety can be managed, which may be before the parent has completed treatment or services. Progress is the watchword, not perfection. The family will receive ongoing agency support after return home. The child on the pathway of early reunification needs a caregiver who will have a supportive personal relationship with his parents.

The Pathway of Concurrent Planning

Concurrent planning is the pathway for the child whose family has issues or conditions that make reunification especially challenging or who is not ready to start working on needed changes right away. Simply put, concurrent planning means the agency works toward two goals at one time, so that if one goal does not work out, the other can be implemented. For example, the child welfare team work to reunify a child with his or her family, while also exploring adoption. If the child is unable to return to the family, then adoption efforts will already be underway.

The concurrent planning process focuses on the parent’s actual behavior rather than promises or intentions, allowing the case to move forward if reasonable progress has not been made by a specific time. Concurrent planning ensures decisions concerning permanency are based on a child’s sense of time and urgency. To be done successfully, concurrent planning requires the respectful use of full disclosure, which is open, honest and complete communication between the parents, foster caregivers and child welfare workers.

The Pathway of Expedited Termination of Parental Rights

The pathway of expedited termination of parental rights is used only when a court determines that the abuse or neglect has been so severe that parental rights should be terminated without agency efforts to help the parents reunify the family. These are extraordinary cases of severe maltreatment that meet criteria set out in state and federal law. Very few situations meet these criteria. The child on the pathway of expedited termination of parental rights needs a caregiver who is committed to adoption or guardianship.

Permanency Goals

Permanency goals are part of the common language used by caseworkers, child welfare staff and the juvenile court. Caregivers need to familiarize themselves with the permanency goals shown below.

During the first 12 months of the case, the foster care program assigned to the case and supporting the family may work with a recommended permanency goal based on the facts of the case. At the 12-month Permanency Hearing, the judge selects a permanency goal, based on the evidence presented and the recommendation of the caseworker. Once the court has set the goal, it can only be changed by the court. The services in the service plan must always support the goal set by the court.

Permanency Goal Definitions

- (A) The minor will be returned home by a specific date within five months.
- (B) The minor will be in short-term foster care with a continued goal to return home within a period not to exceed one year, where the progress of the parent or parents is substantial, giving particular consideration to the age and individual needs of the minor.
- (B-1) The minor will be in short-term foster care with a continued goal to return home pending a status hearing. When the court finds that a parent has not made reasonable efforts or reasonable progress to date, the court shall identify what actions the parent and DCFS must take in order to justify a finding of reasonable efforts or reasonable progress and shall set a status hearing to be held not earlier than 9 months from the date of adjudication and no later than 11 months from the date of adjudication during which the parent's progress will again be reviewed.
- (C) The minor will be in substitute care pending court determination on termination of parental rights.
- (D) Adoption, provided that parental rights have been terminated or relinquished.
- (E) The guardianship of the minor will be transferred to an individual or couple on a permanent basis provided that goals (A) through (D) have been ruled out, or by order of the court.
- (F) The minor over age 15 will be in substitute care pending independence.
- (G) The minor will be in substitute care because he or she cannot be provided for in a home environment due to developmental disabilities or mental illness or because he/she is a danger to self or others, provided that goals (A) through (D) have been ruled out or by order of the court.
- (H) The guardianship of the minor will remain with the department and the minor will be in continuing foster care if all other permanency goals have been ruled out based on the minor's best interest; the minor has lived with the relative or foster parent for at least one year; and the relative or foster parent currently caring for the child is willing to provide, and capable of providing, the child with a stable and permanent environment for the foreseeable future.

FOSTER CAREGIVERS' ROLE IN THE PERMANENCY PLANNING PROCESS

Early Reunification

GOAL: Reunify child with family in 3 to 6 months

These may be cases where a family experiences a situational crisis, has no previous history of child abuse or neglect and accepts responsibility for the maltreatment. The maltreatment was not severe or life-threatening. The family shows a willingness to visit and continue parenting responsibilities and demonstrates the capabilities to meet their own and their child's needs.

Implications for Caregivers

Protecting the child's emotional attachment to the family and working closely with the caseworker is magnified. Facilitating visits and letting the parent share responsibility in parenting the child, as decided by the child and family team, are essential to reunifying the family within this short time frame. Visits occur more often — could be several times a week. Weekend and overnight visitation should start as soon as possible. Parents continue to be very involved in parenting the child by participating in such activities as school conferences, shopping and doctor's appointments.

Concurrent Planning

GOALS:

- Provide the family with reunification services relevant to the family's needs, involving family and extended family resources; and
- At the permanency hearing 12 months after the child comes into foster care, the court decides if the parents are making "reasonable progress." If the court believes the parents are making progress, the court may give them up to 12 more months, at which time a final court decision will be made.

Implications for Caregivers

Because a longer term working relationship between caregiver and caseworker may be needed, establishing communication and learning to work together take on even more importance, as do accessibility of services for children; logistics and supervision of visits; and the caregiver's ability to attend family meetings (if the parent consents) and Administrative Case Reviews and provide written documentation.

Expedited Termination of Parental Rights

GOAL: Free the child for adoption within six months

The child's case must be assessed anytime between case opening to 14 days prior to adjudication (about 90-120 days after temporary protective custody) to determine if grounds for parental unfitness exist or any of the factors exist identifying the possibility of adoption.

The caseworker **MUST SEEK *expedited termination of parental rights*** if the following unfitness grounds are present for both parents:

- extreme and repeated cruelty to the child;
- a finding of physical abuse and criminal conviction;
- a conviction of ANY of the following crimes:
 - first or second degree murder of a parent of the child to be adopted;
 - first or second degree murder of any child;
 - attempt or conspiracy to commit first or second degree murder of any child;
 - solicitation to commit murder of any child, solicitation to commit murder of any child for hire, or solicitation to commit second degree murder of any child;
 - accountability for the first or second degree murder of any child; or
 - aggravated criminal sexual assault.
- abandonment of a newborn infant in a hospital;
- abandonment of a newborn infant in a setting where the evidence suggests that the parent intended to relinquish parental rights; or
- incarceration of a parent as a result of a criminal conviction where prior to incarceration the parent had little or no contact with the child, or provided little or no support of the child, and the parent's incarceration will prevent the parent from discharging his or her parental responsibilities for the child for a period of two years after the filing of the petition or motion for termination of parental rights.

The caseworker **MUST CONSIDER *expedited termination of parental rights*** if these grounds are present for both parents:

- abandonment of the child (other than newborn infant);
- desertion;
- inability to discharge parental responsibility due to mental illness, mental impairment or developmental disability; or
- a subsequent substance exposed infant, after which the mother had the opportunity to participate in a drug counseling, treatment and rehabilitation program.

Implications for Foster Caregivers

- If you are waiting to adopt a child for whom one of the grounds appears to exist for expedited termination of parental rights, contact the caseworker and supervisor immediately and ask if the case meets the criteria to expedite terminating the parent's rights.
- Make sure you participate in the Administrative Case Review (ACR) and the other opportunities in which expedited termination of parental rights must be ruled out or in.
- If you are interested in adopting, tell your agency that you are interested in caring for children from expedited termination cases.
- Visits continue until parental rights are terminated. If safety is an issue, visits may be supervised. The visit's purpose is to help the child with the trauma experienced; the changing relationship with the parent; and with closing the birth family relationship and being free to enter a new family relationship. You need to plan with the caseworker to help the child with these issues.

Additional Factors that Could Lead to Adoption

Anytime during the case, these additional factors should be considered in identifying the possibility of adoption for a child:

- the parent or parents have signed or indicated a desire to sign a consent or surrender for adoption;
- the parent or parents have previously signed a consent or surrender for adoption for children who were subjects of abuse, neglect, or dependency petitions and/or parental rights have been terminated with regard to other children in the past, thus indicating there may have been risk of harm to other children in the parent/s care; or
- the parent or parents have made *unsatisfactory progress* in correcting the conditions that led to the removal of their children, resulting in a rating of unsatisfactory progress which may be indicative of parental unfitness, and return home to either parent is unlikely.

WORKING WITH FAMILIES WHOSE CHILDREN ARE IN FOSTER CARE

Each child is entitled to a caregiver who can support the family's efforts toward a successful reunification. The child welfare team acknowledges the child and parent as members of a family unit and helps the parent to remain in the parent role while the children are in foster care. Out of respect for the continuing nature of the parent-child relationship, it is important to continue to refer to the child's parents as parents rather than "birth parents" or "biological parents." The modifiers "birth" and "biological" may be used later if parental rights are terminated to distinguish the parents of origin from the pre-adoptive or adoptive parents. In the same vein, the families who offer care for the children are known as "foster caregivers" or "relative caregivers" rather than "foster parents."

Foster caregivers, like other members of the child welfare team, need to maintain an attitude toward the child's family that shows:

- respect as a person;
- nonjudgmental support;
- respect for, and attention to, their feelings;
- a genuine interest;
- understanding; and
- respect for culture.

Intervention with most families will be most successful when the child welfare team maintains this attitude and shares the belief that most parents want to meet the needs of their children and have the capacity to change and grow.

Rights of Parents

Parents retain some rights and responsibilities if their rights have not been legally terminated by the court, even if their children are in foster care. Parents have the right to:

- support the child;
- call the child;
- reasonable visitation, unless prohibited by the court;
- consent to the child's adoption;
- determine the child's religious affiliation (including the right to allow baptism);
- know information about the child;
- participate in making certain decisions about the child;
- correct conditions that led to the child's placement in foster care and regain custody of their child;
- have input on the child's hair care;

-
- attend doctor appointments for the child; and
 - be involved in the child’s education.

Match Your Family’s Skills and Desires to the Child’s Permanency Goal

Many caregivers come into foster care willing to adopt. Some families only want to provide foster care. Many foster families begin fostering without plans to adopt and then fall in love with a child who needs a permanent family. Currently, 95 percent of the children adopted out of foster care in Illinois are adopted by their foster caregivers. Knowing your family’s feelings about adoption and working with birth families to help children return home is important to deciding whether or not a prospective child is a good match for your family.

Each type of case intervention described on pages 14-16 carries a different amount of caregiver involvement in working with families, that could range from no contact to modeling parenting. Understanding which type of case relates to the children in your care will help you define DCFS and agency expectations of your involvement in working with parents or other family. Even if you do not have in-person contact with parents or extended family of the child, your child’s family of origin will always be present in his or her memory or imagination.

Caregivers have a choice in their role

Not every case will have a goal of reunification and not every caregiver will be suited to support a family with a reunification goal. Licensing workers will have discussions with caregivers about whether they want to be identified as a resource for a case where reunification is the goal. Those who choose to could then sign a self-assessment form and be listed as such in the Foster Home Availability Database. A caregiver who accepts a reunification case is also open to:

- meeting the parents, as soon as possible after the child has been placed;
- exchanging information about the child between the parent, caregiver and caseworker at initial placement and as the case moves forward;
- shared-parenting activities to allow the parent to fulfill certain parenting responsibilities while the child is in care;
- family visits in a family setting, where the caregiver can support or host visits between the parents and the child (in addition to the required sibling visits); and
- mentoring and modeling with parents, with the caregiver serving as a respectful helper and role model to parents on the road to early reunification.

When a placing worker calls, ASK what the permanency goal is for the child. Know and understand the permanency plan and goal for the foster child before you say “Yes!” to a placement. Be realistic about what you want and can handle. If you want to foster only and the child is likely to need a permanent family, based on the permanency goal and the facts of the case, letting the child be placed with your family is not necessarily in the child’s best interests.

PERMANENCY PLANNING TOWARD REUNIFICATION

Permanency planning toward reunification is an approach to reducing the trauma of separation for children, building safe and stable families and achieving permanency for children with their parents. The focus on reunification is not new. The safety of children and strengthening of their families is the two-part mandate of the department. Families are strengthened so that children can go home.

Permanency planning toward reunification establishes a practice that identifies and builds on family strengths. It engages families of children in foster care immediately, directly and continually in planning for and working toward the return of their children. It respects the parent-child bond while assisting the parent to establish new attitudes and behaviors toward family safety and well-being.



Foster caregivers are rightfully proud of their contribution in providing safe protective homes for children in need. Permanency planning toward reunification offers them the opportunity to play a central role in strengthening families as well. The parent, caregiver and caseworker make a potent team for reunification. They work together like three legs of a stool. However, without all three supporting legs, reunification cannot stand strong. Each individual must work as a positive agent of change and as a helper, not a judge or jury. When a family must be separated, an emergency response is

needed. No one can wait to get started – not the parent, the caseworker or the caregiver.

Parents do the hard work of reunification:

- changing behavior;
- building relationships;
- enhancing skills; and
- improving conditions.

Caregivers help with:

- encouraging words;
- shared parenting; and
- visits between the parents and siblings.

Caseworkers assist the family in an immediate, active and ongoing way through:

- casework support;
- family meetings; and
- services and treatment.

Every caregiver for children whose parents are working toward reunification is expected to offer respectful support toward that goal. Shared parenting and visits in a family setting were important activities in the initial assessment period and they remain two of the most important elements in the caregiver role throughout the relationship of the caregiver with the child and family. They provide the framework for all of the other activities.

How do Caregivers Help in Reunification?

Meeting the parents as soon as possible

The caseworker introduces the child's parents and the child's foster caregiver to each other shortly after case assignment. Acceptance by the caregiver and assurance that the caregiver will not stand between the parent and child can go a long way to get the work of reunification off to a good start.

Exchange of information about the child

The parents help the caseworker and caregiver learn about their child. The parents share the "Let Me Tell You About My Child" document with the caregiver, telling the caregiver about the child's daily routines, habits, likes and dislikes. The caregiver talks with the parents about how the child is doing in foster care. This exchange of information about the child and shared concern for his well-being continues throughout the time that the child is in care.

Shared parenting

Shared parenting is both a right and a responsibility of the parent. With shared parenting the parent engages in certain parenting tasks together with the caregiver or caseworker. Shared parenting begins with the parent participating in the initial tasks of settling the child in to the new placement – the child health exam, any child psychological evaluations, and meetings at the child's school. The type and extent of shared parenting tasks grows as the parent becomes successful in changing the conditions that brought the child into care.

Family visits in a family setting

Child welfare research identifies family visits as a critical factor in the achievement of early, safe and stable family reunification. Family visits are most effective in a relaxed and private setting. Caregivers play an important role in successful family visits.

Mentoring and modeling with parents

Most parents look forward to the return of their child. Many, however, need the assistance of a caring, respectful helper and role model. In these cases the caregiver can provide a role model for caring relationships and family cooperation.

Safety is always a priority for the department. The safety of the foster caregiver and family is also important. No one is asked to enter a situation in which he or she feels in danger. CANTS and LEADS checks, in-depth assessment, and many experiences with the parent are the guide to safety. The caregiver, of course, will be the one to determine if they will go to a parent's home and whether the parent may come to their home.

That said, when a foster caregiver accepts the placement of a child new to foster care, he or she should come to the table with a good faith intention to be supportive of the parents' relationship with the child and to be helpful to the reunification process.

Building a relationship with the child's parents can be done in many ways. For all caregivers it should include:

- encouraging parents in their improved parenting skills and relationship with their child; and
- supporting the transition of responsibility from the caregiver to the parent.

Shared Parenting

Shared parenting opportunities that can be repeated over and over again as long as the child is in care include: school events, performances, sports activities, church events, community activities, social and family gatherings, meals, getting ready for nap or bedtime, going and coming from school, homework, hobbies and just relaxing together. The type and extent of shared parenting activities will grow as the parent is successful in changing the conditions that brought the child into care. A family or community setting provides the best opportunity for a parent to engage in ordinary parenting tasks with their children. Shared parenting may continue after the child returns home until case closure if the caregiver and parent agree.

Shared parenting helps the child

A child in foster care continues to need the care and attention of her parent even while in the home of the caregiver. Shared parent tasks and responsibilities reassure the child of the parent's role in her life and reinforce the child's continued membership in her family.

Shared parenting helps the parent

Shared parenting tasks provide opportunities for the parent to remain in the "parent" role, to grow in the relationship, to learn from the caseworker and caregiver and to practice new skills.

Shared parenting helps make the reunification decision

Parent participation in "normal" parent activities helps to predict how well the parent will handle responsibilities when the family is reunited.

Family Visits – the Heart of Reunification

Family visits benefit children in care in many ways. Research has found that children who are visited frequently by their parents are more likely to have a better sense of well-being and to adjust well to placement than children who are visited less frequently or not at all. Research has also shown that visiting is strongly associated with family reunification and with shortened length of stay in care and that there is an association between frequent visiting prior to return home and successful reunification.

Frequent Visits in a Family Setting

The impact of separation on children and parents is severe. Consistent visits can help children and their parents cope with the loss. An immediate visit engages the parent and reassures the child; frequent visits strengthen family bonds; and visits in a family setting provide a safe and effective opportunity to develop parenting skills. Support of early, frequent and consistent visits in a setting that is comfortable for both parents and children may be the most important contribution a caregiver can make to a family's efforts to get back together.

What is a Family Setting?

Family setting means the home of the caregiver, parent, relative, friend or a church or community institution that offers an appropriate environment for parenting activities such as help with homework, hobbies, meal preparation, grooming, chores, getting ready for nap or bedtime. If a parent is hospitalized, in a residential treatment facility or incarcerated, then a visit in the visiting room of the institution is a family setting for that parent and child.

Role of the Parent in a Visit in Your Home

A parent visiting a child in your home is there as your guest at your invitation and must comply with rules that you, the parent and the caseworker have agreed to before the visits in your home begin. Model rules are available to your caseworker on the DCFS D-Net. These rules may be modified to suit your particular situation.

Resources for Caregivers Working Toward Reunification

Caregivers can also expect to hear about the tools listed below. They were designed to help to keep the parent actively involved, provide a "common" language and set of expectations and help to identify areas of need and progress as he or she moves toward reunification.

Parent's Handbook for Permanency

Helps the family understand the "work of reunification" starting with understanding what needs to change.

Let Me Tell You About My Child

Gives the parent the opportunity to "teach" the caseworker and caregiver about the family's child through a discussion about the child's daily routines, likes and dislikes.

Readiness for Reunification

Helps identify areas of family strength while at the same time points out those areas of "safe" parenting that the family needs to work on.

Supportive Visitation

Helps the parent to identify areas to strengthen their relationship with their child while at the same time learning more effective parent skills.

The relationship between the caregivers and the parents will not happen immediately. It will develop over time—as all relationships do. There may be good relationships with parents and others that don't turn out well. Remember that the caseworker can help when you need additional support.

Family Reunification Special Service Fee

DCFS has devoted resources to help caregivers meet the responsibilities supporting reunification efforts. The Family Reunification Special Service Fee is a reimbursement made directly to the caregiver for reunification activities. It is a reimbursement that can cover expenses such as transportation, entrance fees, and food that are part of activities supporting foster children and their parents. Caregivers, parents and the caseworker can develop a monthly plan for activities that take place in a "family setting," such as homework help by the parent or a "choice" activity for participating in meetings or court. Based on the level of interaction with the parent, a caregiver could qualify for a reimbursement of up to \$400 each month.

Activities such as visits in a "family setting" count for reimbursement if the caregiver provides the location, supervision, mentoring and/or transportation. Other activities could include shared parenting tasks, meeting the caseworker and parents to plan activities, attending a court hearing with the parent, going to counseling with the family or continuing the same type of support after a return home. The reimbursement amounts follow four levels of activities for each month as the parent is progressing toward reunification.

At Level 1, a caregiver who engages the parent in three activities that month (at least two in a family setting and one could be another eligible activity from the choice list) would be reimbursed \$75. Working with parents in up to 12 activities in a month would make the caregiver eligible for Level 4 reimbursement at \$400. Caregivers of children with a return home goal should document all of the reunification activities that are eligible for reimbursement. Date and describe each activity on the Family Reunification Special Service Fee Log (CFS 1042-L). Details on eligible activities and documentation are included with the log. The caregiver and the parent each sign the log as the event happens. At the end of the month the caseworker should review the document, sign it and obtain a

supervisor signature. Check with your caseworker to make sure your planned activities are reimbursable.

It is the caseworker's responsibility to submit the completed and signed form to the Central Payment Unit. Don't wait to submit several forms at once. Caregivers should make a copy of the forms for their records. They can also follow-up with the caseworker to be certain that the signed form was turned in for payment.

Preparing for Return Home

Parents' progress in assuming parenting responsibilities and correcting the conditions that required the child to come into foster care will lead to unsupervised day visits. Success with unsupervised day visits pave the way for unsupervised overnight visits. When safety and responsibility have been demonstrated in overnight and weekend visits and progress continues in services, it is time to prepare for a permanency staffing. A permanency staffing will be held by nine months in all cases.

When the parent is prepared to assume full time parenting responsibilities, a reunification support plan will be put together with the participation of service providers and the Child and Family Team. Safety assessments immediately before and shortly after return home will be accompanied by frequent in-person contact of the caseworker with the family and service providers. Caregivers may be part of this team. The case must remain open for the provision of stabilization services and safety monitoring for at least six to eight months after return home.

After the Child Returns Home

Continuing the relationship after return home may be especially important for early reunification families. These families will have increased visits from caseworkers and other supports as their children return to them. Cases may be open for as long as a year after the families reunify.

Caregivers who have worked closely with the family toward reunification celebrate the return of the children with the family, but the celebration may be bittersweet as loss of the children in their home may be difficult for caregivers who have become attached to the children. The work that they have done together may point the way to an ongoing role for the caregiver in the stabilization of the newly reunified family.

If Return Home is Not Possible

To learn about what happens when safe reunification is not possible and the permanency goal is changed to prepare for adoption, guardianship or independent living, refer to the After Foster Care section in Chapter 7 of this handbook.

CHECK POINTS TO SUPPORT FAMILIES ON THE PATHWAY TO PERMANENCY

Supervisory-Clinical Staffings

An important change was made in how foster care programs monitor and staff cases. All plans for clinical intervention and social work or specialty services, and recommendations about permanency now happen at supervisory-clinical staffings. For example, a mental health crisis, serious disciplinary problems, or other situations that might arise requiring consultation and planning among those involved in the child's care would prompt the need for a clinical staffing. The purpose of the staffing is to identify clinical issues and address them using the team approach. Supervisory-clinical staffings are *clinically-focused* staffings involving the caseworker, supervisor, clinical experts, child, family, caregiver and service providers. Foster parents, as caregivers and members of the child welfare team, should expect to be invited to the supervisory-clinical staffings.

Administrative Case Review (ACR)

Administrative Case Review (ACR) is the independent review process for Illinois required by federal and state law. The purpose of the review is to assure the case plans are family-focused and move children toward a lifelong relationship that ensures safety and provides for their well being. DCFS Rule 316 outlines the ACR process.

The case review is conducted by an Administrative Case Reviewer, *who is independent* of the supervisor and caseworker and, therefore, not responsible for the case direction, management or the delivery of services. The reviewer may raise issues not addressed in the service plan. These issues may be family services or system obstacles that are hindering progress in the case. Based on the caseworker's response to these issues and best social work practice, the reviewer may advise the caseworker to include or delete information and/or services in the service plan.

Foster Caregiver Role in the ACR

Foster caregivers can and should make every effort to attend the ACR to add to the discussion, stay informed and advocate as needed. Caregivers usually have important firsthand information about:

- the wishes and opinions of children under 12 years old who are not usually asked to attend, or older children who cannot attend;
- the quality of services being provided;
- services in the service plan not being provided;
- the need for new services not in the service plan; and
- whether or not the above information was used by the caseworker to develop the service plan.

Timing of ACRs

Temporary Custody Hearing

1st ACR ————— 90 days
(Within 6 months of the Temporary Custody Hearing)

Following the 6-month review, ACRs are conducted every 6 months thereafter.

Foster caregivers will receive a notice of the date for an upcoming ACR. If that date or time is not one where the caregiver could attend, ask for another option. The caregiver's input is needed in the child's portion of the ACR for the reviewer to have an accurate view of the case. Caregivers may be present during the child's portion of the review, but, due to confidentiality, cannot be present for the parent portion of the ACR without the parent's consent.

What is Reviewed at the ACR?

- whether DCFS' continuing intervention is necessary;
- whether services, including placement services, are necessary, relevant, coordinated and appropriate, and whether they address the health and safety needs of the child;
- whether or not other services are needed, but are not being provided to the child or family and the reasons why they are not being provided;
- the disability status of a child to ascertain the need for and/or appropriateness of specialized services;
- the appropriateness of the child's educational placement and the child's educational progress;
- the child's health information and family health information which could impact the child;
- special physical, psychological, educational, medical, emotional, or other needs of the child or his family that are relevant to a permanency or placement determination;
- programs or services for any child 16 or over that will enable the child to prepare for independent living;
- compliance of DCFS, service providers, the family, the caregiver (or other substitute care provider) with the service plan and, if they are not complying, whether changes in the service plan or goals are needed;
- whether there is progress to resolve the child's and family's problems, whether the progress is satisfactory and whether the child can safely return home;
- whether the projected month for achieving the permanency goal is realistic; and
- the appropriateness of the permanency goal and recommended changes to the goal, if appropriate.

Outcomes of the ACR

The outcomes of each ACR are:

- an objective, independent evaluation of progress towards permanency;
- an objective, independent review of the service plan for the next period; and
- report of the findings and recommendations regarding the case progress toward permanency for the child.

After reviewing the case, the administrative case reviewer reports their findings and recommendations to those persons who can implement changes in the case and/or the child welfare system.

The report includes:

- any issues not addressed in the service plan that were discovered during the review;
- family service problems or system issues that are hindering the progress and/or permanency of the case; and
- systemic issues identified in the child welfare system.

The program operations supervisor is responsible for addressing problems presented in the administrative case reviewer's report on specific case issues.

The reviewer may not change a permanency goal established by the court.

Who Participates in ACRs?

The caseworker and/or supervisor with case responsibility for the children and/or the family are required to attend.

Others who may attend are:

- parents and their representatives (Unless they are known to be violent and potentially dangerous to other participants in the ACR or their rights have been terminated by the court);
- children 12 years or older, with consideration given to the material in the review and the benefits of having them present. Younger children may attend if the caseworker and supervisor determine that the child can benefit from participating;
- foster caregivers or relative caregivers (child's portion only);
Foster caregivers or relative caregivers may be able to participate in other segments of the review involving the child's family if the information being presented at the review is essential for understanding the needs of the child and to caring for the child. When a positive relationship exists between the caregiver and the child's family, the child's family may consent to disclosure of additional information.

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- child’s Guardian ad litem (GAL) or legal representative;
 - DCFS regional nurses and/or medical case managers, if the child has complex medical issues; and
 - other service providers.

Decision Review: Disagreeing with the Service Plan

If a caregiver disagrees with *any portion* of the service plan, including any amendments made by the Administrative Case Reviewer, he or she may request a decision review *within five working days* after the ACR by sending a written request to:

DCFS Deputy Associate Director
1921 S. Indiana, Ave., 2nd Floor
Chicago, IL 60616
Fax: 312-328-2749

Note: Amendments to the service plan resulting from court decisions at the permanency hearing or any other court order may not be the subject of a decision review.

A decision review conference will be held within 10 working days after the receipt of the request.

A final decision will be made within 10 working days after the conference. Implementation of the service plan will be stayed until the decision review conference is held, except when an issue affects compliance with a court order or the residual rights of parents.

If changes to the service plan are required by the decision review, copies of the changes will be sent to all those who are entitled to a copy of the service plan with a notice of the specific changes made, and the reason for the changes.

CIPP (Clinical Intervention for Placement Preservation)

When a child’s foster care placement may be in jeopardy of disrupting or may require a change in the type of placement, DCFS has means of deciding the right course of action. CIPP, which is pronounced like “sip,” replaces the process formerly known as the Child & Youth Investment Teams (CAYIT). CIPP stands for Clinical Intervention for Placement Preservation. It is a model for team decision-making. The goal is to reduce placement disruptions by encouraging the engagement and support of the youth’s immediate and extended family, caregivers and case management team when developing specific, individualized, and appropriate interventions for the youth.

Sometimes, even with time and effort it can seem like a placement is just not going to work out. A CIPP meeting can help evaluate new resources to settle the situation and support the placement. With a CIPP meeting, the youth’s caseworker brings together key people in the youth’s life with the assistance and support of a trained facilitator, who leads a discussion process that is sensitive to the motivation and capacities of the youth. Participants are encouraged to offer their assessment of the youth’s wishes, needs and strengths and to generate ideas on how those needs can be best addressed, ideally in the youth’s current home. If it is determined that the youth’s needs are best met at a higher level of care (e.g. residential treatment), caregivers will be encouraged to participate in the youth’s treatment and to remain a placement and/or visiting re- source for the youth upon discharge.

The caseworker or child’s current caregiver can call CIPP Intake to schedule a meeting. All efforts will be made to swiftly schedule meetings at times and locations that will support involvement by the youth, their family and caregiver, and minimize school disruptions. When receiving calls from caregivers, CIPP Intake will contact the caseworker to schedule a meeting. Caregiver-initiated referrals to CIPP are only for purposes of identifying services and supports needed to preserve the current placement, not to change a placement. Requests for placement changes and/or complaints will be redirected to the assigned caseworker and supervisor for follow-up. CIPP is designed to streamline the decision-making process and to find consensus on what resources can be brought to bear to bring stability to the situation and to plan for positive outcomes.

For more information on the CIPP referral process, call 312-814-6800 or send an email to CIPPIntake@illinois.gov.