SEPARATION, PLACEMENT AND REUNIFICATION
Kansas Child Welfare Professional Training Program

WELCOME AND INTRODUCTIONS

LIFEBOOKS
• Bring together a child’s past, present and future
• Reconstruct and document their history
• Contain
  • Photographs
  • Drawings
  • Anecdotes
  • Stories about them
  • Information about family and friends
  • Other memorabilia
INTRODUCTIONS

• Name
• Agency/position
• How long
• Lifebook entry

AGENDA

• Concepts of Separation
• Contributing Factors to Children’s Emotional Response to Separation and Placement
• Children’s Reactions to Loss: Common Behavior Patterns of the Grieving Process
• The Philosophy of Permanence and Permanency Planning

AGENDA

• Placement of the Child
• Enabling and Empowering Parents of Children in Placement
• Supporting the Caregiver and Child in Placement
• Promoting Reunification
• Caseworker’s Feelings about Child Welfare
WIIFM?

From your review of competencies and objectives, what are your learning needs for this workshop?

CONCEPTS OF SEPARATION

Understanding Separation
The Impact of Separation on Attachment
Promoting Attachment through Family Contacts

UNDERSTANDING SEPARATION

• Common separation experiences
• Factors that contribute to the extent of trauma
• Child’s perspective of placement
YOUR SEPARATION EXPERIENCE

• What helped make it easier?
• What made it more difficult?
• How would your lifebook capture it?

FACTORS THAT CONTRIBUTE TO TRAUMA

• Degree of significance of the person lost
• Amount of change involved
• Whether temporary or permanent
• Who is thought to be the cause
• Availability of meaningful attachments to support

CHILD’S PERSPECTIVE OF PLACEMENT

• Exercise
• Discussion
IMPACT OF SEPARATION ON ATTACHMENT

- Review of attachment from Module 7
- How separation complicates child and parent attachment
  - Effects of separation on attachment
  - Assessing attachment

Which of the following best describes the development of attachment?

A. Propensity for attachment is a fundamental and inborn trait
B. It is sometimes found as early as preschool age with children who have been nurtured appropriately.
C. Attachment is strongest between mother and child at birth.
D. It is a reaction to separation from a primary caregiver that may have otherwise remained unnoticed.

Attachment has three components – an enduring emotional relationship with a specific person, the presence of that person to provide security, comfort and pleasure, and distress at the loss or threat of loss of that person.

A. True
B. False
The development of attachment is critical for a child to stimulate:

A. Language development  
B. Self-reliance and autonomy  
C. Social skills  
D. All of the above  
E. A and C only

Caseworkers must be able to quickly and accurately assess the level of attachment between a parent and a child at the time of family crisis to determine whether abuse or neglect has occurred.

A. True  
B. False

Maladaptive attachment:

A. Is listed on the DSM IV as Reactive Attachment Disorder (RAD)  
B. Is used to describe the lack of bonding that often occurs between children and their peers  
C. Is the result of a specific maternal behavior that correlates with specific attachment outcomes  
D. Is found in less than 25% of children who have been maltreated  
E. Includes ambivalent, avoidant and disorganized behavior patterns
When a caregiver repeatedly and accurately responds to a child’s expressed needs in a socially, interactive environment that creates a mutually-satisfying relationship, that caregiver has demonstrated:

A. Arousal-Relaxation Cycle
B. Positive Interaction
C. Claiming Behaviors
D. Secure Attachment Therapy

Promoting Attachment through Family Contacts

• Well-planned
• Supportive
• Regular
• Frequent

Parents should be encouraged to contact, call and write their child in placement provided there are no safety concerns.

A. Strongly agree
B. Agree
C. Disagree
D. Strongly disagree
CONTRIBUTING FACTORS TO CHILD’S EMOTIONAL RESPONSE TO SEPARATION AND PLACEMENT

Concepts of crisis intervention theory and application effects of child’s developmental level on experience

CRISIS INTERVENTION THEORY

• A predictable emotional state that results when people are subjected to overwhelming and unmanageable stresses
• Much human behavior is directed towards maintaining physical and emotional equilibrium (homeostasis).
• Not all events are universally stressful.

FACTORS THAT IMPACT CRISIS

• Stress
• Coping skills
• Perception of the event
EFFECTS OF CHILDREN'S DEVELOPMENTAL LEVEL ON THEIR EXPERIENCE

- Infants, birth – 24 months
- Preschool, 2-5 years
- School age, 6-9 years
- Preadolescence, 10-12 years
- Early adolescence, 13-14 years
- Middle adolescence, 15-17 years

ASSIGNMENT

1. Describe and discuss the “normal” child in your age group - cognitively, socially, emotionally and behaviorally.
2. Identify how these factors might affect the child’s response to separation and placement, including his/her susceptibility to crisis. Record on flip chart.
3. Consider:
   - Types of stressors
   - Availability of coping strategies
   - Child’s perception of the event

STAGES OF GRIEF

- Shock/denial
- Anger/protest
- Bargaining
- Depression
- Resolution/integration
PLEASE RESPOND TO YOUR AGE GROUP

• List specific behaviors you may expect for each stage of grief.

• How could this impact your work with the child?

CHILDREN’S REACTIONS TO LOSS:
COMMON BEHAVIORAL PATTERNS OF GRIEF

Normal grieving process in children
Long-term consequences of excessive emotional distress

NORMAL GRIEVING PROCESS IN CHILDREN

• Shock/denial
• Anger/protest
• Bargaining
• Depression
• Resolution/integration
SEVEN MYTHS ABOUT HOW CHILDREN SHOULD BE CONSOLED IN GRIEF

1. Don’t feel bad.
2. Replace the loss.
4. Be strong.
5. Keep busy.
6. Time heals all wounds.
7. It could have been worse.

LONG-TERM CONSEQUENCES OF EXCESSIVE EMOTIONAL DISTRESS FOR CHILDREN

• Potential for significant, long-term negative effects on child’s personality development
• Childhood loss and grief can impact child well into adulthood.
• Repeated traumatic separations can permanently, emotionally damage a child.

PHILOSOPHY OF PERMANENCE AND PERMANENCY PLANNING

Definition of permanency planning
Assumptions underlying permanency planning
Implications for program development
PERMANENCY PLANNING

• Focusing child welfare services on the child’s need for a stable, permanent home during all phases of practice
• Permanency planning movement was generated by growing awareness of serious negative consequences for children left in emotional limbo.
• The serious negative effects of ‘foster care drift’ have been well documented in several longitudinal studies.

ASSUMPTIONS UNDERLYING PERMANENCY PLANNING

• All children have a right and need to live and develop within safe, secure and permanent families.
• When child cannot be placed with relatives, placement should be within the child’s neighborhood or community.

ASSUMPTIONS UNDERLYING PERMANENCY PLANNING

• Children experience psychological and developmental disruption with extended separations from family.
• Child’s perception of time is determined by developmental maturity.
IMPLICATIONS FOR PROGRAM DEVELOPMENT

• Assessment and Prevention Services
• In-Home Services (Family Services and Family Preservation)
• Out-of-Home Services (Foster care and Adoption)

REMEMBER

All workers are Permanency Workers.

PLACEMENT OF CHILD

Decision to move a child
Principles and strategies of placement
Pre-placement activities
Placement process
Enhancing visitation process
Post-placement services
THE DECISION TO MOVE A CHILD

• For more than 50 years, child development specialists have stressed the inherent dangers of abrupt removal and placement of children.
• A thorough assessment of the likelihood of future harm to the child of remaining in his/her home must be made prior to making a decision to remove.

DISPROPORTIONALITY

• Nationally, placements are disproportionately higher for children of minority racial and ethnic backgrounds.
• Minority children are more likely to be removed from families and placed than white children under comparable circumstances.
• Minority children frequently experience disparate and inequitable service provision.

(CWLA, 2003)

DISPROPORTIONALITY

• In the U.S., African-American children represent almost 37% of children in foster care, yet only 15% of the child population in the U.S.

Casey-CSSP, October, 2006
**PRINCIPLES OF PLACEMENT**

- Decisions must be based on sound, factual information.
- Involves early planning when a placement is possible.
- Must carefully assess degree of emergency.
- Must allow staffing for thorough assessment.
- Intensive, in-home support considered before removal.
- Must guard against bias.

**PLACEMENT STRATEGIES**

- Minimize the degree of stress.
- Increase child’s and family’s ability to cope.
- Help child and family achieve realistic perception of reasons for placement.
- Provide opportunity for post-placement supportive services.

**PLACEMENT STRATEGIES**

- Maintain and strengthen relationship between parent and child.
- Enhance child’s adjustment.
- Strengthen caregiver’s ability to meet the child’s special needs.
PRE-PLACEMENT ACTIVITIES

Choosing an appropriate placement setting:
• General placement considerations
• Federal requirements of placement
• Sibling placements
• Kinship (relative) placements

GENERAL PLACEMENT CONSIDERATIONS – LEAST RESTRICTIVE

Least
• Relative or other person well known to child
• Family foster home
• Transitional Living Program
• Group home
• Maternity home
• Emergency shelter care facility
• Children’s residential center
• Medical or educational facility
• Detention or other secured facility

Most

OTHER CONSIDERATIONS

• As close to home as possible
• Federal requirements of placement
• Placement of siblings
• Kinship placements
When placement is necessary, siblings should be placed together.

A. Strongly agree
B. Agree
C. Disagree
D. Strongly disagree

25% 25% 25% 25% 

A CLOSER LOOK AT KINSHIP

Full-time care, nurturing, teaching and protection of children by relatives, tribes or clan members, and godparents; stepparents, or any adult who has a significant bond as recognized by the child or family

Casey, 2006

A CLOSER LOOK AT KINSHIP

• Informal – Decided by the family
• Formal – Determined by court or agency
• Nationally: 29% of children in foster care are placed with relatives; In Kansas: 33%
• The pros and cons of kinship care
When placement is necessary, children should be placed with kin.
A. Strongly agree
B. Agree
C. Disagree
D. Strongly disagree

PRE-PLACEMENT ACTIVITIES
Preparing the family for the child’s placement:
• Direct contact between the foster/kinship caregiver and the child’s family should be considered and encouraged when appropriate.
• Parents can help prepare the child, even if they are not able to accept the reasons for placement.
• Caseworker should engage the parent in all aspects of the planning and placement process.

PRE-PLACEMENT ACTIVITIES
Preparing the caregiver:
• The foster/kinship caregiver can make an informed decision to accept placement based on thorough and accurate information about child and circumstances.
• The foster/kinship family should be prepared for placement by receiving complete information about the child.
• It is the caseworker’s responsibility to ensure that all caregivers receive all appropriate information about the child.
PREPLACEMENT ACTIVITIES

Preparing the child
  • Caseworker can alleviate many of child’s anxieties and greatly reduce stress by providing child with information about the placement.
  • If the child is emotionally distressed, it is likely his/her current functioning may not accurately reflect typical functioning.
  • Strategies used to prepare child for placement will depend upon child’s level of developmental maturity.

THE PLACEMENT PROCESS

• Pre-placement visits
  • Determining the rate of placement
  • Providing the child with opportunities to talk about the transition

PLACEMENT PROCESS

Pre-placement visits
  • At least one, keep short
  • Tour home
  • Limit number of people
  • Provide continuity
  • Provide respite
PLACEMENT PROCESS

Determining rate of placement
• Consider safety first.
• Consider child’s coping ability.

PLACEMENT PROCESS

Providing child with opportunities to talk
• Allow child to express feelings.
• Develop nurturing relationship with child.
• Allow child to maintain ties.

WHEN TALKING WITH CHILD

• Be truthful.
• Use developmentally-appropriate language; ensure understanding.
• Ensure the child is and feels safe.
• Take time; talk face-to-face.
• Let him/her know who has been told what.
• Explain what is next.
ENHANCING THE VISITATION PROCESS

- Guidelines for effective visitation practices
  - Visitations serve multiple purposes
- Questions for discussion
  - What factors should be considered in making decisions about the location, frequency, duration and/or supervision of visits?
  - Why might a child become excessively upset, either before or after a visit with parents?

Supervised visits are warranted when:

A. It is the last visit before returning a child home.
B. The parent has not complied with the case plan.
C. The child feels or is believed to be unsafe in the sole care of the parent.
D. The visit is in the parent’s home.
E. It is time for a court hearing.
Children should be provided with visits to parents in jail or prison.

A. Strongly agree
B. Agree
C. Disagree
D. Strongly disagree

The frequency and duration of visitation should be determined only by the needs of the child and family and not by the capacity or schedules of agency personnel.

A. Strongly agree
B. Agree
C. Disagree
D. Strongly disagree

**ENHANCING THE VISITATION PROCESS**

- Worker’s role in preparation, assessment and support of family contacts
- Question for discussion:
  - How can you prepare the family, the caregiver and the child for family contacts?
POST-PLACEMENT SERVICES

• Ensure that the caregiver receives adequate support and services.
• Help the child develop a cover story.
• Help the child maintain continuity and identity.

RETURNING TO BILLY

Consider:
• Visitation issues
• Cover Story
• Lifebook

ENABLING AND EMPOWERING PARENTS OF CHILDREN IN PLACEMENT

Parents’ responses to the loss of their children
Empowering parents to participate with visitation
PARENTS’ RESPONSE TO LOSS OF THEIR CHILDREN

• Emotional impact of placement on family members
• Parent’s grief process

AS PARENTS GRIEVE

• Shock/denial
• Anger/protest
• Bargaining
• Depression
• Resolution/integration

EMPOWERING PARENTS TO PARTICIPATE

• Strategies to maintain parent involvement
• Visitation from the parent’s perspective
PARENT INVOLVEMENT

How can you support and maintain the parent’s involvement with the agency and the child immediately after placement?

VISITATION FROM PARENT’S PERSPECTIVE - QUOTE

“I’m serious! They sit there and look at you like you are stupid! Or (they’re) patronizing, ‘You did really good!’ What do you mean, ‘Really good?’ I have daycare in my home for eight years! I raised my children! I’ve got an 11 year old. I raised him for 10 and a half years before you took him. I don’t need you to tell me I did ‘really good’.”

VISITATION FROM PARENT’S PERSPECTIVE - QUOTE

“The worst one (visit) was when he came home and had to be supervised. That was the worst visit, because I felt like I was under a microscope, where I had to be on my best behavior, you know, I couldn’t really be ‘mama’ …I was just there with him, because he didn’t get a chance to know that I was Mom because there was someone else there. He was just as used to her as he was to me. That was the worst visit.”


**Visitation from Parent’s Perspective - Quote**

“Oh, God. It’s like tearing my heart out. It’s the most hurtful thing to be on a schedule to see your own child. It’s just something that is inconceivable. The pain is just so deep. To tell your own child, ‘good-bye.’ As bad as you want to be with him. That’s one of the hardest things I’ve ever had to experience next to giving him up…. And it’s terrible for him too. Because I know he loves me…”

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**Vague Rules for Visiting**

- Bring the right food.
- Take care of your child.
- Discipline your child appropriately.
- Bring something to do.
- Don’t pump for information.
- Don’t make inappropriate comments about foster care.
- Don’t upset your child.

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**Visitation from Parent’s Perspective**

What would you do if parent’s frequently fail to attend visits, make unrealistic promises to their children or exhibit other destructive behaviors during the visits?
SUPPORTING THE CAREGIVER AND CHILD IN PLACEMENT
Dynamics of foster parenting
Helping caregivers meet child’s needs
Team approach to foster care

QUESTION
How can you support the foster parent, relative or kinship caregiver family?

REGARDING DISRUPTIONS
Many factors contribute to disruption of foster care placements:
• Inadequacies in the agency’s foster care program – improper recruitment, screening, assessment process and training
• Placements made on a “space available” basis
• When foster families feel pressure from the agency to accept placement of a child
THE TEAM APPROACH TO FOSTER CARE

- A team approach formalizes a collaborative relationship between the caregiver, the caseworker and the family.
- Caregivers can contribute to the process of case assessment, planning and service delivery.
- Caseworkers should assess the needs of the family and skills of caregivers prior to deciding on how best to use them in providing supportive services.

PROMOTING REUNIFICATION

Factors that support reunification
- The developmental model
- Preparing children to leave the foster home
- Post-reunification services
- When a child cannot go home

REUNIFICATION

- Why is reunification difficult?
- How do you know when a child and family should be reunited?
FACTORS THAT INCREASE POTENTIAL FOR REUNIFICATION SUCCESS

- Safety threat was acute rather than chronic.
- Parent actively and regularly involved with child.
- Family has strong, positive relationship with child’s caregiver.
- Family has strong support network of extended family, friends and community.

REUNIFICATION

- How can foster caregivers promote successful reunification?
- In which cases should reunification not occur?

CONDITIONS THAT MAKE REUNIFICATION A LOW PROBABILITY

- Parent’s custody of another child has been previously permanently terminated, after intense services and no change.
- Parent has killed or seriously harmed another child, and no change has occurred.
CONDITIONS THAT MAKE REUNIFICATION A LOW PROBABILITY

• Parent has repeatedly and with premeditation, harmed or tortured this child.
• Parent is diagnosed with severe mental illness and has refused or not responded to treatment.
• When the only visible support is in illegal drugs, prostitution and street life.

REUNIFICATION

• The Developmental Model
  • What casework services should occur after a child returns home?
  • Preparing Children to Leave the Foster Home

STRATEGIES TO REUNITE

• Prepare the family.
• Explain and plan the steps with all parties.
• Engage foster family to support the child during reunification.
• Formalize the case plan, including agency supportive services.
• Consider one child at a time, over several weeks.
• Provide intensive, in-home support; link family to community support.
FAMILY VISITATION AND CONTACT...

The heart and soul of reunification

REUNIFICATION

- Post-Reunification Services
  - What casework services should occur after a child returns home?
  - When a Child Cannot Go Home

CASEWORKER’S FEELINGS ABOUT CHILD WELFARE