A Family’s Guide to the Child Welfare System

A COLLABORATIVE EFFORT AMONG
National Technical Assistance Center for Children’s Mental Health at Georgetown University
Center for Child and Human Development
Technical Assistance Partnership for Child and Family Mental Health at American Institutes for Research
Federation of Families for Children’s Mental Health
Child Welfare League of America
National Indian Child Welfare Association
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Jan McCarthy
Anita Marshall
Julie Collins
Girlyn Arganza
Kathy Deserly
Juanita Milon

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Document Available from:
Georgetown University Center for Child and Human Development
3307 M Street, NW, Suite 401
Washington, DC 20007
202-687-5000 voice
202-687-1954 fax
Attention: Mary Moreland
deaconm@georgetown.edu

Also available on the web at www.gucchd.georgetown.edu

Technical Assistance Partnership for Child and Family Mental Health
American Institutes for Research
1000 Thomas Jefferson Street, NW, Suite 400
Washington, DC 20007
202-298-2612 voice
202-944-5454 fax
Attention: Anita Marshall
TAPPublications@air.org

Also available on the web at www.air.org/tapartnership

Also available on the web sites of the other sponsoring organizations (see p. 122)

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A Family’s Guide to the Child Welfare System was developed through the efforts of many individuals, organizations, and groups. A wise and knowledgeable work group advised us on the direction and content of the Guide, as well as on the questions that families want to have answered. We received continuous feedback from the work group on various drafts to make sure we were staying on course. Birth, foster, and adoptive parents; child welfare administrators and direct service workers; providers; lawyers; national organizations; mental health workers; national child welfare clearinghouses; federal agencies; researchers; and advocates from a variety of states, communities, and cultural backgrounds were represented in the work group.

Family members from around the country offered feedback and ideas through focus groups and workshops. We conducted a number of workshops on the Guide at several national conferences to obtain feedback from stakeholders who would be using the Guide. Family members who made presentations with the authors brought a voice of reality to those workshops. Barbara Huff and other staff at the Federation of Families for Children’s Mental Health helped us remain focused on the issues families care about most.

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Kim Helfgott  
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Sarah Leftler  
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Norah Lovato  
Sheri McMahon  
Barbara Needell  
Mary Nelson  
Trina Osher  
Cathy Overbaugh  
Valerie Oliver  
Jennifer Renne  
Nancy Rollins  
Mattie Satterfield  
John Shaw  
Meridith Shotwell  
Patricia Sokol  
Linda Spears  
Liz Sweet  
Michael Terkeltaub  
Gretchen Test  
Conni Wells  
Dana West  
Lavelle Williams  
Millicent Williams

The Authors
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Introduction

Susan’s Voice

My children were placed in the foster care system. I know that a visit from a Child Protective Services (CPS) worker to talk about your family can be difficult and confusing. A Family’s Guide was created to help you better understand how the child welfare system works, to inform you of your rights and responsibilities, and to help answer questions you may have. Throughout this nation, the absence of information has fueled parents’ fear and often their anger. Reading A Family’s Guide to the Child Welfare System is one way to get information. It can help you become involved and feel empowered within the system. It might help to ease any fear and anger that you may have. Families involved in the child welfare system and other individuals came together to create A Family’s Guide. We hope you find it helpful.

Welcome to A Family’s Guide—Purpose of the Guide

Welcome to A Family’s Guide to the Child Welfare System. If you are reading this, you are most likely involved with the child welfare system, or perhaps you know someone who is. We are glad you are reading this Guide. We hope it helps you better understand the child welfare system and reach a positive solution for your family.
Think of the *Guide* as a tool to help you learn about

- experiences other families have had with the child welfare system;
- laws and policies within the child welfare system that direct the actions and decisions of agency workers and courts;
- people whom you will meet, the service systems they work in, and their roles with you and your family;
- ways to advocate for your family’s rights (your own and your children’s);
- your responsibilities as a parent when involved with the child welfare system; and
- practical tips from other parents.

### How do I find information in the *Guide*?

The *Guide* is designed to follow a family’s path through the child welfare system from first contact. Depending on your situation, you might find some sections of the *Guide* more useful for you and your family than other sections.

The *Guide* asks and answers questions that other families thought would be of interest to you. We have listed all these questions in the table of contents with page numbers. We hope this will make it easy for you to find the information you need.1

**Section 1** describes what the **child welfare system** is all about, what it does, how families become connected to the system, and what happens after families become involved with child welfare.

**Section 2** describes **child protective services**. It tells what this part of the child welfare system does and what families can expect when they get involved with child protective services.

**Section 3** describes the **service planning process** used by the child welfare system. This process is meant to help everyone (you, your child, the child welfare agency, and others involved with your family) come up with a plan for making the changes that need to happen so that your child will be safe and can live in your home.

**Section 4** explains how you and your family can participate in **services in your own home and community** that will help your child remain at home.

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1 Throughout the *Guide*, you will notice that we sometimes use the pronoun “he” and sometimes “she” when talking about a child or youth. We recognize that all child welfare services address the needs of both males and females. We use either “he” or “she” for ease of reading.
Section 5 discusses how out-of-home placement works. If your child needs to leave your home for a period of time, it will help you understand

• where your child might live,
• how the foster care system works, and
• how the court hearing process you may be involved with works.

Section 6 discusses the dilemma that families face in some states when they cannot afford treatment services for their children on their own. Sometimes these families feel forced to turn to the child welfare system for help.

Section 7 discusses the kinds of services and choices for permanent placements that are available to families and children. Most children who are placed outside the home are there temporarily, and they eventually move to permanent placements. Nearly 7 out of every 10 children return to their own homes or to the homes of relatives.

Section 8 talks about the Indian Child Welfare Act. It describes what the Act does for tribes and for Indian children and their families.

Section 9 provides a summary of your rights and responsibilities as a parent when you are involved with the child welfare system.

Section 10 introduces some of the approaches that the federal government, states, and communities are using to make the child welfare system work better and to help families reach their goals.

Terms You May Want to Know
Following Section 10 we have included a list of terms that are used within the Guide. So, if you do not know a term, you can look at the list to find out what it means.

Relevant Federal Laws/Policies
If you want more details regarding laws that are mentioned in the Guide, see this section.

Resources
Finally, a section on Resources describes where you can get more information or help.
Family Voices

In each section of the Guide, we have included examples of feelings and experiences of other families who have been involved with the child welfare system. Look for their voices in the special boxes. These “voices” tell the stories of real families. Some families had good experiences. Others did not. Every family member who contributed a “voice” came to the point that they could talk about and share their experiences with others. Some of these voices are from adults, and some are from youth. Even though your experiences may be different, these families have contributed their stories so that you will know how they felt. We hope that listening to all of their voices will be helpful.

Practical Tips For Families

We have also included Practical Tips for Families in most of the Sections. These Tips give examples of questions you can ask and positive actions that you can take to help you and your family. Other parents suggested many of the Tips, which are based on their own experiences.

How can I use the Guide to help my family?

There are many different ways to use this Guide. Some of them are listed below:

• You can use it on your own.
• You can talk about it with other members of your family or with friends.
• You and your child welfare agency worker can review it together.
• You can review it with your lawyer.
• You can talk with other families involved with the child welfare system about things in the Guide.

Can the Guide be used by people other than family members?

Yes, it can be used by the child welfare agency in its work with families, in training child welfare staff, and in helping other child and family-serving agencies to understand how the child welfare system works. It also can be used in teaching students who are studying to become social workers.
Will all of the information in the Guide apply to the way things work in the state or community where I live?

Not necessarily. Some policies and laws in your state or community may look different from some of the federal laws mentioned in this Guide. We have tried to note in the Guide the places where individual state or local laws may be different from federal laws.

While all states must obey federal laws, they also are allowed to make some changes so the laws will fit their individual state and local laws. The Guide will give you basic information about how federal laws and policies guide and direct state and county child welfare systems.

Some states and communities have developed their own pamphlets or guides for families who become involved with the child welfare system. The authors reviewed many of these documents while developing the Guide you are reading. They provided us with information about state differences. Local guides can also provide you with specific information about the child welfare system in your state/community. You may want to ask your agency worker if your state/county has a pamphlet or guide.

Practical Tips for Using A Family’s Guide

✓ You don’t have to read this Guide from cover to cover. You might find some sections more useful than others.
✓ You can use the table of contents to find the questions that are most important to you.
✓ If you find this Guide is too difficult to read and understand, you can ask someone to help. This could be your agency worker, your lawyer, a friend, a family member, or someone else you trust.
✓ If English is not your first language, you can ask someone to help interpret or translate this information for you.*
✓ You can ask your agency worker if there is a written guide for families that is specific to your state or local child welfare agency.
✓ We suggest that you find out if some of the policies and laws where you live are different from what is described in this Guide. You can do this by asking your agency worker, a family organization, or a lawyer.

*A Spanish version of the Guide will be available soon. Funding to produce the Spanish version is provided by the National Child Welfare Resource Center for Family-Centered Practice.
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SECTION 1

What is the Child Welfare System?

What does the child welfare system do?

The child welfare system was created to help every child have a safe and secure home life. This responsibility has been given to public child welfare agencies, but they can’t do it alone. The courts, private child welfare agencies, and other service systems (such as mental health, substance abuse, healthcare, education, and domestic violence) are all partners in serving children and families who come to the attention of the child welfare system.

The public child welfare system is responsible for

- responding to reports from people in the community who think that children are being abused or neglected
- helping families solve the problems that cause abuse or neglect
- helping children to be safe and secure
- preventing separation of children from their families
- working with the families so their children can return home (when children have been separated from their families to be safe)
- ensuring that children receive adequate care while they are away from their families
- finding another suitable permanent home for children who cannot return home
To accomplish these goals, the agency works with families to identify their strengths and needs. The agency helps families find the services and supports that they need.

**Why does the child welfare system get involved with families?**

**To ensure the safety of children**—The major role of the child welfare system is to ensure the safety, permanency, and well-being of children. The law in most states gives the child welfare system the responsibility for responding to and following up on reports and calls about the safety of and risk of harm to children in the community.

**To provide services**—If a child is not safe or has been harmed at home, the child welfare agency will provide services to ensure that the child is safe. It will also offer services to the family to help them if the child is at risk of harm.

In some states, children and youth are identified as “in need of assistance,” “in need of services,” or “in need of supervision” if their behavior is out of their parents’ control. In these states, the court can order the child welfare agency to provide services and supervision to these families. This might be done to keep children and youth out of the juvenile justice system. States may use different names to identify these children and youth. For example, children in need of supervision might be referred to as “CHINS” in one state or as persons in need of supervision, “PINS”, in another state.

Sometimes a family will ask the child welfare system or the court for services, even when no one has reported a concern about their child’s safety. This may happen when a family has tried unsuccessfully to obtain the right services for their child who may have a serious emotional disorder, a developmental disability, and/or a physical disability. Some families have found that this is the only way they can get the services their children need. When children are placed in the care of the child welfare agency, the state is responsible for providing the services they need. (See Section 6 for more information.)

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**Practical Tips for Families**

- The child welfare system is very complicated. You should feel free to ask questions and to ask the same questions over and over if you need to.
- Check to see if there is a family organization in your community that can give you support and information about the child welfare system.
- If there is not family organization, try to find other parents to talk to who have been through the child welfare system.
Learning About Child Protective Services

Thelma’s Voice

My son and his kindergarten teacher had difficulties for a couple of months. I tried everything I knew to make him behave, but he got into trouble almost every day. My husband, his stepfather, intervened, feeling that I was ineffective. His method, a good spanking, began soon after. The spankings became more violent and lasted longer. I stepped into the middle several times only to be told to stay out of it. I tried talking to my husband several times when he was calm, but he dismissed my comments.

One day an agency worker appeared at my door. She explained that a report had been made regarding my son and that multiple bruises on his backside and legs were revealed during their interview and examination. The CPS investigation only made my husband angrier. He felt they were intruding and had no right to dictate how he should discipline his children. After numerous attempts at counseling, he spanked my son again, leaving a large bruise. The Social Services Department came and removed my child. I felt my stomach tighten and my umbilical cord pull away as my son left our home. I wailed in pain because they were doing something that I believed only God could do—take my son away from me.

My son went into foster care, and my husband was arrested. They explained that my son would remain in care until I could guarantee his safety. I was left with the choice of having my husband released so that he could go to work (I had no job) or having my son return home and leaving my husband in jail. When I chose to have my husband released from jail, I was accused of being a horrible mother by the judge. I have never felt so torn in my life and did not know where to turn for help.

(Thelma’s Voice continues in Section 10, page 96.)
What is Child Protective Services (CPS)?

Child Protective Services (CPS) is a specialized part of the child welfare system. It focuses on families in which a child has been identified as a victim of or in danger of child abuse or neglect. This also may be called child maltreatment. State laws require child protective services agencies to do the following:

- take reports from people who believe a child has been abused or neglected
- find out if abuse or neglect has taken place
- ensure that there is a plan in place to keep children safe
- provide services to families to ensure their children’s safety

What is child abuse and neglect?

A federal law called the Child Abuse Protection and Treatment Act (CAPTA) says that at a minimum, child abuse and neglect is “any recent act, or failure to act, on the part of a parent or caretaker which results in death or serious physical or emotional harm, or sexual abuse or exploitation, or presents an imminent risk of serious harm.”

There are several types of abuse and neglect. The definitions below were adapted from CAPTA (some states may have slightly different definitions for abuse and neglect):

- **Physical Abuse**—is causing injury to a child by beating, kicking, biting, burning, shaking, or other ways of harming the child. Sometimes even when a parent does not intend to hurt the child, a child’s injuries may be legally labeled as abuse. For example, the injury may have been the result of over-discipline or physical punishment. The law holds the parent responsible for the safety of the child even when someone else in the home causes the injury.

- **Child Neglect**—is failure to provide for a child’s basic needs. This includes a child’s physical, educational, medical and emotional needs. Sometimes neglect of a child happens when a parent has a drug or alcohol abuse problem or some form of mental illness. Not having enough money to take care of a child’s basic needs does not mean a parent is being neglectful. It may mean that the parent needs assistance.

When deciding if a child is neglected, the agency worker usually considers cultural practices or differences. This is to make sure that a family is not wrongly accused of abuse or neglect.
• **Sexual Abuse**—includes any type of sexual activity or sexual contact by a parent or other caregiver with a child. Taking advantage of a child through prostitution or pornography is also considered to be sexual abuse.

• **Emotional Abuse**—includes actions of a caregiver that can hurt a child’s emotional health, such as screaming and name calling. Other acts such as rejecting or withholding affection are also forms of emotional abuse.

**Practical Tips for Families**

- ✓ Ask your agency worker to give you the definitions of child abuse and neglect used in your state.
- ✓ If English is not your first language, ask for the definitions (and other materials) in your own language.

**Reporting Child Abuse and Neglect**

**A Grandmother’s Voice**

My daughter abused drugs during and after her pregnancy. When her daughter was born, she relinquished her to my care and returned to the streets. When my granddaughter was a little more than 2 years old, she fell down bruising and cutting her leg. Since it appeared to be a deep cut requiring stitches, I took her to the hospital. While waiting for her to be released, a doctor requested that I step outside of the room. I saw a man go into her room, and a part of me knew exactly what was happening. I prayed that my grandchild would not say anything to cause them to take her from me. After waiting for what seemed like an eternity, they released her and told me that I could take her home. When I asked what had just happened, the doctor said that when children come into the ER with bruises, they must call social services. The man talking with my granddaughter was the agency worker from social services. Even though the doctor explained this to me, I felt that I was targeted because I am African American. However, I was relieved that they recognized I had not abused my granddaughter, and we were able to go home together.
How would CPS get a report about my child?

Anyone who might suspect that your child is being abused or neglected may call CPS to report the suspicion. Each state or local community has its own 1-800 number and 24-hour hotline. Any member of the community, parents, or child victims themselves can call and make a report of suspected child abuse or neglect.

Any person may voluntarily report suspected abuse or neglect. Persons who work with children and/or families are legally required to report suspected abuse or neglect. They are called “mandated reporters.” This includes professionals in healthcare, childcare, social services, education, mental health, law enforcement; guardians ad litem; and clergy (unless information is considered privileged). This list of mandated reporters may vary slightly from state to state.

Does CPS respond to all reports of suspected abuse and neglect?

Yes. There is some level of response to every report. Intake is the first stage of the process. It is the point at which reports are received. The purpose of intake is to gather enough information from the person who makes the report to determine the following:

- if the reported information meets the legal and agency guidelines for abuse and neglect
- if the person who is reporting seems believable
- if the child has been harmed or is at risk of harm
- if the agency should respond
- how quickly the agency should respond

If the agency decides that the report meets its guidelines for abuse or neglect, then an investigation will take place. Nationally, 7 out of every 10 initial reports are accepted for further investigation. If the suspected abuse or neglect is by a noncaregiver, then the report may be sent to law enforcement, and the police may need to talk to you and your child.

Does CPS respond to all reports of abuse and neglect in the same way?

No. A growing number of states have adopted alternative ways for responding to CPS reports.

Investigation Response—When reports show that a child is in serious or immediate danger of harm, an immediate investigation takes place. This is the “investigation” response. The investigation process, as described later in this section, is then followed. The agency worker, law enforcement, and the court may become involved.
Alternative Response—Another response (often called an “assessment,” instead of an investigation) is offered for families who are able to keep their children safely at home while receiving services. These families want help and voluntarily agree to participate in services. The services received are individualized to meet each family’s needs. The court is not initially involved with families when this alternative response is used. If it becomes necessary to protect children, the court can become involved. States that offer alternative responses find that families do well and that courts rarely become involved.

How does the agency decide which type of response to use?

In states where this “alternative response system” is in place, the agency can choose how to respond. The choice is determined by the following:

- severity of the report
- level of danger for the child
- availability of the necessary formal and informal supports
- willingness of the family to participate voluntarily in services and make the required changes

How Investigations Work

Troy’s Mom’s Voice

I thought only girls were raped. I never imagined that anyone would touch my son Troy. He was only 6 years old, and I didn’t know that I had to protect him from that kind of harm. When I came home from work one day, my babysitter told me that my son had not come home from school. She said that she had called the school, and they told her someone from social services would call me. She hadn’t heard anything else. I picked up the phone and called them, “Where is my son?” They said someone would contact me. I sat at the phone waiting, dumfounded. What had happened to my son?

A few hours later, (it felt like years), a man rang the doorbell and announced he was the agency worker from social services. I screamed at him, “Where is my son?” He asked if he could come in so we could talk, I let him in the house, only to continue yelling, “Tell me where my son is. What have you done with him?” He explained that my son was at the district office because of allegations of sexual abuse. He asked me where my nephew was, and I told him he had not gotten

Continued on next page.
Troy’s Mom’s Voice continued from page 17.

home from school yet. He had football practice after school. He sat me down and explained that my son had complained to his teacher about pain in his bottom. His teacher sent him to the nurse, who called CPS because my son had said that my nephew had been playing “back there.” I became more hysterical. “No way.” I said, “My nephew would never touch a child, let alone my son.”

I had taken in my nephew Alex several years ago after my brother became addicted to cocaine. But I could not believe he would touch my son. He liked girls and dated often. I explained all of this to the agency worker. He said that a full investigation was under way, including a physical examination of my son, but unless my nephew had somewhere else to live, my son would not be returned home because he would be in danger. My head started spinning. What if my son had made this up to get Alex in trouble? What if someone else had done this, and Troy was blaming Alex?

“Where is my son?” I asked again. I wanted to talk to him and find out why he was saying this. The worker said that he was at the district office, but unless housing arrangements were made for Alex, my son would be placed in temporary foster care until the investigation was concluded. They had to complete the physical examination. An expert in the field of sexual abuse would be performing it. I asked, “Can I go? Who is this doctor? Is my son scared? Who is with him? What am I going to do?”

I finally found a good friend that agreed to take Alex and make sure he got back and forth to school. The worker let the office know that my son Troy could come home later that day after Alex had gotten his things and was taken to my friend’s home.

The investigation took several months. During that time, I visited my nephew at the friend’s home and provided for him there. My son remained at home with me and began trauma therapy. They discovered that it had not been Alex that had abused my son, but a neighbor down the street, who Troy was scared to “tell on.” Alex was returned home, but their relationship is still strained. The boys rarely speak to each other, and all of us are working it out during weekly sessions with the therapist. I believe one day we will all heal, but that day is nowhere in sight. Alex is hurt by the accusations, and no matter how often he is told that Troy accused him because he could trust him, he is angry and confused. Troy continues to work through what being sexually abused really means and what parts it will play in his future.
Who conducts an investigation? What are their qualifications?

In many states the main investigator is a CPS worker. In other states, the investigator may be a law enforcement officer instead of an agency worker. Under some circumstances, they work as a team. They must have the skills to work with you, your child, other family members, community agencies, law enforcement, and courts. In many states, agency workers that work in CPS must have a bachelor’s degree or a master’s degree in social work or a degree in a closely related field. CPS agencies must ensure that the workers have regular and appropriate training and specialized skills necessary to provide quality services.

If CPS responds to a report about my family, what happens during the investigation?

Often the CPS worker will re-contact the person who made the report to the central hot line and clarify what they said happened. The CPS worker will interview your child. If your child has injuries that are serious or visible, the CPS worker and a physician may examine him. Interviews are then held with you and the person who is accused of neglecting or abusing your child. The CPS worker might also interview other witnesses. After all of the basic information is gathered, the CPS worker determines what happens next.

Will the worker tell me who made the report?

No. You will be told about the report, but not the identity of the reporter. Most CPS workers have an open mind about reports, and their experience tells them that all reports are not true. They also recognize that most families do not abuse or neglect their children on purpose.

What are the possible outcomes of a CPS investigation?

The agency may determine the following:

• Your child was not abused or neglected. When this occurs, the allegation is called “unfounded” or “unsubstantiated.” There is no need for further CPS involvement. The case is closed.

• Your child was not abused or neglected. The report was unfounded, but you are having family problems for which you want some help. The CPS worker may refer you to some community services that can help you on a voluntary basis.

• There is evidence that your child was abused or neglected. This is called having the allegations “founded.” All states do not use this same language. They may call it “substantiated” or “confirmed.”

• There is reason to suspect that your child was abused or neglected or is at risk for abuse or neglect. However, the abuse or neglect cannot be proven. This is called “indicated.” Currently, only 10 states have this category.
If there is evidence that my child has been abused or neglected, what could happen?

Depending on what happened to your child and your ability to keep him safe now and in the future, any of the following may happen:

• If your child can be safe in your home, services may be put in place for your family to prevent further abuse or neglect. Plans will be developed and supports made available for your family to make sure your child is safe. This is called a safety plan. It will be monitored by CPS.

• If your child cannot be safe at the present time in your home, he may need to be placed with someone outside of your home. He could be placed with a relative or in foster care.

• The Family Court may order you to make changes and to participate in services.

• Law enforcement may become involved if it is suspected that a crime has been committed against your child.

Removal of a child during, or as a result of, an investigation is a very serious and often painful outcome for both the child and the family. This action is reserved for situations in which the child’s safety is at high risk, and the CPS worker determines that the parent or caregiver is unable to protect the child.

If there is evidence that my child was abused or neglected, is a record kept?

Yes. If an allegation of child abuse or neglect is founded by the CPS agency, the name of the person responsible for the abuse or neglect is usually placed in a registry. Most states have a central place for keeping track of these names. The length of time that the name remains in the registry varies by state.
If my child is NOT found to be abused or neglected, is a record kept?
Possibly. Ten states have policies that allow them to keep all reports on the Central Registry. But federal law says that you should not be listed in any place accessible to the general public or to people who do employment or background checks. The child welfare agency itself, however, can maintain this information for its own future uses unless your state laws do not allow such records to be kept. If you find that your name has been wrongfully listed, you have the right to appeal to have your name removed.

How are my rights as a parent affected or changed during an investigation?
During an investigation, there is no legal status change as a parent. Unless there is an emergency removal of your child from your care, you will keep all of your rights as a parent.

Can I be present when my child is interviewed?
The CPS worker has the authority to talk to your child and to your child’s brothers and sisters without your consent and outside of your presence. If the report claims that you or someone else responsible for your child’s care has hurt your child, the law allows your child to tell what has happened without the family members present. Therefore, the CPS worker decides who should be present during the interview. Although your child can be interviewed and physically examined without your permission, your cooperation and permission may be requested.

Do I have to allow the CPS worker into my home?
No. You do not have to let a CPS worker into your home or answer their questions. Despite this, the CPS worker is still legally required to investigate reports of suspected child abuse and neglect. If there is reason to believe that your child is in danger and you deny access to your home and your child, the police may obtain a search warrant to enter your home and check on your child.

Practical Tips for Families

✓ Ask your lawyer or agency worker if
– your name will appear in the registry
– your name does appear, how long it will be there
– a potential employer can learn of your involvement with child protective services
Will there be a court hearing if my child is removed from my home during a CPS investigation?

Yes. The CPS agency must file a neglect or abuse petition with the court that handles juvenile or family court matters requesting a preliminary or “emergency protection order.” This order gives the CPS agency temporary custody. This custody allows the agency to protect your child’s life, health, or general care until a hearing about the emergency placement can be held. An initial hearing (often called the “emergency removal hearing”) is held within a short time (actual number of days depends on local laws). This hearing determines whether the emergency protection order was justified and whether there is a continuing need to have your child placed out of the home. (See Section 5, p. 47.)

Will I have a lawyer for this initial hearing?

It depends. If you cannot afford a lawyer, you can request that one be appointed. Some states may appoint a lawyer for you, but that is not always the case. (See more about getting a lawyer in Section 5, p. 53.)

How are my rights as a parent affected after this initial hearing?

You will continue to influence many of the decisions about your child unless the court directs otherwise. Your continued participation in the service plan (described in Section 3) is one way for you to have influence. You should be able to visit regularly with your child unless the court determines that this would endanger his safety.

What has to happen for CPS to no longer be involved with my family?

The child welfare agency should no longer be involved with your family when the following occur:
• The goals of the service plan have been met.
• You are able to ensure your child’s safety.
• Your family can meet your child’s needs.
• The court orders it.

What laws guide CPS?

Individual states have their own laws about child protective services. There also are federal laws, such as the ones listed below, that guide CPS:
• The Child Abuse Prevention and Treatment Act (CAPTA) was passed in 1974. This law was intended to improve CPS programs and make them more similar across the country. The U.S. Congress has amended it several times since it was passed. The most recent changes were made in June 2003.
• The Indian Child Welfare Act guides CPS for families enrolled in a federally recognized tribe. (See Section 8 for more information.)

What does CAPTA provide for?

Some of the things the law provides for include the following:

• investigation of CPS reports
• prosecution of child abuse
• child abuse prevention activities
• training for CPS workers

How does CAPTA affect families?

Some of the ways that this law affects families include the following:

• The law allows parents to appeal a finding of abuse and neglect.
• The law states that abandoning an infant can be grounds for permanently terminating a parents’ rights.
• The law requires health care providers to notify CPS of all newborn infants who are affected by illegal substance abuse or who have withdrawal symptoms that resulted from prenatal drug exposure.
• The law encourages states to ensure that children and families who speak limited English receive materials and services in their own language.
• The law encourages states to develop more prevention services, such as parent education, respite care, voluntary home visiting, and family support programs.

Practical Tips for Families

✓ Ask your agency worker what changes have been made in your state/local area as a result of the June 2003 amendments to CAPTA.

✓ If English is not your first language, ask for the information (and other materials) in your own language, or ask for a translator.
Joyce’s Voice

At first it was hard to work on the plan. I didn’t feel like I was a member of the team; most of them were strangers. I wasn’t really involved in the plan, but I still showed up for every meeting. I heard harsh things about what they said that I had done and what I had not done for my children.

In the beginning, it felt like they were talking over my head. My mother and sister were taking care of my kids. Catena was 4 weeks old when I left her with my mother. She was born drug affected. They talked more to my mother than they did to me. I was doing what I was supposed to do. I had gone to treatment and was 90 days sober, but they still didn’t talk to me. I knew something about my children—things that only a mother knows. I wanted to tell them that Catena was colicky and Tyrone had the shakes, but they asked my mother about this, instead of me.

I put my hand on the table and said, “Please talk to me.” When the team couldn’t hear what I was saying, I wrote a personal letter for my worker to read to the team. She read it at the meeting. This really helped. It was the icebreaker for me.

The team will ask you what you would need to get your kids back. You need to think of a plan. Here’s what I did to get my kids back. I went to a parent support group. I learned how to speak for myself. I learned how to let my emotions guide the team meeting. I found out that I could let others know that I needed help. I got a parent partner from the family organization in my town. She came to the team meetings and to court.

Continued on next page.
Joyce’s Voice continued from page 25.

with me. She was my advocate. She was also an ex-addict and had been sober for 13 years. Her life was not always peachy creamy. I could identify with her. People had looked down on me, so I had started to think that my kids might be better off with someone else. She told me that my kids needed to be with me and that I shouldn’t give up. I started reading novels about women. I began to feel better about myself. I learned how to go to market again. I learned to fix healthy foods for my kids. I cut coupons to save money. I had to learn to bond with Catena again. She was so young when she left me. This was all part of my plan.

After the kids came home, I had to play referee. I had to learn how to handle situations without hitting them. I called the Parents Anonymous hotline when I felt on edge. It’s not easy, but my children are doing well. I’ve been clean and sober for more than 8 years now. I’ve had a job all that time. I have my kids with me, and I’m a volunteer advocate for other families. I’ve been there, done that, and got the T-shirt. This helps when I work with other families.

What is a service plan?

When you become involved with the child welfare system, you will be involved in making a written “service plan.” This plan is like an agreement between you and the child welfare agency.

Service plans should describe the following:

• the reason your child is involved in the child welfare system
• your family’s strengths and needs
• your child’s strengths and needs
• your child’s and family’s goals
• actions you and the child welfare system are to take
• services you and your child are to receive and participate in
• a time period for working on these things

If your child is living at home with you, the service plan will describe what needs to happen so that she will be safe and can continue to live in your home. If your child is in out-of-home placement, the service plan states the reason she came into care. It will say what needs to happen for her to be returned home and for the child welfare agency to no longer be involved with your family.

You will be asked to sign the service plan. You will receive a copy of the service plan to keep.
When will my service plan be developed and reviewed?

Some states begin to develop service plans with families at the first contact. Other states might start the service planning process later. The service plan is to be discussed at least once every 6 months. This may happen sooner if your family situation changes.

Is a service plan the same thing as a case plan?

It could be the same. Different states use different names for the service planning process. Your state might use the term “permanency plan,” “case plan,” “family service plan,” “reunification plan,” or “treatment plan.”

What are the benefits of a service plan?

You can use a service plan like a road map. It tells you where you are going (for example, trying to keep your child at home, helping your child return home, or planning another permanent home for your child). It also gives directions as to how to get there. A service plan can help you focus on what needs to change to help your family’s situation improve. A service plan also helps you know how far you have come and to keep track of the progress that is being made.

Who is involved in developing the service plan?

You, the parent, should always be involved with the agency worker in developing, writing, and signing the service plan. It is also important to include children who are old enough to participate.

Often a “child and family team” helps you and the agency worker develop the service plan. This team should include people that you know, such as a service provider, someone from your child’s school, a counselor who works with your family, a family advocate, someone from your church, a good friend, or a close relative. There may be some people on the team that you are meeting for the first time. Members of the child and family team will have some responsibility for helping you and the agency complete the service plan.
Can my family have more than one service plan?

Yes. If you are involved with several different service agencies and/or the school system, you and your family could have a number of service plans. A few examples are listed below.

- If you participate in mental health or substance abuse counseling services, you might have a “treatment plan.”
- If your child is under age 3, has some type of disability, and receives early intervention services from Part C of IDEA (see the Section on Relevant Laws), your family might have an Individualized Family Service Plan (IFSP).
• If your child is age 3 and older and needs special education services, she might have an Individualized Education Program (IEP).

• If you are receiving financial support from TANF (see Terms You Might Want to Know), you might have an Employability Plan or a Personal Responsibility Contract.

How do I handle more than one service plan?
While each service plan is meant to be helpful for you and your family, it can be difficult to keep track of and meet the expectations of all of them. It is very important for you to let workers from each system know that you are involved with other service plans. Some parents have found it helpful to have a child and family team, as described above, and to include someone from each of the service plans on the team.

Practical Tips for Families
✓ Talk with your agency worker about how to bring together your child welfare service plan with other service plans you are involved in.
✓ Ask your agency worker to help coordinate appointments and activities that are part of all your service plans.

What does a good service plan look like?
• A good service plans starts out with a good assessment. This means that your family’s strengths, needs, and problems will be reviewed.

• You, as the parent, will be actively involved in a good service plan. It is an understanding between you and the agency/court as to what needs to happen. It is your opportunity to say what kind of help you need to reach the goals that have been set. A service plan that only lists tasks that the agency or court says you must do is NOT a good plan.

• The service plan will help you work on both immediate and long-standing problems in your family.

• A good plan will be reviewed regularly by you and the agency worker. The plan will be flexible enough to change as your family’s needs and progress change.

• The service plan will be written clearly in simple, straightforward language. It should not be filled with bureaucratic and legal jargon.

• Goals will be reasonable. Steps for achieving the goals should be spelled out clearly. Timeframes will be understood by everyone.
The service plan will show an understanding of your family’s culture and beliefs. It will include services that will be right for your family’s culture.

A good service plan will fit your family. It will not have a list of goals and services that could fit any family.

Is there any other type of planning process that I might be involved in?

Yes. There is. Some families whose children go into out-of-home placement become involved in a planning process called “concurrent planning.”

What is concurrent planning?

Concurrent planning means that the agency and the court work with you on two different goals at the same time. The primary plan is to get children and parents back together. However, at the same time (thus, the use of the word “concurrent”), there is a back-up plan for the child to live in another permanent home in case she cannot return to her own family. This is one way that states try to shorten the amount of time it takes for children to find permanent homes. It also reduces the number of placements for a child. About 37 states have laws about concurrent planning.

Here are some examples of how concurrent planning works:

- A child in foster care lives with a family (usually a foster family or a relative) who is willing to work closely with the parents to help the child return home. This family also is willing to become the child’s permanent family, through adoption or legal guardianship, if she cannot return home.

- Sometimes agency workers look for adoptive homes for children before their parental rights have been terminated. A child might be placed with a “pre-adopt” family who would like to adopt the child, if she cannot return home.
Do all families whose children are in foster care participate in concurrent planning?

No. Concurrent planning is appropriate for many children in foster care, but not for all. When it seems that it will be difficult for a child to return home, concurrent planning often occurs. There are other factors that might influence the decision to use concurrent planning:

• age of the child
• how long the child has been in out-of-home placement
• likelihood that the child will return to her own family
• family’s past history
• family’s level of cooperation with the agency
• the willingness and ability of foster parents to provide a permanent home
• placement of the child’s siblings

Is concurrent planning used with teens?

Sometimes it is. If a teen cannot return to her own home, the agency worker might try to find an adoptive home for her while also helping her develop positive relationships with extended family members and other adults. This is done so that the youth will have emotional supports in place if an adoptive home cannot be found by the time she turns 18.

How will I know if my family is involved in concurrent planning?

If concurrent planning occurs with your family, it should be part of the service plan that you agree upon with the agency worker and court. As the parent, you should be fully advised of the concurrent planning process.
Learning about Services for Your Family in Your Own Home

Lisette’s Voice

I am a single mother of four boys. Four years ago, I was living with my boyfriend and there were a lot of fights in my home and the boys were always injuring themselves. Because of the domestic violence and the boys’ injuries, I was reported to child abuse at least four times. Most of the times the protective services worker found that I did not hurt the children. But when my 6-year-old set his bed on fire, the protective services worker said that my family needed help. We agreed to accept in-home services. By that time, my boyfriend and I had separated, and I was having a hard time keeping my family together. I put two of my children with my sister and two stayed with me. Once the worker and I began to work together, we found out that all four of my sons needed help with their mental health. They were getting into trouble in the neighborhood, setting fires, and doing poorly in school. We also had no place to live and needed a lot of things. The in-home services worker helped us get Section 8 housing. She helped us get food and clothes so we could all live together again. She also took us to a community mental health program. I found out that my sons had a lot of problems. They had ADD,* ADHD,** learning disabilities, and one had epilepsy. The mental health program prescribed medicine for them, and mental health counselors and taught me how to help them. The in-home services worker also went to the schools with me and attended the IEP*** meetings. A year after the in-home worker referred me to the community mental health program, DCFS closed my case. I now have a family advocate who attends school meetings and court hearings with me. My problems are not all solved yet. My 13-year-old son is involved with the court system. He is mentally challenged. I am still involved with the mental health program, but my family is still all together. They are no longer being injured, and we are working on our problems with a case manager and a family advocate.

*Attention Deficit Disorder, **Attention Deficit Hyperactivity Disorder, ***Individualized Education Program
What are in-home services? What is their purpose?

The main goal of in-home services is to help you stay together as a family while ensuring the well-being and safety of your children. In-home services are different from traditional office-based services because they take place in your own home, or in and around your community. In-home services help you to learn the skills you need to provide care and protection for your children and to prevent out-of-home placement. If your child is already placed away from your home, in-home services can help you and your child live together again.

In-home services are known by different names in different communities:

• family support services
• family preservation services
• intensive home-based services
• family crisis services
• family-centered services
• family reunification services.

With in-home services, you can expect the following:

• Your family will be encouraged to take charge of your own lives.
• Your family will be an active partner in all of the services.
• Services will be in your own language and respectful of your culture.
• Your family’s basic needs will be addressed, such as food, shelter, clothing, health care, child care, training for employment.
• Other services to meet your family’s individual needs, such as family counseling in your home, will be offered.

In-home services vary in length (number of weeks or months) and intensity (number of hours per week or month) depending upon the individual needs of your family.

Are there different types of in-home services?

Yes. In-home services generally fall into two types: intensive family preservation services and longer-term family support services. Some states offer services similar to what is described below. In other states, these two kinds of in-home services are not as separate as they appear here.
Intensive Family Preservation Services (IFPS)—These services are meant to help when a child is at immediate risk of being removed from home. Services may be short-term, for example, 8–12 weeks, with staff available to the family 24 hours a day, 7 days a week. A combination of child welfare agency and community providers may spend up to 20 hours per week with the family.

Families are contacted immediately after being referred. A service plan, based on the family’s strengths and needs, is developed with the family. Support services to take care of the family’s immediate crisis are provided. IFPS also help develop practical skills such as parenting techniques, budgeting, managing the household, and shopping. These skills are “modeled” by the worker and practiced by the family. If concrete services such as home repairs, utility payments, food, and clothing are needed, they can be provided with “flexible” funds.

Longer Term Family Support Services—These services are similar to intensive family preservation services and are based on the same principles and goals. They also are designed to strengthen families and help them stay together; however, they are offered when the family is not in a crisis situation and there is no immediate risk of out-of-home placement. Services may be offered over a longer period of time (for example, 6 to 12 months) and for less time per week (for example, 1 to 3 hours).

Family support services include, but are not limited to, a variety of services, such as mental health services, substance abuse services, assistance to deal with domestic violence, respite care for parents and caregivers, parenting skills training, and individual and family counseling.

NOTE: The level of intensity of the service depends on what your family needs. Many families do not need intensive family preservation services, and IFPS are not equally available in all states. Most states do, however, provide longer-term family support services and reunification services.

How can I get in-home services?

Most often, families are referred to in-home services after a report of child abuse or neglect. If your family needs help to stay together and keep your children safe, you should be eligible to receive in-home support services. In addition, if your child is returning from out-of-home care, in-home services to help you get back together should be available to your family.
Referrals for these services may be made by the agency worker, the court, physicians, health departments, mental health centers, schools, law enforcement, and other interested professionals. There are three ways you can get in-home services. You can be referred by someone else, you can be ordered by the court to participate in in-home services, or, in many states, parents can ask for the services themselves.

**What happens if I refuse in-home services?**

If the in-home services are not court-ordered, you can refuse to participate or you can stop participating. But if there is concern for your child’s safety, the court can order you to participate.

**Are there any circumstances in which in-home services would NOT be provided?**

Yes. If your child would not be safe at home while your family is involved in services, he would be placed out-of-the home before services were provided for your family.

Also, a 1997 federal law, the Adoption and Safe Families Act, describes “aggravated circumstances” when states do not have to make *reasonable efforts* to keep families together or to reunify families. This means that under certain circumstances the agency would not offer in-home services for you and your family. This law gives examples of aggravated circumstances such as the following:

- abandonment, torture, chronic abuse, and sexual abuse
- a parent has murdered or committed voluntary manslaughter (or planned to do so) against another of his/her children
- a parent has committed a felony assault against another of his/her children
- the parent’s rights to the child’s sister or brother have been terminated involuntarily.

**Practical Tips for Families**

- Request that your family and friends be involved in your support system.
- Request the appointments take place during times that work for your family, for example, after the regular workday or on weekends.
- If you think you need help, ask for it.
- Ask for services in your own language.
“Aggravated circumstances” can be defined differently by each individual state. States can add more circumstances to the examples listed above.

**Do child welfare agencies have funds to pay for in-home services?**

Federal laws say how important it is to prevent the placement of children in out-of-home care, but the federal government provides more funding for out-of-home care than for in-home services. States use federal money and a number of other funding sources to offer in-home services. Your state may or may not have enough funds to serve all families who need in-home services.

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### Practical Tips for Families

- ✓ Check in your community to find out where and how to get in-home services for your family should you need them.
- ✓ Find out how your state defines “aggravated circumstances.”
Darren’s Mom’s Voice

My son was 2 1/2 years old when he went into foster care; he was 4 1/2 when he came back home. I had been struggling with drug and alcohol abuse and had been asked twice before to place him in foster care so that I could get treatment, but I had said no. Finally, I decided to go into a 2-week detox program and arranged with the agency worker to place Darren in foster care. I was to enter the program on Monday. At the request of the agency worker, I brought Darren to the agency on Friday so that he could meet the foster mother before going to stay with her on Monday. They took him upstairs to meet the foster mother, but I was not allowed to go with him. I went out to buy cigarettes while he was upstairs. When I came back a few minutes later, they had taken Darren away and said that they would see me in court on Monday.

I was so angry that I wanted to fight. It was hard to get past the anger. At first I didn’t want to see Darren because I was so angry. But I got over that. My lawyer told me that in court I should ask for what I really wanted. So I asked for frequent visits with Darren, and I asked to get copies of every paper and report that related to him. I also said that I wanted them to ask me before cutting his hair. I knew that I was still Darren’s mother, and I wanted some control over what happened to him. While Darren was in care, I had two relapses, but I made the decision to get him back. It was my decision. I could have just given up and told them to keep him. But I never did. I knew it would work out.

(Darren’s Mom’s Voice continues in Section 7, page 64.)
What is “foster care” or “out-of-home placement”?  
Foster care is 24-hour care provided by the child welfare system for children who need to move out of their own homes temporarily. If your child moves into foster care, she may live in one or more different types of placements, such as the following:

• kinship care (placement with relatives)
• an emergency shelter
• a foster family home
• a therapeutic foster home
• a group home
• a residential treatment center, or
• an independent living arrangement for older youth.

(See the section Terms You Might Want to Know for definitions of these placement types.)

Many places use the term “foster care” when referring to any out-of-home placement. In this Guide, when we use the term “foster care,” we mean the type of out-of-home placements listed above.

Why would my child be placed in foster care?

Here are several possible reasons:

• If the court determines that your child was abused or neglected in your home by a parent or caregiver, it may transfer custody to the child welfare agency so that your child can live somewhere else (as discussed in Section 2). Generally, placement in foster care is temporary and intended to give you time to make the changes necessary for your child to live safely in your own home.

• In some states, you might decide to place your child in foster care through a short-term, voluntary agreement with the child welfare agency. You might do this for a specific reason, for example, if you entered inpatient hospital care for a short period and had no one who could care for your child during that time.

• If your child has a very serious emotional disturbance or a disability, you might turn to the child welfare system to provide and fund the services your child needs. This happens sometimes when parents have exhausted all possible community-based services that they can afford, and they cannot find or pay for intensive treatment services for their child. (See Section 6 for more information about this reason for a child’s placement in foster care.) Several states have found ways to help children get intensive treatment services without involving the child welfare agency.
• If you or someone else thinks that your child’s behavior is beyond your control, the court can be petitioned to order services for your child and family. Examples of out-of-control behavior include running away, refusing to go to school, and serious substance abuse problems. Some states allow placement in foster care for these reasons. The terms that are used to describe children and youth who fall into this category are different in different states. Examples of such terms are Children in Need of Services (CHINS) or Children in Need of Assistance (CINA).

What do the terms safety, permanency, and well-being mean in the child welfare system?

It is important to know that federal and state laws set three main goals for children who are in the child welfare system.

• safety
• permanency
• well-being

Agency workers and courts are guided by these three goals when they make decisions related to your child’s future.

What does “safety” mean for me and my child?

“Safety” means that your child must be protected from abuse and neglect. (See Section 2 for a full explanation of what “abuse” and “neglect” mean). Ensuring your child’s safety will be the most important goal.

Federal law requires child welfare agencies and courts to think about child safety when they make decisions about where your child will live (for example, in your home or with a relative). They also think about your child’s safety when they decide what services to provide for your family.
Safety is an issue even when a child lives in a foster or adoptive home. Federal law requires the child welfare agency to do a criminal background check on anyone who applies to be a foster or adoptive parent. Most state laws also require this type of check. In addition, child welfare agencies do an intensive study of everyone who applies to become a foster or adoptive family.

**What does “permanency” mean for me and my child?**

“Permanency” means that your child will have a stable, permanent home. It also means that it is very important to continue family relationships and connections with your child while he is living in a placement outside of your home.

To achieve “permanency,” the child welfare system wants to return your child home as soon as it is safe to do so. Nearly 7 out of every 10 children in foster care return to their own families or to the homes of relatives.

If, after a certain amount of time in foster care, the child welfare agency and court believe that your child will not be able to live safely in your home, the child welfare agency must look for another home where your child can live permanently. A relative or another person who knows your child well could be appointed by the court to be your child’s legal guardian. Your child might be adopted by the guardian or another family. Many foster parents adopt the children who live with them when the children are not able to return to their own families. (See more about possible placements after foster care in Section 7.)

**What does “well-being” mean for me and my child?**

Your child’s needs must be taken care of while in foster care. This includes physical health, mental health, and developmental and educational needs. In addition, you should receive services that help you provide for your child’s needs and safety.
The Placement Experience

How is it decided where my child will be placed?

Either the child welfare agency or the court will determine where your child will be placed when she moves into foster care. Federal child welfare law requires the court or child welfare agency to find out first if your child can live safely with a relative. You can suggest a relative or close friend who might be able to care for your child. Placement with a relative is often called kinship care.

If placement with a relative is not possible, your child will likely go to a family foster home or a temporary children’s shelter. In some places, the first placement for a child may be a short-term group residence. In other places, children go directly to the foster family who will care for them until they can return home. Agencies usually try to place children as close to their own homes and communities as possible.

If your child has very intensive treatment needs, a family foster home or a kinship home might not be able to care for him. If this is the case, your child could be placed immediately in a place where his needs will be met. This could be a therapeutic foster home, a residential treatment center, or some type of medical placement.

Will all of my children be placed together?

If more than one of your children is being placed in foster care, the agency should place them together. Sometimes this is not possible for a variety of reasons. For example, there might not be a foster home large enough to care for all of your children. Or one of your children might need to be placed separately where she can get special treatment.

Practical Tips for Families

✓ If you have relatives or very close friends who can provide a safe home for your child, be sure to tell the agency worker about them as early as possible.

✓ Even if your relatives live out of state, it is still possible for them to be considered.

✓ If you believe it is important for your children to be placed together, explain why and ask the agency worker to try to make this happen.
Who are the people who will take care of my child?

- They might be a relative (kinship care) or a close friend. This can happen if you have suggested it, and the relative and the agency and/or court agree that it is a good plan and a safe placement for your child.

- They might be a foster family that you may not know. All foster parents must meet certain standards set by the state to help ensure that children will be safe and cared for. Most foster parents have been trained to understand the special needs of children who live away from their families.

- They might be staff who work in a group or residential setting. Group care facilities must be licensed, and staff must meet standards set by the state.

What information do I need to give to the child welfare agency about my child?

You know your child better than anyone else. When your child is being placed in foster care, it is very helpful for you to share important information about her with the child welfare agency and the people who will care for her. It is important to provide information about the following:

- your child's daily routine and special needs (e.g., what food your child likes/dislikes)
- school placement and progress
- your child and family’s medical history
- special care your child has received or needs
- upcoming medical appointments
- names of health care providers your child uses
- allergies your child has
- medications your child is taking
- special treatment for developmental or behavior problems
- information about your child’s close friends
- names of family members and close friends who can help
- anything else that will help meet your child’s needs and make the adjustment to a new home easier

When your child returns home, all original documents that you shared with the child welfare agency should be returned to you.
Why does the agency need to have this information?

It will help your child receive the right services. It will also ensure your child does not receive treatment services that she has already had. Your child’s temporary caregivers may be taking your child to a new doctor. They may not know much about her medical history. The doctor needs this information to properly care for your child. Without the information, a doctor could give her a medication that she is allergic to, or she might be given shots that she has already had.

Practical Tips for Families

✓ When your child moves into an out-of-home placement, be sure that she takes some things from home to help her feel more comfortable in the new placement, for example, some very special toys, pictures, or other items she treasures.

✓ For many children it is important to keep ties with friends and neighbors. You might want to ask the agency worker to try to place your child near his neighborhood.

✓ Let the agency worker know what works to help calm and reassure your child, especially during this difficult time.

✓ Make sure to give as much information about your child as possible to ensure that her needs will be met.

Will I need to sign forms?

Yes. When your child comes into foster care, you will need to sign at least two kinds of forms:

Release of Information Form—This release allows people who will be working with and caring for your child to see her records (for example, medical, mental health, dental records). In some states, different agencies that provide services to a child or family are not allowed to talk with each other about a child unless they have the parent’s permission. If you don’t give your permission, the agency might have to get a court order.

Consent Forms—It is important to sign consent forms for special treatments or evaluations that your child might need.

Parents who voluntarily place their children will need to develop and sign voluntary placement agreements. (See Section 6 for more information about this.)
Will I be able to visit my child in foster care?

Yes. Unless the court orders you not to visit, the child welfare agency is responsible for developing a plan with you that allows you and your child to visit regularly. This plan will be part of your service plan (see Section 3). The visitation plan is intended to help you stay in touch with your child and to help your child return home to a safe environment as soon as possible.

Each family’s plan for visiting will be different. Your plan will be based on your and your child’s needs and desires. It will also consider the needs and desires of the foster family or the staff in a group facility where your child might be placed. Most likely the agency worker’s schedule and resources will be considered. If your child is placed in a group home or residential treatment center, you will be encouraged to visit there. This will help you learn about the program.

Your children have a right to have regular visits with each other if they live in different foster care placements.

Some families have “supervised visitation.” This means that a person from the agency will stay with you while you visit your child. This is done with some children to be sure that they are safe at all times. Other families visit together without “supervision.”

Where can I visit with my child?

Where you and your child visit depends in part on where she lives. Visits can happen in a number of different places. This could be your home, the foster home, the agency, a visitation center, a treatment center, a public location, a recreation center, etc. Deciding where you will visit with your child is part of the planning process.
The Court Experience

When children and families become involved with the child welfare system, they usually become involved with the court system also. Certain legal decisions about children must be made in a court. These decisions are binding. Courts generally believe that families can correct or improve the situations that brought them to the attention of the court.

What hearings will be held after my child is placed in foster care?

Section 2 (Child Protective Services) describes the initial hearing (sometimes called an “emergency removal hearing”—see p. 22) that you participated in before, or immediately after, your child was placed in foster care. If your child has remained in foster care after this first hearing, you will be involved in a number of additional hearings that are described below.
There are five main types of hearings. These hearings are held in the civil court that handles family matters, usually a juvenile court or a family court. They are not held in criminal court. Each has a different purpose and is held at different times. Your state might use different names than the ones listed below to describe these hearings. Your state also might schedule hearings sooner than federal laws require. The five hearings are as follows:

- adjudicatory hearing
- dispositional hearing
- review hearing
- permanency hearing
- termination hearing

What is the purpose of an “adjudicatory hearing,” and when is it held?

If child abuse or neglect accusations were made against you, it is at the adjudicatory hearing that the court (usually a judge) will decide whether there is enough evidence to support the charges. The court also will determine if abuse or neglect (as defined in your state’s law) occurred. This hearing has different names in different states. Sometimes it is called a “trial,” a “jurisdictional hearing,” or a “fact-finding” hearing. Remember there might be separate criminal proceedings regarding the abuse of your child.

It is recommended that the adjudicatory hearing occur no later than 60 days from the time that a child is removed from home, but this is not mandated by federal law. States may have this hearing sooner or later than 60 days.

Sometimes both the adjudicatory and the dispositional hearing (see below) occur at the same time. If the judge determines at the adjudicatory hearing that your child has been abused or neglected, a decision about where your child would be placed could be made at the same hearing.

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Practical Tips for Families

- Talk with your agency worker or your lawyer about the names used in your state, the timeframes, and the purpose of all five hearings.
- Make sure you are clear about which hearing is taking place.
- You should be notified about when the hearing takes place. Check with your lawyer or agency worker to find out which hearing is taking place and when.
What is the purpose of a “dispositional hearing,” and when is it held?

At the dispositional hearing, the court makes a decision (called a “disposition”) about who will have custody and control of your child. A decision is also made about where your child will live. The court might decide that your child can return home, be placed with a relative, or remain in foster care for the time being.

In addition to deciding where your child will live, the judge also decides whether the child welfare agency must make “reasonable efforts” to help you get your child back home. Federal law requires all states to make “reasonable efforts” to provide services to prevent children from being removed from their homes. States also are required to make reasonable efforts to help children safely return home.

However, there are some circumstances (called “aggravated circumstances” in federal law) when the court can decide that the agency does not have to make reasonable efforts to help parents get their children back (see Section 4, page 36 for more information).

Federal law does not say when the dispositional hearing must occur. Individual state laws set this timeframe. Some guidelines recommend that it be held no more than 30 days after the adjudicatory hearing.

What is the purpose of a “review hearing,” and when is it held?

Review hearings provide the opportunity for you to discuss how you and your child are doing while she is in foster care.

All states must set up a system that ensures review hearings will be held at least once every 6 months. (Some states have them more frequently.) This review hearing helps you and the agency to determine the following:

• if your child is safe and well in her present placement
• whether your child needs to continue in placement
• if you and the agency are doing what the service plan says each of you will do
• what kind of progress is being made
• whether the service plan should be changed.

The review hearing may be conducted in a court or by a separate administrative panel. The administrative panel will be made up of people who are involved with you and your child. At least one member of the panel must not be directly responsible for the services you and your child receive. Many states have foster care review boards made up of citizens in the community. These boards review the progress of all children in custody, and their families, on a regular basis.
What is the purpose of a “permanency hearing,” and when is it held?

The permanency hearing is very important. It is not just another review hearing. It is intended to truly decide where your child’s permanent home will be. It also sets a date for achieving this permanent home. The permanency hearing is held at the latest within 12 to 14 months after your child leaves your home. If your child remains in foster care longer than 12 months, a permanency hearing must be held at least every 12 months thereafter.

If the court decides at the dispositional hearing (mentioned above) that “reasonable efforts” should not be made to help your child return home, the permanency hearing must occur within 30 days of that decision. The first 12-month time frame would not apply.

Practical Tip for Families

Because of the importance of the permanency hearing, be sure that you know the exact date that it will be held.

What is the purpose of a “termination hearing,” and when is it held?

The purpose of the termination hearing is to decide whether all of a parent’s rights should end, for example the rights to make decisions about a child, the rights to visit, and more. If a parent’s rights are terminated, the child can be placed in another permanent home, usually through adoption.

Federal law says that a termination hearing may be held after a child has been in foster care for 15 of the most recent 22 months. In some states there are a number of reasons why a termination hearing may be held sooner than this:

• Some states give families less time.
• A parent has abandoned a child.
• A family, who is offered services, does not make efforts to improve the situation that brought the child into care.

The timing for termination hearings is a little difficult to understand. The 15 months do not have to be consecutive. Even if a child is at home for a while and returns to foster care, the time at home is counted as part of the 22-month period.

Practical Tip for Families

Ask for the exact date when your child will be in foster care for 15 of the most recent 22 months. This is when the agency can begin the process to terminate your parental rights. Mark this date on a calendar because it’s very important.
Why would the court hold a hearing to terminate parental rights (TPR)?

In certain situations, such as those listed below, federal law requires that the child welfare agency begin proceedings to terminate parental rights. (Note: there are exceptions to this requirement; see next question and answer.)

- A child has been in foster care for 15 of the most recent 22 months
- A court has determined that a child is an abandoned infant
- A court has determined that a parent has murdered, seriously injured, or attempted to murder another one of his/her children.

State and federal laws have been developed based on the belief that children need a safe, stable, and permanent home to grow up in. These laws expect parents to provide this for their children. The laws set time limits so that if parents cannot provide a permanent home within those limits, their children will still have the opportunity for a safe and stable home in another family.

Under what conditions would the agency decide NOT to try to terminate parental rights?

It is very important to note that state child welfare agencies have the option not to pursue termination of parental rights under the following three conditions:

- A child is being cared for by a relative (and the state has decided this is an acceptable plan for the child)
- There is a compelling reason why terminating parental rights would not be in the best interest of the child (for example, when a parent is making progress and it is likely that the child can return home soon, even though she already has been in care 15 of the most recent 22 months)
- The state has not provided the child and family with the services needed to help the child to return home safely

Is there a chart that shows when all these hearings take place?

Yes. See the diagram on the next page. The Adoption and Safe Families Act sets the timeframes for the hearings. This diagram was adapted from a 1998 publication of the American Bar Association. The top path in the diagram shows the timeframes used when the court has determined that reasonable efforts will be made to help a child return home. The bottom path in the diagram shows the timeframes used when the court does not require reasonable efforts to help the child return home. (See Section 4, page 36 for more information about “reasonable efforts.”)
*Fifteen months is the point that child welfare agencies file for termination of parental rights (TPR), but there are reasons why an agency might NOT file for TPR. (See question and answer on p. 51.)

+AASAP = As soon as possible
Who participates in all of these hearings?

As a parent, you have the right and the responsibility to participate. Foster parents, pre-adoptive parents, or relatives caring for your child are also notified about the permanency hearing and the 6-month review hearings.

Will I be able to have my say in these hearings? Can I present my side?

Yes. As a parent you have the right to present your side of the story in ALL hearings related to your child.

What do I do if I can’t come to a hearing?

You should make every effort to come to the hearings at the time that they are scheduled. However, if you are unable to make it, ask your lawyer to request that the hearing be held when you are able to attend. If you do not have a lawyer, talk with your agency worker about this.

Will I be able to have a lawyer? Do I have to pay for a lawyer?

You are allowed to have a lawyer to represent you. It is important for you to have a lawyer from the beginning. Some state laws give you the right to a lawyer and will appoint one if you cannot afford a lawyer on your own. Some states do not give you the right to a lawyer in child welfare related matters. Federal law does not address this.
This means that in some states you might have to find and pay for a lawyer on your own. If you are not able to pay for a lawyer, check with your court, the local bar association, or legal aid to find out whether your state gives you the right to a lawyer. The local bar association should also have a list of lawyers that accept payment based on a sliding scale.

### Practical Tips for Families

- Look for a lawyer who specializes in child welfare issues or dependency hearings. For example, ask how many times they have represented a family involved in the child welfare system.
- Talk with your lawyer before and during all hearings to let her know what you want to be said in the hearing. If you want to speak yourself, be sure that your lawyer knows this and arranges for you to have your say.

### What is my lawyer’s job?

Your lawyer should do the following:

- meet with you before every hearing and represent your interests in court
- gather information that supports your position
- help you understand your rights
- let you know about each hearing
- tell you what to expect at each one
- explain child welfare laws that apply to you and your family

Your lawyer’s primary concern is your rights and interests and keeping your family together. Your lawyer is not the one who advocates for the best interests of your child.

### Who advocates for the best interests of my child?

Someone will be appointed to represent your child’s best interests. This could be any or all of the following:

- a guardian ad litem (GAL),
- a separate lawyer for your child, or
- in some states a court appointed special advocate (CASA).
What is a guardian ad litem?

Federal law requires states that receive federal funds for preventing child abuse and neglect to provide your child with a guardian ad litem (GAL). This is usually, but not always, a lawyer. Sometimes a trained volunteer acts as a GAL. The GAL will be a different lawyer from yours. The GAL’s job is to meet with your child and to tell the court what he believes is best for your child. The GAL may ask you questions about your child and about yourself.

Will my child have a separate lawyer in addition to the guardian ad litem?

Not usually. But it is possible that your child might have her own lawyer. Sometimes when a child disagrees with what the GAL believes to be in the child’s best interests, a lawyer will be appointed to represent the child’s wishes. This would more likely happen with older children.

What are court-appointed special advocates? How will they relate to me and to my child?

Some states and communities have Court Appointed Special Advocate (CASA) programs. CASA programs use trained community volunteers to speak up in court for what they believe to be the best interest of children who have been abused or neglected. If your community has this program, the judge may appoint a CASA to work with your child. The CASA usually is not a lawyer. The CASA is a trained volunteer who will meet with you and your child, as well as others involved with your family. Like the guardian ad litem, the CASA is charged with telling the judge what he/she believes is in the best interests of your child.

Can I give information to or ask questions of the judge?

Yes. If you have a lawyer, you and your lawyer should discuss what you want to say at each hearing and whether you want to speak for yourself or have your lawyer represent your point of view. You cannot speak directly to the judge or send the judge written information (for example, a letter) outside of the court hearing unless other parties to the hearing (for example, the agency worker, the GAL, and others) are present.

If you do not have a lawyer or if the lawyer advises you not to speak up in the courtroom, you can still do so. It is important to try to present your side clearly and in a calm manner.
Section 5: Learning about Out-of-Home Placement Services

Practical Tips for Families

✓ Find out who is advocating for your child.
✓ If you are unsure what to say to the person who is advocating for your child, talk to your lawyer or agency worker. It is okay for you to ask many questions. It is important for you to understand what is happening and what it means for you and your child.
✓ If you believe that someone is saying things in court about you or your family that are not true, let your lawyer know.
✓ If you are confused about what took place in court, be sure to ask your lawyer or the agency worker to explain it to you.

Parents’ Notes

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Specific Information about Your State

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Placements to Obtain Treatment and Services for Children

John’s Mom’s Voice

The day that my husband and I signed the custody of our child over to the Department of Health and Human Resources (DHHR) was the worst day of my life. I felt like I was giving up on my child and that he would never love me again. I remember crying for days and shutting down from the outside world. John needed residential treatment, and in our state to get help with paying for residential placement, you have to relinquish physical custody to DHHR. Although I had a Medicaid card that would pay for John’s treatment, in our state it would not pay for a bed for him to sleep in or for the supervision he needed. It did not cover room and board.

A lot of things led up to this point. John was let down by a teacher he had looked up to, the trust factor was taken from him. He was caught smoking on school property. This led to suspension and a court appearance. Then he was talked into taking vodka to school for some upperclassmen. After he gave it to them, they gave it to the resource officer who in turn arrested John for having alcohol on the school premises. This meant another suspension and court appearance. One thing led to another. I will never forget the day I received a call from the vice principal of the high school asking if John had taken a set of speakers from the school. I went to my son’s room and found the speakers. I knew that if I lied about finding them, I would not be helping my son. But if I told the truth, he would be in trouble with the law.

I told the truth and was faced with a choice—to allow the school to pursue charges against John or to seek treatment for him in a residential

Continued on next page.
Do children who have not been abused or neglected, but who need treatment services, ever get placed in the child welfare system?

Yes. This might occur when families can no longer pay for or get adequate services and supports in their own communities for their children who may have serious emotional or behavioral disturbances, developmental disabilities, physical disabilities, or other treatment needs.

When children are placed in the child welfare system, the state is responsible for finding and paying for services they need. In desperation, some families feel forced to turn to the child welfare system for help.

Is it okay to place children in foster care for these reasons?

Many people believe that this is not okay. Some members of the United States Congress were so concerned about this that they asked the General Accounting Office (GAO) to find out why this happens. They also wanted to know how many children are placed in the child welfare or juvenile justice systems to get mental health services. The GAO study took place in 2002. It showed that at least 12,700 children in the United States (and probably more) come into the child welfare system or juvenile justice system to get mental health services.
Are there some other ways to get treatment services for my child?

Yes. There are several possible ways. You can seek services through your local mental health system. If your child needs intensive mental health services, ask a mental health provider or case manager to help you find services without placing him in the child welfare system. Some communities have systems of care that serve children with serious mental health needs. (See Section 10, page 94 & 95 for more information.)

Can Medicaid be used to help get mental health services for my child?

Yes. Even though in John’s state (see John’s Mom’s Voice on page 57), Medicaid did not cover all the costs of residential care; in some states, it does. Medicaid also can be used to pay for community-based services to help keep children in their homes, instead of being placed in institutions. There are two federal programs that allow states to use Medicaid for community-based services for children with mental or physical disabilities, even if their family’s income is too high to be eligible for Medicaid.

These programs are called (1) the TEFRA Option (sometimes known as the Katie Beckett Option) and (2) a home- and community-based services waiver. (See Terms You May Want to Know for more information.) The problem is that not enough states have chosen these options. So far, nine states have the TEFRA Option for children with mental and emotional disorders. Only three states have the home- and community-based waiver for children with serious emotional disorders.3

What can we do if our family in not eligible for Medicaid?

Even if your family is not eligible for Medicaid, your child might be. If a child has a disability or a very difficult mental health problem, in some states he can become eligible for Medicaid based on his own need for services, instead of on the amount of his family’s income.

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3 Three documents that may be useful for families faced with the challenge of finding mental health services for their children without placing them in the child welfare system include (1) Staying Together–Preventing Custody Relinquishment for Children’s Access to Mental Health Services: A Guide for Family Advocates, (2) Relinquishing Custody–The Tragic Result of Failure to Meet Children’s Mental Health Needs, and (3) Avoiding Cruel Choices–A Guide for Policymakers and Family Organizations on Medicaid’s Role in Preventing Custody Relinquishment. All three are available at www.bazelon.org.
What would happen if I felt that I had to place my child to get treatment services for him?

It would depend upon what state you live in. States respond to families in this situation differently. There are several possible options:

- **Option A**—Some states would not allow you to place your child in foster care to get treatment services. They would redirect you to services in the community (if they are available).

- **Option B**—Other states would allow you to sign a voluntary placement agreement with the child welfare agency. This gives the agency responsibility for immediate care of your child. It does not transfer your child’s legal custody to the child welfare system. After 180 days, the voluntary placement agreement must be approved by the court (see the next question for more information).

- **Option C**—In some other states, if you place your child in the foster care system, you would have to relinquish custody through a court process. This happens even if the placement is to get treatment and not because of abuse or neglect. In these states, you might be asked to file neglect charges against yourself. You might be asked to declare that your child is “in need of services,” or you might have to claim that your child is unmanageable and faces possible abuse in your own home.

**Do Federal laws require parents to relinquish custody to get out-of-home placement services for their children?**

No. Federal law does not require parents to give up their parental rights or transfer custody to place their children with a child welfare agency. It includes specific language that allows voluntary placements (Option B above). Federal funding can be used for foster care payments for up to 180 days under a voluntary placement agreement. If your child needs to remain in foster care longer than 180 days, federal law says that the court must get involved. The court must decide that remaining in out-of-home care is in your child’s best interests. But the court is not required to transfer your child’s custody to the child welfare agency.

**Do State or Local agencies require parents to relinquish custody to access out-of-home placement services?**

Yes. Some states and some local agencies do require this, even though it is not required under federal law.
If my child is placed just to get treatment services, would the federal laws about termination of parental rights apply?

Yes. If the agency has custody of your child, the same requirements apply. However, there is protection under the law for you and your child. As mentioned earlier, states do not have to pursue termination of parental rights “at 15 of the most recent 22 months” if “there is a compelling reason why terminating parental rights would not be in the best interest of the child.” States may ask the court for permission to not pursue termination of parental rights. If it is in your child’s best interest to remain in treatment for a while longer, and you remain committed to your child, the state does not have to pursue termination of parental rights.

If I placed my child voluntarily, would I be able to bring him home at any time, even if the agency worker or court does not recommend this?

This depends upon the terms of the voluntary placement agreement that you signed. It is important for the agreement to say how, when, and under what circumstances you will be able to bring your child home. It should include the right to cancel the agreement after giving proper notice to the child welfare agency.

When your child is placed with the child welfare agency, the agency has responsibility for, and is very interested in, his care. It is possible that you and the agency will not agree about the best placement and care for your child. For example, if you decide to bring your child home, and the agency believes that this would interfere with your child’s safety, it has the right to ask the court to intervene. You also have the right to explain to the court why your child’s safety would not be in jeopardy if he came home.

Practical Tips for Families

✓ If you sign a voluntary placement agreement when your child enters foster care, be sure that it clearly explains your rights as a parent:
  – to be consulted on decisions about your child’s care and placement
  – to visit your child
  – to voluntarily cancel the agreement

✓ Consider reviewing your voluntary placement agreement with a lawyer before signing it.

✓ Keep a written copy of the voluntary placement agreement. If English is not your first language, you can ask to have the agreement translated to your language or have an interpreter present.

✓ You can call the Medicaid office in your state to find out if your child can qualify for Medicaid on his own.

✓ You can also ask the state Medicaid office if your state has one or both of the two federal Medicaid programs that allow for community-based services instead of placing children in institutions. (See p. 59 and Terms You May Want to Know for more information.)
Parents’ Notes


Specific Information about Your State


As described in Section 5, one of the three main goals for children in the child welfare system is “permanency.” This means a stable and permanent home for your child. The child welfare system will work with you to assure “permanency” for your child after foster care.

Where could my child go after foster care?

There are a number of possible choices for your child after foster care:

- reunification
- adoption
- guardianship/kinship care
- independent living

The first priority for children in foster care is to safely return home to their families. This is called “reunification.” Remember this is the most common result. Nearly 7 out of every 10 children in foster care return to their own families or to the homes of relatives.

If you believe that none of the choices described above is right for your child and family, talk with your agency worker and lawyer about other possibilities.
Darren’s Mom

When I got out of detox, visitations began at the agency. I visited with Darren in a room with a mirror. Of course, I knew they were behind the mirror watching me. I often stood in front of the mirror to block their view. Eventually, Darren and I were able to have full-day visits outside of the agency. The agency worker was with us on these visits. Then, at last, he and I were able to visit alone.

I visited Darren a lot while he was in foster care and worked hard to get him back. Even though I had two relapses, I went to school full-time and worked part-time. I lived in a shelter some of the time, and I got TANF. Although I wasn’t told where Darren’s foster home was, I knew because some of the forms that I got from the doctor after Darren’s appointments had the foster home address on them. I did not go to the foster home, but it was comforting for me to know where he lived.

No one from the agency ever suggested that I place Darren for adoption, but his lawyer told the court that the plan should be adoption. This made me so mad. I knew it would be a cold day in hell before I gave up my son, and I became even more determined to get him back.

After our visits, I always took Darren back to the agency where his foster mother would pick him up. For about a year, I never saw her. One day the agency worker had to leave before the foster mother arrived, so she asked if I would stay with Darren until his foster mother came. When we met, we were both very stiff, sizing each other up, and didn’t think we would like each other. But we were cordial.

Shortly after this, Darren’s foster mother, Sally, called to tell me that Darren was going to be in a pageant at her church, and she invited me to come. Sally began to invite me to go on other outings with her and Darren. Gradually, we got used to each other, liked each other, and started working together to help Darren return home.

Getting to know Sally is what “did it” for me. When the court finally gave custody back to me, I panicked. I wasn’t sure that I was ready to take care of Darren by myself. I had just gotten an apartment and didn’t have a bed for him. I also needed time to feel that this brand new place was my home. Sally said that she would keep Darren for 2 more weeks even though I now had custody. Darren knew that he was coming home very soon, and he spent a couple of nights with me in the apartment before he actually moved in. Sally helped Darren and me gradually become a family again.

(Darren’s Mom’s Voice continues in Section 10, page 91)
What does “reunification” mean?

Reunification means that a child returns home to his family after foster care. In federal law reunification is the most preferred goal for children who are in foster care.

How can I help make reunification happen?

You can help by fulfilling your responsibilities to do the following:

• Participate in the services described in the service plan
• Visit and communicate with your child
• Stay in contact with the agency worker
• Provide information about your progress and changes in your life

What responsibility does the child welfare agency have to help me so that my child can come back home?

Federal law requires states to make “reasonable efforts” to do the following:

• keep children in their own homes, or
• provide services so that children can return home safely, or
• help children achieve another permanent placement

A variety of services such as counseling, substance abuse treatment, mental health services, parent training, transportation, crisis intervention, and others can be provided. These services should meet your needs as well as the needs of your child. They should be described in your family’s service plan.

Does the agency have to provide these services for me and my family?

Yes, for most families. However, a judge can decide that the agency does not have to make reasonable efforts to help your child return home if there are “aggravated circumstances.” (See Section 4, page 36.) A child’s safety is the most important factor in making decisions about helping families get back together. Individual states have different definitions for “aggravated circumstances.” The decision about whether or not to make reasonable efforts to help your child return home is made by the judge.

Can my child return home even if the judge decides the agency does not have to make “reasonable efforts”?

Yes. Even if the judge does not require the agency to make reasonable efforts, it is still possible for your child to return home. Even if the child welfare agency does not have to provide services for you, it can provide them. You also have every right to try on your own to fix the problems that caused your child to come into care. Based on your progress, you can request the agency and court to return your child home.
How will the decision be made for my child to return home?

The decision about where your child’s permanent placement will be and when it will occur is made at the permanency hearing (See Section 5, page 50) or before. The court’s decision will be based on your family’s progress in reaching the goals listed in your service plan. You will be able to let the court know about your progress. If the court determines that your child can return safely to your home, reunification will be approved.

Will I get custody of my child once she returns home?

It depends. You might get back full custody when your child returns home, and you will no longer have to be involved with the child welfare agency. Or you might have only physical custody of your child. This means your child would be living with you, but the child welfare agency would still have legal custody. Often this is called a “trial discharge” from care.

If the agency keeps legal custody, your child’s return home could be based on certain conditions set by the court. Within the time frame that is set, you must meet those conditions and continue working on the service plan with the child welfare agency. The service plan should list the kind of support services that will be made available to you once your child returns home. When you, the agency, and the court agree that your child is safe with you and that you are able to care for him now and in the future, you should regain full custody of your child. Some child welfare agencies offer ongoing support services for families after they have full custody of their child. It is your choice whether to participate in such services.

When will the child welfare agency and the court no longer be involved with my family?

Once your child is at home with you, any monitoring activities by the agency have ended, full custody has been returned to you, and you are no longer receiving services, your “case” with the child welfare agency can be completely closed.

### Practical Tips for Families

- Find out what services (or reasonable efforts) are going to be made to help your child come back to live with you.
- Make sure you are clear about what has to happen for your child to return home. You need to know what you are to do and when you must do it (the timeframes).
- If you think you will need support services after your child returns home, talk with the agency worker about how to get them.
Adoption

What does “adoption” mean?

Adoption means that another person(s) is permanently given all parental rights and responsibilities for your child. When this happens, they have adopted your child. This person(s) becomes your child’s parent(s). This usually means you no longer make any decisions for your child and are no longer responsible for her. This can only happen after a birth parent has voluntarily given up all parental rights or when a court has involuntarily terminated all parental rights.

Under what circumstances would my child be adopted?

Your child cannot be adopted unless your parental rights and responsibilities have been terminated permanently. There are two ways that this can happen.

Permanent Voluntary Surrender of All Parental Rights—You can agree to give up all of your parental rights permanently if you want someone else to adopt your child. When you voluntarily give up all of your parental rights, it is a permanent decision. It means that you willingly agree to have someone else be your child’s adoptive parent. Voluntary surrender of all of your parental rights is very different from voluntarily giving up custody on a temporary basis. (See Section 5, page 40.)
Section 7: What are the Possibilities After Out-of-Home Placement?

Each state handles voluntary surrender of all parental rights differently:
• Some allow you to sign a voluntary surrender agreement without court involvement.
• Some may require that a judge approve the voluntary surrender agreement.
• Others require that the voluntary surrender be signed in front of a judge.

There are several reasons why you might choose voluntary surrender instead of involuntary termination by a court. Here are two examples
• If you believe that adoption is the best plan for your child, signing a voluntary surrender agreement usually allows you to have a part in planning for your child’s adoptive placement.
• If your child is older, giving your permission for the adoption could show that you support it. This may help your child or youth adjust to her adoptive family more easily.

Involuntary Termination of Parental Rights—The second way is through involuntary termination of parental rights by the court. This can happen if the court believes that your child will not be able to return home safely within a reasonable amount of time. (See Section 5, page 50 for more information about when the state must pursue involuntary termination of parental rights.)

If my parental rights are terminated, will my child be adopted?
Not all children whose parental rights are terminated are adopted. Some children are adopted immediately, and others remain in foster care for quite a while. In 2001, children stayed in foster care for an average of 24 months after their parental rights had been terminated and before they were adopted.

Are many children who enter foster care eventually adopted?
Nearly 2 out of every 10 children who leave the foster care system are adopted. Federal law strongly promotes the adoption of children in foster care who cannot return safely to their own homes. The federal government gives special payments to states as a way to promote adoption of children in foster care.
Who might adopt my child?
Most children are adopted by their foster parents (59%). Many are adopted by relatives (24%), and some are adopted by families that they are not related to (17%).

If my child is going to be adopted, will she have a say in the decision about being adopted?
It is good practice for all of the adults involved in an adoption to include the child or youth in this decision and in the process. Some states require that a child or youth give consent to be adopted. Usually this is dependent upon the youth’s age and whether or not someone does not want her to be adopted.

Will I be able to have a relationship with my child after she has been adopted?
It depends. If your child has an “open” adoption, you will be able to have contact. An open adoption allows contact between the birth parents, sometimes other members of the birth family, the adoptive parents, and the child after the adoption is final. Some states call this a “cooperative” adoption or a “fully disclosed” adoption.

How can I obtain an open adoption for my child?
There are several ways:
• You can sign a formal written agreement. Approximately 18 states have laws that allow written, enforceable agreements between birth families and adoptive families. These agreements usually describe the type and amount of contact that you can have with your child.
• You can also have an informal arrangement between the families. But such an agreement may not be enforceable by the court.

If my child is adopted, will there be any services and supports provided to the adoptive family?
Adoptive families can receive payments for children with special needs who were in foster care. Most states call this “adoption assistance” or “subsidies”. Federal law requires states to provide health insurance to families who adopt children with special needs. This happens when a child’s special needs cannot be met without insurance.

Practical Tip for Families
✓ If you want to have contact with your child after the adoption is finalized, ask about arranging an “open adoption.”
Estefania’s Grandmother’s Voice

I have cared for my granddaughter, Estefania, since birth. My daughter Mariana is Estefania’s mother. She was a teen when Estefania was born. She was immature and was using alcohol and drugs. She tried to establish a home for Estefania, found an apartment and applied for welfare when Estefania was a few weeks old. However, by 3 months, CPS took custody of Estefania and placed her in foster care. This happened because Mariana had left her with a neighbor, became intoxicated, and did not return to pick her up.

I learned that Estefania was in foster care and tried to get custody, but before that could happen, Mariana got Estefania back. Several months later Mariana turned to me again, after being beaten by a boyfriend. She said to me, “I can’t do this mother act. Estefania is better off with you.” She promised to allow me to raise her, kissed her baby good-bye, and left.

When Estefania was 13 years old, Mariana came back into our lives. She visited Estefania here in my home, but didn’t stay long. Estefania felt confused about her mother being in and out of her life. At this point, a lawyer helped me to get legal guardianship through the local courts, and Estefania received counseling.

Estefania is now 17 years old and has contact with her siblings and her mother. She is doing well in high school and works part-time in the local health department. Her mother continues to struggle with drug and alcohol use that has strained her ability to have a closer relationship with her adolescent daughter. Just recently Estefania asked me to adopt her. She thinks this would be “proof” that I love her. I am thinking about this seriously, but I’m not sure how her mother would feel about it. I’ve asked a local kinship and adoption program to help us through this.

As Estefania’s grandmother and Mariana’s mother, I have tried to be there as a consistent loving resource for them both. It is not an easy set of relationships because I love them both, and their needs are very different.
What does “guardianship” mean?

Federal law says that legal guardianship for children is a relationship between a child and a caretaker that is created by the court. It is intended to be permanent. The caretaker acts like a parent. The following parental rights are usually transferred to the caretaker:

• protection
• education
• care and control of the child
• custody of the child
• decision making (such as medical decisions).

When legal guardianship occurs, the caretaker is called the “legal guardian.”

Why would legal guardianship be selected as the permanent plan for my child?

States are beginning to use guardianship as a permanent plan for more and more children. The court would need to determine that the following were true before appointing a guardian for your child:

• You will not ever be able to provide for your child.
• Adoption is either not possible or is not appropriate for your child.
• The person proposed to be the guardian is suitable and able to provide a safe and permanent home.
• Permanent guardianship is in your child’s best interests.

Can I select my child’s guardian?

You can suggest someone who might be your child’s guardian. It is important to tell your lawyer and your child’s agency worker about a friend or relative that you believe is willing and able to become your child’s guardian. The agency will conduct a home study and a criminal background check. They do the same for all people who apply to be foster or adoptive parents. After hearing all of the information about the guardian, the court makes the final decision as to who will be your child’s guardian.

Can a relative become my child’s legal guardian?

Federal law encourages states to consider choosing an adult relative, over a nonrelated person. The relative caregiver must meet the state’s standards for child protection. Often when a relative becomes a child’s legal guardian, it is called “kinship care.” (See Terms You May Want to Know for more information about kinship care.)
How would my family benefit from a guardianship arrangement?

Guardians are often relatives or close family friends. This arrangement can provide children with a sense of permanency; a sense of having a place to call home; a feeling of belonging and connectedness; and an identity linked to family, tradition, culture, and community. It allows children to define themselves as belonging to a family. It can help them feel cared for by adults with whom they are bound by ties of family heritage and long-term relationships.

Unlike adoption, a guardianship arrangement allows your child's custody to be transferred to the guardian without permanently terminating all of your parental rights. This usually allows you, as the parent, to have ongoing contact with your child. Guardianship is sometimes selected as the plan for older youth in foster care who cannot return home, do not want to be adopted, and wish to maintain ties with their family.

Will my child still have an agency worker after a guardian is appointed?

When the court appoints a legal guardian for your child, it shifts your child's custody from the state to the guardian. Generally, children in permanent guardianship do not require ongoing court or agency supervision. However, a number of states have developed subsidized guardianship programs. These programs provide guardians with financial support and follow-up services. In this case, an agency worker would continue to have some involvement with your child and her guardian.

Practical Tip for Families

✔ If you know someone who would make a good long-term caregiver for your child, let your lawyer and agency worker know about her.
Sinora’s Voice

I have a bachelor’s of science degree in communications studies and will begin teaching in a middle school this year. I was raised in an urban housing development, in poverty, from the age of birth to 13. At that time, I lived with my six siblings and parents. My mother did the best that she was able to do with seven kids and an alcoholic husband, one who gave her more problems than any of her kids. As a result of his daily alcohol use, my father was physically, mentally, and verbally abusive. His abuse and the eventual death of my mother led to the events that landed most of my siblings and me in foster care.

I entered the foster care system at age 13. It was not an easy transition. For over 3 years, I was shuffled around between 13 foster homes, group homes, and even a mental health facility. Some of the placements were just as abusive as the home from whence I had come—mentally and verbally anyway. During that time span, I also changed high schools five times and had to repeat my freshman year. I was very depressed and thought on many occasions that it really didn’t matter whether I lived or died.

At almost age 17, I became so tired of the instability and the lack of love and supporting relationships. I was fed up and willing to do whatever it took to find the love and nurture that I lacked, and wanted and needed so badly. Luckily for me, I was placed in a home before I had completely reached my near breaking point. This particular foster home provided me with the love, support, and stability that I had been seeking and so desperately needed.

I resided in that home until I aged out of care at age 21 and even rented a room during my college years. Had it not been for finally finding love, stability and a support system, I would not have been able to develop the skills to get involved in advocating for myself and to prosper into a fairly responsible and successful tax-paying adult. My new home provided me with a family, education, travel and training opportunities, and other supports that allowed me begin to make that transition into adulthood and that offered me some of the same experiences as those that “general” youth have access to growing up with their families.

I am telling my story on behalf of the other nearly 600 thousand young people in foster care each year and for the nearly 20 thousand who “age out” each year. In order for youth to transition successfully from the child welfare system, they need consistent love, support, and stability. That’s the only way that I made it, and it’s the only way that any child makes it into adulthood successfully.
What does independent living mean?

Independent living refers to a type of placement and also to a type of service for youth who become adolescents in the foster care system.

**Independent Living Placement**—Older youth who leave the foster care system to live on their own move into independent living situations, for example, an apartment. This includes youth who leave foster care who do not return to their own families, are not placed with relatives or guardians, and are not adopted. Some older youth, who are still in state custody, also live in independent living placements.

**Independent Living Services**—These services are provided by child welfare agencies for youth in foster care to help them prepare to live independently. They often focus on skill areas such as the following:

- money management
- locating housing
- transportation
- career development
- job hunting
- maintaining employment
- daily living skills
- communication skills.

Other support services such as financial aid, health and mental health services, substance abuse prevention, and education or training are intended to help youth live independently. Services to prepare for living independently are most helpful when they begin at an early age.

When is a youth considered an adult and ready to leave the foster care system?

Some youth in foster care move into independent living because they are too old to remain in foster care. This is called “aging out.” The age when this happens depends upon what state you live in. In some states, foster care ends when a child reaches age 18. In other states, youth can remain in foster care to age 21. To stay in foster care until age 21, a youth usually has to be involved in a training or an education program (such as technical school or college), have special needs, or live in a special treatment facility.
Will the child welfare agency help prepare my youth for independent living?

Yes. It is very likely that the agency will offer independent living services. A federal program, the Chafee Foster Care Independence Program, makes resources available to states to support youth who live independently.

What is the Chafee Foster Care Independence Program?

In 1999, the U.S. Congress passed the Chafee Foster Care Independence Program to provide federal funds to states for services and supports to help three groups of young people:

- youth who are likely to remain in foster care until 18 years of age
- youth who are aging out of foster care
- youth who have already left foster care, are between the ages 18 and 21, and who were in foster care on their 18th birthday.

These youth, who have already left foster care, can return to the agency before they reach age 21 to request assistance through the Chafee Foster Care Independence Program. These federal funds are used by states also to train foster and adoptive parents, group care workers and agency workers about how to prepare adolescents for independent living.

The Chafee Program also allows, but does not require, states to offer the following to young people who were in foster care on their 18th birthday, who have “aged out,” and who are not yet 21 years old:

- automatic Medicaid coverage
- payment toward room and board costs.
Anthony’s Voice

I got involved with the Chafee Independent Living Program when I was 15 or 16. I didn’t have a job. It helped me find a job and to save money so I could live on my own some day. There were classes in budgeting and things like that. They also had picnics and helped me with my social skills. But the best thing about it is the people there. They get involved with you and make it personal. They pay attention to you and make you feel special. They helped me go to a seminar in California and make a presentation for the top reps in social services.

When I became 18 and was emancipated, I could have stopped the program. But I chose to stick with it and to keep my counselor around. She’s really resourceful and down to earth. Most of the people in the program are like that. They make it comfortable so that you can talk about your family and your problems. I’m living with my mom right now and hope to get my own place soon. The counselor tells me to help my mom and not make it too hard on her.

My advice to parents is to be patient. It takes some time for kids to get it all down. Parents need to get involved and keep a positive attitude about it. It’s good when parents are willing to talk to the counselor and let them know what’s going on. My advice to other kids is—don’t be too quick to tell social services that you don’t want anything to do with them. The independent living program is good and can help.

If the agency offers independent living services to my youth, does this mean it will not try to find a permanent home for him?

No. A decision to provide independent living services does not relieve the state from trying to make reasonable efforts to find a permanent home for any youth.

If my youth receives independent living services, can he still return home?

Yes. The law says that independent living services should be seen as services to help young people transition to adulthood regardless of where they live when they leave foster care.
How many youth leave foster care to live independently?

About 19,000 youth nationwide leave the foster care system each year because they have reached the age of 18 and are expected to support themselves.

Practical Tips for Families

- If your son or daughter is a teenager, talk with him and with the agency worker about the kinds of independent living skills he needs. Request that he receive appropriate training and preparation for adulthood.
- Encourage your youth to use the independent living skills that he is learning.
- Ask the agency worker or your lawyer at what age youth in foster care “age out” in your state.
- If your youth is not returning home, work with him and with the agency on finding an appropriate independent living placement.
- Work with your youth and the agency on finding appropriate services for him in the adult system. This includes basic services and special services that he might need. For example, young adults need to know how to get medical/dental care, mental health care, housing, employment, and training or more education.
- Because some states are just beginning to offer Medicaid coverage and room and board payments after a youth ages out of foster care, all agency workers may not know about this option. Ask if your state provides these services and if it does, assist your youth in applying for them.
The Voices of Zak’s Aunt and Uncle

When we first found out that our nephew, Zak, (my brother’s 2 year old son) was in foster care, we weren’t sure what to do. He was in another state and his parents had been accused of physically abusing him. Even though he is an enrolled member of our tribe, he wasn’t in an Indian foster home like the Indian Child Welfare Act requires. But at the time, that was the least of our worries. We just wanted to find out what we could do to help my brother, sister-in-law, and nephew.

Things didn’t look too good. Even though the abuse charges were alleged, they hadn’t been proven. But besides the abuse charges, my brother and his wife were pretty heavily involved in drugs and didn’t seem to be doing anything to try to get their son back. My husband and I didn’t think Zak would ever be returned to them because they really weren’t working on their treatment plan.

We were licensed foster parents on the reservation where we live. We figured we’d have a good chance to get our nephew placed with us when the permanent plan was decided. My brother and sister-in-law were ok about us having Zak placed with us. But the child welfare agency in their state thought we wouldn’t protect him from his parents, so they left him in the non-Indian foster home.

Continued on next page.
The Voices of Zak’s Aunt and Uncle continued from page 79.

At first the child welfare agency didn’t notify our tribe about our family situation. My brother didn’t tell the worker that he was a tribal member, and she didn’t think Zak looked “Indian.” If the agency worker had asked Zak’s parents more about their Indian heritage, she would have found out that Zak was enrolled with our tribe. By the time the agency worker found out about Zak’s Indian heritage and notified our tribe, Zak had already been in foster care for 3 months. The tribe intervened and told the child welfare agency that they wanted to transfer Zak’s case to tribal court in our state. But the state court found “good cause” not to transfer and noted that Zak had bonded with the foster family.

So Zak stayed in the non-Indian foster home where he’d been placed. We were able to visit him only about once every 6 to 8 weeks because it was hard for us to travel out of state to see him. But we didn’t want him to forget us so we kept visiting as often as we could. In the meanwhile, our tribe kept trying to get jurisdiction.

After a year, Zak’s mom and dad had not finished their treatment plan and had done nothing to reunify with Zak. The agency worker decided that the permanent plan for Zak would be adoption. Even though she wanted the foster family to adopt him, we also wanted to adopt Zak since he’s our nephew. Our tribal lawyer was able to show in court that the purpose of Indian Child Welfare Act is to keep Indian families together. He proved that the social service agency didn’t follow the Indian Child Welfare Act from the beginning. He also showed that we had kept close connections with Zak with our visits, and we were bonded to him too. It took a long time, but finally the court ruled in favor of the ICWA and transferred jurisdiction to our tribal court, and we adopted Zak.

We know it was hard for his foster family to give him up, so we try to make sure he has visits with them sometimes. But now Zak is growing up with his cousins, grandparents, aunts, and uncles who live near us on the reservation. He is learning the traditions and ceremonies of our tribe.

If it hadn’t been for the Indian Child Welfare Act, our family probably would have been separated forever.
What is the Indian Child Welfare Act?
The Indian Child Welfare Act (ICWA) is an important federal law for Indian tribes. All state child welfare agencies and courts must follow the law when they are working with Indian families in child custody proceedings.

What does the Indian Child Welfare Act do for tribes?
ICWA gives Indian tribes the right to be involved in deciding what should happen for Indian children who may be placed in foster care or adoptive placements. Tribes, state agencies, and state courts don’t always agree on what the best plan is for Indian children in foster care.

How does the child welfare agency know when ICWA applies?
To find out if you or your child is an American Indian, the agency worker should ask you if you are a member of a federally recognized Indian tribe. Sometimes, when parents aren’t available to give this information, the agency worker may decide this might be an ICWA case if she learns that your family has connections to an Indian tribe, Indian organization, Indian Health Service, etc. Your friends or relatives may also provide information to the child welfare agency that gives them reason to believe they need to follow the Indian Child Welfare Act.

The best information about your tribal enrollment comes from you. Without your help, agency workers will have to look for clues about your Indian heritage, and it will delay the notice that your tribe receives about the situation.

What rights does the Indian Child Welfare Act give Indian families, and what responsibilities does it give state child welfare agencies?
ICWA gives Indian parents certain rights. ICWA gives state child welfare agencies certain responsibilities:

• Before state child welfare agencies can take children from their families, ICWA requires the agency to make “active efforts” to help keep children at home. “Active efforts” means any kind of direct services and assistance that will help the family stay together. But if the situation is very dangerous, children can be removed immediately until it is safe for them to be returned.

• As an Indian parent or Indian custodian, you, and also your tribe, must receive “notice” by registered mail of all of the legal proceedings involving your children. If your child must be removed from home, the state child welfare agency and state court must notify you and your child’s tribe(s). This must occur whenever a tribal member is involved in a child welfare proceeding. The notice must be sent to you and to your tribe by registered mail. No hearing can be held until 10 days after you and your tribe receive the notice. Then you and the tribe can request up to 20 additional days to get ready for the proceeding.
• If you are not able to afford legal counsel, under ICWA, you have the right to have legal counsel appointed by the court. If a state does not provide you with legal counsel, the court is supposed to notify the U.S. Secretary of the Interior. The Secretary is supposed to pay reasonable fees and expenses so that you will have legal counsel.

• Before removing your child from home, ICWA requires that an “expert witness” testify in court that this placement is necessary. The expert witness is a person who is American Indian or who is experienced in working with Indian families.

What happens if my child is placed in foster care?
If your child is placed into foster care, he must be placed with a relative. If a relative isn’t available, he must be placed with a foster family who is a member of your tribe. If no foster family from your tribe is available, your child must be placed with an Indian foster family who is a member of another tribe. Unfortunately, there are often few, if any, Indian foster families available. As a result, Indian children are sometimes placed with non-Indian foster families, although this is not in compliance with the Indian Child Welfare Act.

What happens if my tribe gets involved?
The tribe may decide to “intervene.” That means that the tribe is in contact with the state child welfare agency and wants to get more information about your situation. The tribe may recommend where your child should be placed. The tribe may ask the child welfare agency to send court reports and other documents in order to stay informed about what is going on.

ICWA gives the tribe a right to intervene and parents can’t object to this. It is expected that the child welfare agency will cooperate with the tribe’s request; however, the agency may choose a plan that is not in agreement with the tribe’s plan. It is possible that the court will agree with the state, rather than with the tribe.

The tribe may also request to “transfer” a child’s case to tribal court, even if the tribe is in another state. Parents can object to the transfer to tribal court. If either parent objects, it will stay in state court.

Sometimes children’s cases are not transferred to tribal court because state courts find “good cause” not to transfer. “Good cause” may mean that your child has needs that can be met only in the custody of the state child welfare agency, such as extreme medical needs. Your tribe may disagree with the state’s ‘good cause’ decision not to transfer. If the tribe disagrees, it may decide to appeal the decision in state court.
Practical Tips for Families

✓ Tell the state agency worker immediately if you are a member of a federally recognized Indian tribe.
✓ Ask the agency worker if they have notified your tribe about your situation.
✓ Contact your tribe’s social service program to find out if they know about your situation.
✓ If you’re not sure of your tribal heritage, give the agency worker as much information as possible about your family heritage: your parent’s names, where they live and what you know about your tribal connections.
✓ If your child is being placed in foster care, give the agency worker the names of family members who might be able to take care of your child.
✓ If you don’t have relatives nearby, ask if your child will be placed with an Indian foster family.
✓ Ask for court-appointed legal counsel if you cannot afford to pay for a lawyer.
✓ Ask to see the reports and documents that have been filed with the court about the decision to place your child.
✓ Attend all the court hearings related to your child.
✓ If your child is going to be placed in foster care, ask the agency worker if an Expert Witness has recommended the placement.
✓ Ask to visit your child regularly while he is in foster care.
✓ Ask for help if you need assistance to follow your Service/Treatment Plan. This plan will describe why your child is involved in the child welfare system, your family’s strengths and needs, your child’s and family’s goals, actions you and the child welfare system are to take, services you and your child are to receive and participate in, and a time period for working on these things. If your child is living at home with you, the service plan will describe what needs to happen so that he will be safe and can continue to live in your home. If your child is in foster care, the service plan states why he came into care. It will say what needs to happen for him to be returned home and for the child welfare agency to no longer be involved with your family.
✓ When you sign the service plan, it means that you agree with it. If you don’t agree with it, you don’t have to sign it. Instead, you could ask the agency worker to reconsider the parts that you don’t agree with.
✓ Be sure to get a written copy of the service plan to keep.
✓ If available, seek help from tribal or off-reservation Indian resource programs to help you with your service plan.
Summary of Your Rights and Responsibilities as a Parent Involved with the Child Welfare System

The rights and responsibilities of parents have been mentioned in different parts of the Guide. They are summarized here because it is very important to know your rights and responsibilities as a parent in the child welfare system. We have organized parents’ rights into three key areas. This section also includes a description of some rights of children and youth in out-of-home care. These children/youth rights are included to help you to understand and advocate for your children’s rights.

Parents’ rights are not the same in all states. Some of the rights listed in this chapter come from federal law. Rights based on federal law would be the same in all states. Other rights listed here are true in many, but not all, states. It is important to talk with your agency worker or lawyer about which rights exist for parents in your state.4

4The authors studied parent handbooks from several states and cities to help in writing this section. We are especially grateful for the work done by the Allegheny County Department of Human Services in Pennsylvania and the New York City Administration for Children’s Services. Parent handbooks from these agencies included sections on parents’ rights.
What are my rights related to service planning?

You have the right to do the following:

• participate in creating your family’s and child’s service plan
• sign the service plan and to have a written copy
• receive the services that are described in the plan
• be informed of the actual services your child receives
• be informed of any changes in your service plan
• ask your agency worker to coordinate your service plan with any other service plans that you or your children are involved in
• have the service plan written in your own language if English is not your first language
• review information written by the agency worker about you or your child
• have someone else present who can help you understand what is taking place and support you in advocating for yourself and your family

What are my rights related to child protective services?

If your family is investigated by Child Protective Services, you have the right to the following:

• not to be discriminated against based on disability, age, race, sex, religion, ethnic origin, economic status, or sexual orientation
• know about the report and why an investigation is happening, but not the name of the person who made the report

Nancy’s Voice

I am the parent. I want the agency worker to know that this means I have certain rights. I know that it means I have certain responsibilities also. My major piece of advice—hard as it is sometimes—is to try to make the agency worker’s job easier, not harder, whenever you can. I make a point of thanking her for special acts like buying my son his favorite candy bar. I do this even if I’m also frustrated by other decisions she is making. I try not to complain about little things—like an appointment having to be changed—as long as it is obvious that she is working as hard as she can. I give her information (insurance information, for example). I make calls to school personnel and others. Then I tell her what I find out. This can help her out. It also helps my child and is a constant reminder that I am the parent.
• know the outcome of the investigation
• an emergency hearing if your child is moved out of your home
• have your name removed from any central registry if the complaint of abuse or neglect is unfounded (in most states, but not all)
• request in-home services to strengthen and support your family
• participate in services to help your family without admitting that the charges against you are true
• be present, bring witnesses, and have your say in all hearings about your child
• choose to have a lawyer represent you (some, but not all, states provide a lawyer if you cannot afford one)
• appeal an agency finding of abuse and neglect
• make a complaint or raise any concerns you might have

What are my rights related to out-of-home placement?
If your child is removed from your home, you have the right5 to the following:
• know why your child is put in out-of-home placement
• know exactly what needs to happen for your child to return home
• suggest the names of relatives who might care for your child
• have your child be placed with a relative if there is a relative who can care for him safely
• develop a visitation plan, and visit and communicate with your child regularly
• be informed about the progress your child is making or not making while in the foster care system
• be consulted and make decisions about things such as your child’s religion, health care, and education
• be informed about the people and/or services involved with your child such as the school, teacher, medical doctor, dentist, and CASA
• go with your child to a medical or dental appointment
• be notified of any medical emergencies your child may have
• inform the agency worker about any problems with your child’s placement
• report to the child abuse hotline if you suspect your child is being abused or neglected by the current caretaker

5These rights are available for parents unless a judge directs or orders otherwise.
• request a voluntary placement agreement without relinquishing legal custody if your child needs placement for mental health services (see Section 6)
• insist that any voluntary placement agreement state specifically when and under what circumstances your child may come home
• receive the needed services and supports that will help your child return home
• know the exact date when your child is in foster care for 15 of the most recent 22 months (this is when the agency can request the court to terminate parental rights)
• inform the agency, your lawyer, and the court if the agency has not provided you with the services listed in your service plan
• know if and how concurrent planning (see Section 7) is being used with your child and family
• have your child return home after the conditions required by the court and your family service plan have been met.

What are my responsibilities as a parent involved with the child welfare system?

You have the responsibility to do the following:
• participate in creating your family’s and child’s service plan
• share important information about your child
• participate in the services that are offered
• keep appointments you have agreed to
• make the agreed upon changes
• do your part in helping your child return home (if that is the goal)
• visit and communicate with your child as agreed upon
• participate in your child’s care as agreed upon
• stay in contact with the agency worker
• provide information about your progress and changes in your life
• communicate any concerns that you have to the agency worker or your lawyer
What are the rights of my child or youth in foster care?6

If your child is in foster care, he has the right to the following:

• be treated with dignity and respect
• live in a home that is safe, healthy, nurturing, and comfortable
• care that is age, developmentally, and culturally appropriate
• adequate food, shelter, and clothing
• a thorough assessment of his strengths and needs
• practice his own religion (attend church, mosque, temple, or other religious services)
• participate in plans for his own well-being and his future
• be accepted and treated like a family member by foster parents
• be free from abuse
• have regular and appropriate health care and prompt treatment for any illness or physical, emotional or developmental disability
• talk to a counselor or therapist if he wants or needs to
• have an appropriate educational placement and any assistance needed to succeed
• learn and develop independent living skills
• visit his siblings, parents, and other family members (unless a court has ordered otherwise)
• have regular contact with his agency worker in private
• have a lawyer who will represent his rights and interests in court
• have confidentiality (information can be shared with people who need to know about your child/youth in order to provide him with care and services)

Practical Tips for Families

✓ Find out from your agency worker what your specific rights and responsibilities are in the area where you live. Many states and local agencies have these written down, so ask if you can get a copy. If English is not your first language, ask for the document to be translated or for an interpreter to be present.

✓ If you believe that your rights or the rights of your child are not being respected, you can talk with your agency worker or the agency worker’s supervisor about this.

6These youth rights were adapted from a list developed by the National Center for Youth Law.
Section 9: Summary of Your Rights and responsibilities as a Parent Involved with the Child Welfare System

Parents’ Notes

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Specific Information about Your State

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Some Approaches Used by Child Welfare Agencies To Help Families Reach Their Goals

The Voices of Darren’s Mom, Kate, and Foster Mom, Sally

(continued from Section 7, page 64)

Darren’s Mom, Kate
Darren is the one who has benefited the most from the way that Sally and I work together. Sally never tried to replace me in Darren’s life. She told him that he couldn’t be with me because I was sick and was trying to get better. She let me become very involved in Darren’s life while he lived in her home, and she came to every court hearing with me. She didn’t let him call her mom, it was Mom Sally or just Sally. Now that he is living with me, he calls her Aunt Sally.

Darren has been home for 5 years. He is now 10 years old, and Sally is still a part of our lives. Darren has ADHD* and goes for a lot of treatment and doctor’s appointments. Sally has a medical background so she comes with us on these appointments and for IEP** meetings at school. She knows what questions to ask.

Foster Mom, Sally:
Kate allows me to co-parent Darren, even after he returned to her home. We have the benefits of co-parenting without having to go through a marriage and a divorce. Darren goes with me on my summer vacation. He

*Attention Deficit Hyperactivity Disorder      **Individualized Education Program

Continued on next page.
The Voices of Darren’s Mom, Kate, and Foster Mom, Sally continued from page 91.

visits with me one night a week, and he also visits my parents, his “adopted grandparents,” at Christmas time. He gets to spend Christmas with two families. Kate and I usually do Easter together.

Darren’s Mom, Kate
When Darren lived with Sally, we tried to have the same rules for him so he wouldn’t be confused. When he came to visit me, I tried to keep the same routine and rules that Sally had established. The three of us went to counseling together. This helped ease the transition for Darren. Now that Darren is older, we are more flexible. He can understand that he has to follow Sally’s rules at her house, and my rules in my house. When Darren first came home, I called Sally a lot, probably too much. But I gradually began to have confidence in myself and called less.

Foster Mom, Sally
This story is about Darren, not about us. As Kate said, Darren is the one who has benefited the most from our working together. He has not had to leave behind any of the people that he has grown up with. He has a larger extended family than he would have had. He was a troubled little boy when he came into foster care at 2½ years old. He had hearing and speech problems, night terrors, and couldn’t be contained for a very long period of time. But he was always loving and smiling.

Darren’s Mom, Kate
Now Darren is on the honor roll, he plays tuba in the band, and he is on the safety patrol. He is developing self-confidence and social skills. He’s also working on building his chest muscles and slimming down his waist.

Foster Mom, Sally
I think that Kate and I were able to do this because of who we are and how we were raised. I was raised to believe that every person is valuable and that I should embrace the good part and try to help change the not good part. My years of experience in public health also helped me. I marvel at Kate’s willingness to let me be so much a part of Darren’s life.

Darren’s Mom, Kate
I always knew that Sally had Darren’s best interests in her heart and that she was working with me and not against me. I knew what I had to do to get Darren back home. Sally didn’t make me do any of these things, but she supported all of my efforts.
What is discussed in this concluding chapter?

So far, *A Family's Guide* has described the nuts and bolts of how the child welfare system works. It has also discussed federal laws that guide the child welfare system. In this final chapter, we will introduce you to some of the approaches that the federal government, states and communities have been using to make the child welfare system work better and to help families reach their goals.

What values and principles are these approaches based on?

Before we list the approaches, we want you to know that most of them are based on similar values and principles. Even though these approaches may have different names or work a little differently in each community, most of them share the values and principles listed below:

- parents say what help they need to protect their children from abuse and neglect, and the agency listens—services are “family driven”
- families are involved in planning the services they will receive
- services focus on each family’s strengths, instead of weaknesses—building on strengths helps families keep children at home or reunify if their children have been placed out of the home
- services are provided as close to home as possible—they are “community based”
- the whole family is provided the services they need, not just the child(ren) in foster care
- services are flexible and can be changed to fit each individual family
- services consider each family’s culture—they are “culturally competent”
- the family chooses the people to be involved in the service plan—this could be extended family members, neighbors, friends, ministers, or others from the community
- foster parents and birth parents work together
- all the child-serving systems involved with children and families work together—they “collaborate”
- services from different agencies are coordinated to reduce confusion for families—one service plan is developed—so everyone is “on the same page”
- families and youth who are involved in the child welfare system express their opinions about how the system works and offer suggestions for improvement when needed
- sometimes different agencies combine resources to better serve and help families—this might be called “blended funding”
What are the names of some of the approaches that are based on these principles?

Some of the approaches being used in different parts of the country include the following:

- family centered practice
- family mediation
- family group decision making (sometimes called family group conferencing)
- family-to-family initiatives or partnerships
- child and family teams
- the wraparound process
- systems of care
- community collaboratives for child protection.

How do these approaches work?

Child welfare systems find that children can be better protected if the full community and the family help provide for the safety of children. They have begun to involve families and other members of the community in more meaningful ways.

We will use the family-to-family initiative as an example. The family voices at the beginning of this section (Darren’s mom and foster mom) demonstrate one aspect of this approach. If a community uses a family-to-family approach, foster and birth parents work together to support each other. You can see how helpful it was when Darren’s mom and Sally, the foster parent, began working together as a team. Together they were able to ensure Darren’s safety and well-being. Eventually, Darren was able to return home to live permanently.

Where can I get more information about these approaches?

The section, Terms You May Want to Know, at the back of the Guide has definitions of the approaches that are listed above.

Has the Federal government encouraged these approaches in states and communities?

Yes. The federal government has done this in several ways. Here are two examples:

- One way is by helping states to improve their child welfare programs. In 2001, a process called the Child and Family Services Reviews (CFSR) was started. The CFSR process requires states first to study how their child welfare systems are working. Then there is an on-site review. This means that a team of people
(some from the federal government) visits the state. They will read the records and talk with families, agency staff, and other people who are involved with a sample of 50 children in the state. The state must meet certain standards. Based on what the team finds, the state has to develop a plan to make improvements that are needed. States are supposed to involve families in this process.

The CFSR process supports the following:
- family-centered practice
- services for children in their own homes—or at least near their own homes
- offering services that are based on each family’s needs
- helping parents to provide for their children’s needs

• Another way is by offering federal funds to states, communities, and Indian Tribes to develop community-based systems of care to serve children who have emotional and mental health problems. These systems of care involve many of the systems that your child might be involved with, for example the child welfare system, the courts, the mental health system, and the school system.

How can I help make improvements in the child welfare system?

In the approaches listed above, families are encouraged to express their views on how the child welfare system is working. When you feel that you are ready, you can start by asking the agency worker if there is an opportunity to fill out a satisfaction survey or to participate in a focus group. You can express your interest in becoming a member of an advisory group that meets with agency staff.

Many communities have parent associations and/or family-run organizations that you can join. As a member of such a group you will have a group voice. Both parent associations and family-run organizations offer support to families and advocate for improvement in service systems.

### Practical Tips for Families

- ✓ Check with your agency worker or a family organization in your community to find out if any of the approaches mentioned above in this Section are available in your community. (See the section on Helpful Resources at the back of this Guide for information about national family and parent organizations.)
- ✓ If you learn about an approach that appeals to you, ask if it can be considered for your family.
- ✓ When you are ready, you might want to consider joining a parent organization where you can have input into how services are delivered in the child welfare system. You can help advocate for more resources and also help other families like yourself.
- ✓ Remember that the child welfare system, the court, and your family usually have the same goal—to help your family live together safely, successfully, and permanently.
Thelma’s Voice
(continued from Section 2, page 13)

All stories that involve abuse and placement don’t have sad endings. Often the child welfare system’s interventions help families move to a better place. Certainly, the process is painful, long, and grueling. As I look back on the events that occurred, I know that I am a better mother and my children are better for the time spent on fixing past wounds. These wounds were impeding my chance to be the “good mother” that I desperately want to be.

Shortly after my son was placed into care, our caseworker offered the option of having a service called Family Preservation Service (FPS) as a method of returning my son home. We, of course, agreed to the 24-hour a week intervention so that my son could come home. The service began with an intake meeting where the therapist and her supervisor visited our home to assess our needs. The supervisor became my individual therapist at the end of the FPS intervention. Three years later, I had finally worked through the root of my issues, that being the incest in my own childhood. The thing that was impacting most on my ability to be an effective parent was the fact that I had not experienced good parenting myself. Having never been protected, I had no idea of how to protect my children. Having had a mother that ignored her husband’s behavior, I learned to ignore my husband’s behavior.

Although, I certainly wished that I had not had to endure the pain and trauma that resulted from the involvement of the child welfare agency, it did in fact help me change my behaviors and become a mother capable of protecting and nurturing my children. I was forced to reconcile my past in order to move forward to a brighter future. I had to recognize that it wasn’t about my children’s behavior; it was about my behavior and the changes I needed to make. I am better, and now they are better for it.

Parents’ Notes

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Specific Information about Your State

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Terms You May Want to Know
This section contains words or phrases used in the *A Family’s Guide to the Child Welfare System* that may be unfamiliar to you. It also contains other words or phrases that are not used in the *Guide*. These are terms that you may be exposed to as you are involved with the child welfare system.

**Advocates:** People or groups that support or help parents or children (for example, parent advocate or child advocates). They may provide parents and children with information. They may be present with parents in court or at appointments with providers. They help to make sure the rights of the child and/or parent are looked out for.

**Adoption:** This is when children, who will no longer live with their biological parents, become full and permanent legal members of another family. Sometimes they also maintain contact with their birth family. This is called an “open adoption.”

**Allege:** When someone claims something happened (for example, child abuse) without having to prove it. An “allegation” is what you call the claim someone has made.
**Terms You May Want to Know**

**Appeal Process:** The process parents can use when they do not agree with an agency or a court decision. There are two types of appeals. The first is at the agency level and is sometimes referred to as a “grievance process.” The grievance process is for families who do not agree with a decision about services; for example, when a service is denied, when there is a failure to take into account a family’s choice of service, or when the family is not satisfied with the quality of the service being provided. The agency should have a process in place to address these concerns. The second type of appeal is related to the court process. Those who do not agree with decisions made in court regarding themselves or their children can appeal the decision with the help of a lawyer.

**Assessment:** This is a process to find out a family’s strengths, needs, and resources. When these strengths, needs, and resources are known (that is, when they are “assessed”), the information is used to plan services and supports. When a family becomes involved with the child welfare agency, the worker will first do a “safety assessment” to find out if a child is in any immediate danger. Next, he will do a “risk assessment” to determine the likelihood that a child might be abused or neglected in the future. A full “family assessment” will also be done. This finds out what a family’s strengths are and what families need so that their children can remain at home. If a child is removed, then the assessment determines what is needed for the child to return home.

There are other kinds of assessments that children and parents participate in. For example, when a child goes to a doctor, his physical health will be assessed. If he goes to see a counselor, his emotional health may be assessed. This is done to find out what the child needs, how well he is doing, and what can be done to help.

**CASA (Court Appointed Special Advocate):** This refers to a specially trained person chosen by the juvenile or family courts. This person is usually a volunteer. The CASA’s job is to ensure that the needs and best interests of children who have been abused or neglected are addressed during the court process. The CASA usually meets with the child, his parents, and often others involved with the family. The CASA reports to the Court about how a child is doing. (For more information see the National CASA Association in the resource section.)

**Child Abuse and Neglect:** (See Section 2, p. 14.)

**Child Abuse Report:** The call that is received by the child welfare agency to report an incident of abuse or neglect or concern about risk of abuse or neglect of a child. The information is written down and some kind of follow-up takes place.
**Child and Family Teams:** The child and family team comes together to develop family service plans. The team is usually made up of the providers and agency representatives who are working with the family, extended family members, and other support persons, such as neighbors or ministers. The family approves all team members. The team reviews each family's strengths and needs. Then it identifies the services and supports that will be put in place. Family members are active partners in the planning for their children.

**Child Abuse Hotline (sometimes called ChildLine):** A toll-free line to report suspected child abuse or neglect. Anyone can report suspected abuse and neglect to this Hotline. It is available 24 hours a day, 7 days a week. All reports are confidential.

**Child Maltreatment:** This means the same thing as child abuse and neglect.

**Child Protection Agency (sometimes referred to as Child Protective Services—CPS):** The public agency that is responsible for investigating cases of suspected abuse or neglect of children and for providing services and supports to children and families.

**Child Protection Services:** An array of services and supports that are set up to assess and address the safety of a child. These services and supports are provided when it is determined that the child is at risk or has been abused or neglected.

**Community Collaboratives for Child Protection:** This is an approach where the responsibility for the safety and protection of children is based in their neighborhoods or communities. The community as a whole becomes accountable for child safety. The development of community partnerships helps child welfare systems to provide a wide array of services. This includes prevention, early intervention, and services to families and children in crisis. Child welfare agency offices are located in the neighborhoods they serve. They may be co-located with other service providers. Services for the family are designed in the community to meet the individual family needs. Families are connected to community resources. Community collaboratives have various names and are located in numerous places across the country.

**Concurrent Planning:** (See Section 3, p. 30.)

**Court Order:** A legally binding document that describes the judge’s instructions or directions. (All parties to a court order must follow it.)

**Custody:** A judge grants this to an adult or an agency so that they have the legal right to care for a child. The custodian has the power to make major decisions regarding the child.
Emergency Placement/Removal: This is when a child is temporarily removed from his family and lives in a different place. This is done when the CPS worker has concerns about the safety of a child. The CPS worker is supposed to get an emergency protection order either before or immediately after the child is placed. The emergency protection order will then be reviewed in a court hearing to see if your child can return home. The type of place where your child can go on an emergency basis might be to a relative, foster home, or an emergency shelter.

Emergency Shelter: This is a type of out-of-home placement. It is a temporary, short-term place where children and youth who are taken into state custody stay. It may be a family home or a group facility. It is set up to provide an immediate safe environment while decisions are being made about where a child will live.

Families as Resources and Service Providers: This refers to families who have had experiences with the child welfare system who become resources to other families entering the system. Families can be resources in many different ways. They can be respite caregivers who provide relief to other families. They can be mentors, which is like being guides or teachers. They also might be co-trainers or presenters with professional staff. This might be for such things as foster parent training and parenting classes.

Family-Centered Practice: Family-centered practice is based on the belief that children thrive in healthy stable families and communities. The best way to protect children in the long run is to support their families. The family refers to a child’s immediate family, extended family, foster family, guardian, or adoptive family. Before family-centered practice was used in the child welfare system, professional service providers were considered the experts who told families what to do. Family-centered practice is a shift away from that way of thinking. Family-centered practice builds on the strengths of family relationships to help children and families. The family’s agenda and its priorities shape the service delivery process. When the child welfare system operates with a family-centered approach,

• the family as a whole unit, as well as its individual members, are the focus of attention
• the main purpose for working with a family is to help strengthen the family so that it can carry out its responsibilities and care for its children
• successful services reflect a family’s language, culture and spiritual beliefs.
• services affirm the family’s values and styles of decision making
• families are actively involved in developing the service plan (see Section 3). The plan is based on family strengths. Family members help carry it out and evaluate how it is working.
Family Mediation: This is a process in which a neutral person helps to find solutions on issues regarding a child’s welfare and placement. This person (often called a “mediator”) is not directly involved with the family or with the child welfare agency. This person works with the agency workers and family members to create an agreement on the issues. Mediation is intended to be a collaborative process. The goal is to find solutions to the issues in a positive way. The mediation process allows the following:

- everyone has the opportunity to be heard
- development of better working relationships
- ability to reach agreements

When an agreement is reached, it usually is made formal by a legally drafted contract or by a court order. Mediation may not be appropriate for all families. The safety of the persons involved must come first and not be compromised through the mediation process.

Family Group Decision Making (sometimes called “family group conferencing” or “family team decision making”): This approach is used to help ensure a child’s safety and care. It is based on the belief that:

- children do better when they have strong connections to their parents or primary caregivers
- services that keep the main responsibility for the care of children in the hands of the family are the most effective

In this approach, a meeting is held with the family and extended family members to get them involved in planning for the safety and permanency of the child or youth. Information about the family’s situation is presented at the beginning of the meeting. Families are given time to consider the information presented to them and to make a plan. They decide how they can offer support to keep the child safe. They present their plan to the professionals and other people attending the meeting. The plan is reviewed and approved by this group. This family team helps create a network of support for the child and for parents. Family group decision-making meetings work differently in different communities. Many communities hold the meetings around a family meal.
Family-to-Family Initiatives: This is an approach that began in 1992 and provides an alternative way of thinking about family foster care. In this type of initiative, networks or groups of family foster homes are developed. These homes are neighborhood based, culturally sensitive, and located primarily in the communities in which the children live. The Family-to-Family Initiative is designed to do the following:

• better screen children being considered for removal from home to determine what services might be provided to safely preserve the family and/or what the needs of the children are
• bring children in group or institutional care back to their neighborhoods
• involve foster families as team members in family reunification efforts
• become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes
• provide permanent families for children in a timely manner

Foster Family Home: This is a type of out-of-home placement. It is an essential child welfare service for children and their parents who must live apart from each other for a temporary period of time. This might be because of abuse or neglect or other special circumstances. This type of placement is a home setting. The foster parents are licensed, trained caregivers. The role of the foster parent is that of caregiver and nurturer.

Founded: a finding after the initial CPS assessment that there is believable evidence that child abuse or neglect has occurred. Another term that means the same thing is “substantiated.”

Group Home: This is a type of out-of-home placement. It is a homelike setting in which a number of unrelated children live together for different lengths of time. Group homes may have one set of house parents or may have rotating staff. Some therapeutic or treatment group homes have specially trained staff to assist children with emotional and behavioral difficulties.

Guardian Ad Litem (GAL): This is a person, usually a lawyer appointed by the court, who meets with a child and tells the court what the GAL believes is best for the child.

Guardianship: A legal way for an adult other than the parent to assume parental responsibility and authority for a child. This is done without ending the parental rights of the birth parents. Legal guardianship for a child is a relationship between the child and a caretaker that is created by the court. It is intended to be permanent. Sometimes the child welfare agency provides financial help in caring for the special needs of the child. This is called subsidized guardianship.
Home- and Community-Based Services Waiver: Federal Medicaid law allows certain Medicaid rules to be “waived” or set aside so that states can make changes to their Medicaid programs. The home- and community-based services waiver allows an expanded array of home- and community-based services for children or adults with physical or mental disabilities so that they don’t have to be placed in institutions. This waiver also allows states to provide Medicaid for some children who would otherwise not be eligible for Medicaid because their parent’s income is too high. To be eligible, the child must require care in a hospital or nursing home. The waiver allows the child to receive that high level of care in his home or community.

Home Study: This is the process of assessing and preparing families to determine their potential to become either foster parents or adoptive parents. It looks at the strengths and needs of families. It also helps families determine which children (for example, based on age and level of need) would benefit most from being in their care. A home study may also take place for a person being considered for kinship care (when a licensed provider) or guardianship of a child.

Independent Living Placement: This is a type of out-of-home placement, for example, an apartment. It is for older youth in foster care and those who leave the foster care system to live on their own. This includes youth who cannot return home to live, are not placed with relatives or guardians, and are not adopted.

Independent Living Services: These are services to prepare youth for adulthood. They may focus on developing skills in areas such as money management, job hunting, daily living skills, and communication skills. Services to prepare for living independently are most helpful when they are taught to youth at an early age.

Indicated: This is a finding after the initial assessment of a child abuse and neglect report that there is reason to suspect that the child has been abused or neglected or that the child is at risk for abuse or neglect. However, the abuse or neglect cannot be proven. Currently, only 10 states have this category.

Individualized Education Program (IEP): Federal Law 94-142 states that children with disabilities have the right to attend public schools with their peers. A team of school staff and parent(s) create a plan to identify areas the child needs help with in the current school year. The IEP also describes how the school will provide these services.

Investigation: This is the formal information gathering process used by a child protective service agency to determine whether or not child abuse or neglect has occurred.
**Kinship Care Placement:** This is a type of out-of-home placement where the full-time care of the child is provided by relatives, godparents, step-parents, or other adults who have a kinship bond with the child. This could include a close friend, a neighbor, or a member of a child’s tribe. This is also called “relative placement.” Children may be placed formally in homes of relatives by the courts. This is also known as kinship foster care. They also may be placed informally on a voluntary basis by the parent or guardian. A subsidy (or financial support) is generally not provided by the child welfare agency unless relatives are licensed foster parents. Relatives may also apply for TANF assistance.

**Medicaid:** Medicaid finances health and mental health care for eligible people with low incomes. Medicaid is run and funded jointly by the federal government and states. Children normally qualify either because they live in a family with very low income or because they have a disability severe enough to qualify them for federal disability benefits such as Supplemental Security income (SSI).

**Open Adoption:** An adoption in which the adoptive parent and birth parent agree that the birth parent will maintain contact with the child. This type of agreement may not be legally enforceable. The contact may be done through telephone calls, in writing, or face-to-face. The type of contact depends on the individual situation.

**Permanency:** This is one of the goals established by federal law for children who are in out-of-home placement. When a child has been placed outside of the home, the child welfare agency must establish a permanent home for him. This means a place where the child will have safe and nurturing family relationships expected to last a lifetime. In most cases, the permanency plan for the child is to return to the birth family. This is not always possible, so a judge may decide that the child will live with relatives or with adoptive parents.

Permanency also refers to the importance of continuing family relationships and connections while the child is in out-of-home placement.

**Permanency Planning:** This is the process the agency worker goes through to ensure that children are in safe and nurturing family relationships expected to last a lifetime.

**Prevention and Family Support Services:** These are services to support and strengthen families so children do not have to be placed out of their home. These may include services such as family education, respite care, voluntary visiting services, and family support programs.

**Public Child Welfare Agency:** Social service agency responsible for ensuring the safety of children in stable, permanent environments. These agencies provide a wide array of services to meet the individual needs of families and children.
**Reasonable Efforts:** These are the steps child welfare agencies must take to prevent children from being removed from their homes and to help children who have been removed to return home. States must also make reasonable efforts to help children find other permanent homes if they cannot return to their own families. Federal legislation requires that reasonable efforts be made, but it does not define what efforts or services are considered as “reasonable.” Individual states have the flexibility to define this.

**Registry (also known as Abuse Registry or Central Register):** If an allegation of child abuse or neglect is founded by the child protective services agency, the name of the person responsible for the abuse or neglect is usually placed in a registry. Most states have a central place for keeping track of reports of the results of child abuse and neglect investigations. The length of time that a name remains in the registry varies by state.

**Residential Treatment Center:** This is a type of out-of-home placement for a child. It may also be called residential group care. This is a state-licensed, 24-hour facility. Residential care programs offer intensive treatment services, including mental health services for children with special needs. Many children in residential care have emotional or physical conditions that require intensive, on-site therapy. Residential treatment centers are usually a temporary placement.

**Respite Care:** This is a service that gives a family a short break or relief by having someone else temporarily take care of a child. It can be for a few hours or a few days. Sometimes respite care occurs in a family's own home. It also may occur at a center or in someone else's home.

**Risk Assessments:** See the definition of “assessment.”

**Service Plan:** See Section 3, p. 26.

**TANF:** The Temporary Assistance for Needy Families (TANF) program is also known as “welfare.” It might also be called “public assistance.” This government program provides cash aid and other services to low-income families who are eligible. Recipients of this aid must meet certain work requirements or other activities set by their state to receive aid. There is a time limit of 5 years (or less in many states) that families can receive aid.

**TEFRA Option (also called the Katie Beckett Option):** This Medicaid option allows states to enroll children with disabilities who live at home and need extensive care, but who would not otherwise qualify for Medicaid because of their family’s income and resources being too high. It allows states to pay for home- and community-based services for these children. Eligibility for TEFRA is based on the child’s disability and care needs, not on family income. TEFRA also is sometimes called the Katie Beckett option after the child whose situation led to the creation of this option. TEFRA stands for the Tax Equity and Fiscal Responsibility Act of 1982, which created this option.
**Termination of Parental Rights (TPR):** A legally binding court decision made by a judge. TPR ends all parental rights of birth parents. The child is then legally free to be adopted.

**Therapeutic Foster Home (also called “treatment foster care”):** This is a type of out-of-home placement. It is a foster home in which the foster parents have received special training and have special skills to care for children and adolescents with significant emotional, behavioral, or medical problems. Treatment is provided within the foster home in a structured and active way. Treatment foster parents receive additional supports and resources to meet the special needs of the children in their homes. Therapeutic foster homes are considered an alternative to institutional settings.

**Wraparound Process:** This approach includes a specific *process* for planning services. The child and family are fully involved in deciding what services are needed. The services offered usually include a lot of community services and supports from other family members and friends. A child and family team ensures that the services meet the unique needs of each child and family. The goal is to achieve positive outcomes. In a true wraparound process, a child and family will not be denied services. Instead, services will be changed to meet their needs.
Relevant Federal Laws/Policies
Relevant Federal Laws/Policies

This section lists the popular names, public laws, and/or U.S. codes for laws that were referred to in *A Family’s Guide to the Child Welfare System*. It also describes laws that affect child welfare practice but were not specifically mentioned in the *Guide*. A paragraph or two summarizing the key points of each is provided. If you would like to look up the specific language of the laws and policies, you can find the actual laws at your public library or by searching on the Internet. On the Internet, you can go to the Library of Congress Web site, [http://thomas.loc.gov/](http://thomas.loc.gov/).

You can also visit the federal Children’s Bureau, Department of Health and Human Services’ Web site for specific state- and federal-level information on child welfare laws and policies at [http://www.acf.hhs.gov/programs/cb/laws/#state](http://www.acf.hhs.gov/programs/cb/laws/#state).

If you need legal advice or need more explanation specific to your situation, it is best to contact a lawyer.
1. **Child Welfare Services Program (Title IV-B, Subpart 1 of the Social Security Act)**—This program authorizes federal funds in the form of grants to states for a wide range of child welfare services and activities. Individual children who receive services from the child welfare system through the use of these funds do *not* have to meet any federal income requirements.

2. **Adoption Assistance and Child Welfare Act of 1980 (Title IV-E of the Social Security Act, Public Law: 96-272)**—This act provides the largest federal funding stream for child welfare services. It covers the cost of room and board for foster care, subsidizes adoption of children with special needs, pays for training for child welfare staff and for foster and adoptive parents, and covers some of the child welfare agency’s administrative costs. Title IV-E funds are available only to children whose families’ income is low enough to meet certain federal income requirements.

   This legislation requires child welfare agencies to make “reasonable efforts” to keep families together and to return children in foster care to their original homes. This law was originally initiated to do the following:

   - prevent unnecessary separation of children from their families
   - reduce the duration of a child’s stay in foster care
   - protect the autonomy of the family
   - encourage adoption when it is in the child’s best interest
   - improve the quality of care and services
   - reduce the number of children in foster care
   - promote the return of children to their families

   **Title IV-E Waivers:** Through an application process, some states (not all) have received waivers that give states greater flexibility in the use of their Title IV-E funds to test new and creative ways to fund and deliver child welfare services.

   **Note:** Title IV-B and Title IV-E of the Social Security Act (#1 and #2 above) are the primary sources of federal funds to states for a variety of child welfare services.

CAPTA was enacted in 1974 for several reasons:

- Physicians noticed that 1 in 10 children seen in emergency rooms were victims of physical abuse.
- Many child maltreatment situations were not reported.
- States had developed reporting laws and responses to reports without much uniformity.

The goals of the law are as follows:

- to increase identification, reporting, and investigation of child maltreatment
- to monitor research and compile and publish materials for people working in the field
- to develop uniformity of reporting and response across the country
- to enhance the federal governments role to be proactive in the detection, prevention, and treatment of child abuse

After several reauthorizations, the law now minimally provides for the following:

- investigation of child abuse and neglect
- prosecution of child abuse
- child abuse prevention grants and services
- training for child protective services workers

8. **Title XX of 1975 (Social Services Block Grant), Public Law 97-35**—Title XX provides federal funds for services for low-income children, families, and adults. States are given wide discretion in determining what services these funds will pay for, including child welfare-related activities, such as preventive, protective, adoption services, and services for children in foster care.

9. **IDEA (Public Law 101-119), Part B and Part C**—The Individuals with Disabilities Education Act (IDEA) is a federal law that was originally passed by Congress in 1986. It gives children with disabilities or delays in development the right to appropriate and needed developmental and educational services from birth through age of 21. It provides funds and resources so children with disabilities are able to receive a Free Appropriate Public Education. It has four different parts to it, but parts B and C most directly affect families.
Part B of IDEA, also known as Assistance for Education of All Children with Disabilities, is set up to help states, territories, and the District of Columbia with providing special education and related services to children ages 3-21. These children must have 1 of the 13 disabilities identified in the law (autism, deafness, deaf-blindness, emotional disturbance, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment). To obtain services, the child must have an evaluation to decide if he/she meets the criteria for services. If so, the family and a school team will meet to create a written plan. This plan, the Individualized Education Program (IEP), explains the services and supports that will be provided to meet the child’s needs. It also lists the educational goals they hope to reach.

Part C of IDEA, also known as Infants and Toddlers with Disabilities, is set up to assist states, territories, and the District of Columbia with developing a comprehensive and coordinated system of early intervention services. The early intervention system provides services and supports for infants and toddlers birth through 2 years old who have a disability or are suspected of having a disability or a delay in their development and their families. Early intervention services and supports include an evaluation of the child’s development and, if the child’s development is delayed, the creation of a plan with the family to help the child overcome those delays. This plan is called the Individualized Family Service Plan (IFSP). The plan determines the type of services the infant or toddler may need. The services are then started and occur in the child’s natural environment or place that the child spends the majority of his/her time.

10. Indian Child Welfare Act of 1978 (ICWA), Public Law 95-608—This law mandates that state courts act to preserve the unity of Native American families by giving preference for out-of-home placements first to extended families, then to foster families in the child’s own tribe, and finally to foster families of another tribe. It also regulates how states handle child abuse and neglect and adoption cases involving Native American children. ICWA allows tribal courts to request that a child’s “case” be transferred from the state court to the tribal court. (See Section 8 in the Guide for more information.)

7. Multiethnic Placement Act of 1994 (MEPA, Public Law 103-82; also known as the Howard M. Metzenbaum Multiethnic Placement Act of 1994)—This act was enacted in 1994 as part of the Improving America’s Schools Act to do the following:

- prohibit an agency or entity that receives federal assistance and is involved in adoptive or foster care placements from delaying or denying the placement of a child solely on the basis of race, color, or national origin of the adoptive or foster parent, or the child involved
- amend the Social Security Act by requiring diligent efforts to expand the number of racially and ethnically diverse foster and adoptive parents
• give individuals aggrieved by a noncomplying agency or entity the right to bring an action in the appropriate U.S. District Court
• state that noncompliance is considered a violation of the antidiscrimination principles of the U.S. Constitution and Title VI of the Civil Rights Act of 1964

8. **Interethnic Placement Act of 1996 (IEPA, Public Law 104-188; Interethnic Adoption Provisions, included in the Small Business Job Protection Act)** amended the MEPA in 1996 (described in item 7 above) through provisions for the Removal of Barriers to Interethnic Adoption to do the following:

- remove potentially misleading language in MEPA’s original provisions and clarify that discrimination based on race, color, or national origin is not to be tolerated in the adoption and foster placements of any child
- discuss fiscal penalties that withhold federal funds to states that have violated these provisions or failed to implement corrective action
- indicate that an action may not be brought more than 2 years after the date of the alleged violation

9. **Adoption and Safe Families Act of 1997 (ASFA), Public Law 105-89**—This act established the goals of safety, permanency, and well-being for children in contact with the child welfare system. It provided a shortened timeframe for states to initiate termination of parental rights, except under certain circumstances. It also provided incentives to states for adoption activities. It established certain exceptions to the “reasonable efforts” requirement to keep families together or reunite children in foster care with their families.

10. **Family Preservation and Support Services Program (1993) (Title IV-B, Subpart 2 of SSA), Public Law 103-66, 42 U.S.C. 629A(1), 42 U.S.C. 629A(2)**—This law provides federal funds for family support services and makes increased funds available for family preservation services, which are services designed to help preserve family unity and prevent placement of children in foster care, and for family support services, which are services to promote the safety and well-being of children and families and increase strength and stability of families.

**Promoting Safe and Stable Families (1997), Title IV-B, Part 2 of SSA**

The Family Preservation and Support Services Program was renamed in 1997 as the Promoting Safe and Stable Families Program (PSSF). The PSSF allows states to continue using these federal funds for family preservation and support services. It also emphasizes the importance of keeping children safe while families receive services. It expands the type of services for which these federal funds must be used. The new services are time-limited family reunification services, and adoption promotion and support services.
Promoting Safe and Stable Families Amendments of 2001, Public Law 107-133
These amendments extend the PSSF program and also support programs for educational and training vouchers for youth who “age out” of foster care, as well as a mentoring program for children with incarcerated parents. It changes the definition of family preservation services to include infant safe-haven programs. Family support services now include programs to strengthen parental relationships and promote healthy marriages.

11. John H. Chafee Foster Care Independence Program, Title I (1999), Public Law 106-169—This program provides funds to states to assist youth and young adults (up to age 21) who are leaving foster care by providing educational, vocational, practical, and emotional services and supports. Title I of the Act gives states the option to extend Medicaid coverage to youth between 18 and 21 years of age, who were in foster care on their 18th birthday.
This section includes various resources that you may want to access for additional help as you navigate through the child welfare system. Included in this section are descriptions and contact information for the following:

- the organizations that worked together to develop *A Family’s Guide to the Child Welfare System* (called sponsoring organizations)
- national parent or family organizations
- national organizations that focus on child welfare issues
- other resources
Family Guide: Sponsoring Organizations

The following organizations worked together collaboratively to produce this *Family Guide*. If you have questions or thoughts about the Guide, please contact any of the persons listed below.

**Child Welfare League of America**

440 First Street, NW, Suite 310  
Washington, DC 20001-2085  
Phone: 202-638-2952  
Fax: 202-638-4004  
Web site: www.cwla.org  
Contact name: Julie Collins (202-639-4932; jcollins@cwla.org)

CWLA is an association of more than 1,100 public and private nonprofit agencies, including a family-run organization, that assist over 3.5 million abused and neglected children and their families each year with a wide range of services. CWLA is committed to engaging people everywhere in promoting the well-being of children, youth, and their families and protecting every child from harm. CWLA strives to advance national standards of excellence and sound public policies on behalf of the abused, neglected, and vulnerable children served by our public and nonprofit member agencies.

**Federation of Families for Children’s Mental Health**

1101 King Street, Suite 420  
Alexandria, VA 22314  
Phone: 703-684-7710  
Fax: 703-836-1040  
E-mail: ffcmh@ffcmh.org  
Web site: www.ffcmh.org  
Contact name: Barbara Huff (703-684-7710; bhuff@ffcmh.org)

This national parent-run organization emerged in 1989 from the grassroots efforts of many individual family members and supportive professionals committed to improving services and supports for children and youth with mental health needs and their families. The Federation offers effective family-driven advocacy to ensure that children’s mental health remains a highly visible, national priority. It offers leadership and resources to a nationwide network of family-run organizations, including more than 120 statewide family organizations, local chapters, and other family-run organizations. The Federation provides an opportunity for family members to work with professionals and other interested citizens to improve services for their children with emotional, behavioral, or mental disorders. The Federation represents children, youth, and families from diverse cultures and backgrounds. All families have a voice in the Federation.
National Indian Child Welfare Association
5100 SW Macadam Avenue, Suite 300
Portland, OR 97239
Phone: 503-222-4044
Fax: 503-222-4007
E-mail: info@nicwa.org
Web site: www.nicwa.org
Contact name: Terry Cross

The National Indian Child Welfare Association, Inc. (NICWA) is a private, nonprofit organization dedicated to improving the lives of Indian children and their families. NICWA accomplishes this goal by offering training and technical assistance on Indian child welfare services, making available information regarding the needs and problems of Indian children, helping improve community-based services, and analyzing legislation and policies affecting services for Indian children.

National Technical Assistance Center for Children’s Mental Health
Georgetown University Center for Child and Human Development
3307 M Street, NW, Suite 401
Washington, DC 20007
Phone: 202-687-5000
Fax: 202-687-1954
Web site: http://gucchd.georgetown.edu
Contact name: Jan McCarthy (202-687-5062; jrm33@georgetown.edu)

The National Technical Assistance Center for Children’s Mental Health (TA Center) is part of the Georgetown University Center for Child and Human Development, a division of Georgetown University Medical Center. Since 1984, the TA Center has been working in partnership with state and community leaders and families to promote culturally appropriate services and positive outcomes for children and adolescents who have, or are at risk for, mental health problems and their families. The Center’s mission is to assist states and communities in building systems of care approaches to service delivery that are child and family centered, culturally competent, community based, and coordinated across different child-serving systems. The TA Center also is involved in numerous activities to improve services for children and families in the child welfare system.
Technical Assistance Partnership for Child and Family Mental Health
American Institutes for Research
1000 Thomas Jefferson Street, NW, Suite 400
Washington, DC 20007-3835
Phone: 202-342-5600
Fax: 202-944-5454
E-mail: tapartnership@air.org
Web site: www.air.org/tapartnership
Contact name: Anita Marshall (202-298-2634; amarshall@air.org)

The Technical Assistance Partnership (TA Partnership) is a partnership among the American Institutes for Research and the Federation of Families for Children’s Mental Health. The TA Partnership provides technical assistance to grant communities funded by the Comprehensive Community Mental Health Services for Children and Their Families Program. The goal of the TA Partnership is to assist these communities in their efforts to successfully develop and implement local systems of care for children with severe emotional disturbance and their families.

National Parent and Family Organizations

These are national organizations that are run by families or specifically designed to serve families. They are available to provide support and information. Interested family members can join these organizations, or organizations like them, to help other parents.

Family Support America
20 N. Wacker Drive, Suite 1100
Chicago, IL 60606
Phone: 312-338-0900
Fax: 312-338-1522
E-mail: info@familysupportamerica.org
Web site: www.familysupportamerica.org

Family Support America promotes family support practice as the movement to strengthen and support families by identifying and connecting individuals and organizations that have contact with families; by providing technical assistance, training and education, conferences, and publications; and by promoting the voice of families.
Family Voices
3411 Candelaria NE, Suite M
Albuquerque, NM 87107
Phone: 505-872-4774
Fax: 505-872-4780
Web site: www.familyvoices.org

Family Voices is a national grassroots network of families and friends speaking on behalf of all children with or at risk for special health care needs. Family Voices has chapters across the country. Family Voices has a volunteer coordinator in every state, 10 regional coordinators, and a small staff working in several locations around the country. The Web site has a list of state chapters and provides links to other organizations in each state.

Federation of Families for Children’s Mental Health
(See information in the previous section on sponsoring organizations.)

National Foster Parent Association
7512 Stanich Avenue, Suite 6
Gig Harbor, WA 98335
Phone: 253-853-4000 or 800-557-5238
Fax: 253-853-4001
E-mail: Info@NFPainc.org
Web site: www.nfpainc.org

This national nonprofit volunteer organization was created to support foster parents, agency representatives, and community people working together to improve the foster care system; to promote communication among foster parents, agencies, and organizations; and to recruit and retain foster parents.

Parents Anonymous® Inc.
675 West Foothill Blvd., Suite 220
Claremont, CA 91711-3475
Phone: 909-621-6184
Fax: 909-625-6304
Web site: www.parentsanonymous.org

Parents Anonymous® builds upon the strengths of parents to ensure that children live and grow in safe, nurturing homes by offering families help today and hope for the future. As the nation’s child abuse prevention organization, Parents Anonymous® Inc. is a community of parents, organizations and volunteers committed to the following:

• strengthening families and building strong communities
• achieving meaningful parent leadership and shared leadership
• leading the field of child abuse and neglect
To ensure the accessibility of Parents Anonymous® programs to all community members, whether they are married, single, divorced, teen parents, grandparents, or step-parents, Parents Anonymous® groups meet in settings such as local community centers, churches, schools, housing projects, shelters, and prisons. Parents Anonymous® also operates local 24-hour hotlines to provide an immediate response to parents seeking help.

Parent Training and Information (PTI) Centers
See http://www.taaliance.org/PTIs.htm for a list of centers in each state or call 1-888-248-0822.

Each state has at least one parent-run organization to help parents learn more about the needs of their children with disabilities. PTIs provide information to parents of infants, toddlers, school-aged children, and young adults with disabilities. They also work with professionals around a child's needs. They can also help parents learn how to participate in planning processes for their child's education. The centers have a lot of information about programs, services, and resources in individual states.

National Organizations Focusing on Child Welfare Issues

This section includes organizations that have a focus on child welfare issues and on providing resources to improve service delivery to children, youth, and their families. Many of them can provide information and referral for individual families and for families who are caring for children of their relatives.

Casey Family Programs National Center for Resource Family Support
1808 Eye Street, NW, Fifth floor
Washington, DC 20006
Phone: 202-467-4441 or 1-888-295-6727
Fax: 202-467-4499
Web site: www.casey.org/cnc

Casey Family Programs National Center for Resource Family Support provides comprehensive information about policies, programs, and practices for retaining, recruiting, and supporting foster, adoptive, and kinship care families.

Child Welfare League of America
(See description in the section on sponsoring organizations.)
Children’s Defense Fund
25 E Street, NW
Washington, DC 20001
Phone: 202-628-8787
Fax: 202-662-3550
Web site: cdfinfo@childrensdefense.org

Children’s Defense Fund (CDF) began in 1973 and is a private, nonprofit organization supported by foundations, corporations grants, and individual donations. It provides a strong effective voice for all the children of American who cannot vote, lobby, or speak for themselves. It pays particular attention to the needs of children who are poor and from minority cultures and of children with disabilities. CDF has offices throughout the United States and has many helpful resources on its Web site.

Connect for Kids
The Benton Foundation
950 18th Street, NW
Washington, DC 20006
Fax: 202-638-5771
Web site: www.connectforkids.org

Connect for Kids, an award-winning project of the Benton Foundation, offers a public space on the Internet for adults—parents, grandparents, educators, policy makers, and others—who want to make their communities work for kids. Connect for Kids strives to help people do the following:

• get better informed about children’s status in the community, state, and nation
• give time or money to improve the lives of kids
• learn tools and techniques to address a specific interest related to children
• get connected to groups that can act on behalf of kids
• exercise responsible citizenship with children in mind

The Web site includes links to each state and the District of Columbia. These state links offer information about organizations within each state that focus on child abuse and neglect, foster care, and adoption, plus more.
Helpful Resources for More Information

**Foster Family-Based Treatment Association**
1415 Queen Anne Road
Teaneck, NJ 07666
Phone: 800-414-FFTA (3382)
Web site: www.ffta.org/index.html

This association is committed to enhancing the lives of children within families through strengthening family-based organizations working in treatment foster care. Membership with FFTA provides members with position papers published through FFTA, the FFTA FOCUS newsletter and Agency Memorandum update to keep them informed on developments and trends in treatment foster care, access to technical assistance, participation in on-line discussion groups, networking opportunities with other professionals, and discounts to professional events and products.

**National Adoption Information Clearinghouse**
330 C Street, SW
Washington, DC 20447
Phone: (888) 251-0075 or 703-352-3488
Fax: 703-385-3206
E-mail: naic@calib.com
Web site: www.calib.com/naic

The National Adoption Information Clearinghouse was established by Congress in 1987 to provide free information on all aspects of adoption. The mission of the Clearinghouse is to connect professionals and concerned citizens to timely and well-balanced information on programs, research, legislation, and statistics regarding the safety, permanency, and well-being of children and families.

**National Association of Public Child Welfare Administrators (NAPCWA)**
American Public Human Services Association
810 First Street, NE, Suite 500
Washington, DC 20002
Phone: 202-682-0100
Fax: 202-289-6555
Web site: www.aphsa.org

NAPCWA is affiliated with the American Public Human Services Association. Created in 1983, it works to enhance and improve public policy and administration of services for children, youth, and families. As the only organization devoted solely to representing administrators of state and local public child welfare agencies, NAPCWA brings an informed view of the problems facing families today to the formulation of child welfare policy.
The Clearinghouse is a national resource for families, professionals, and others seeking information on child abuse and neglect and on child welfare. It has many helpful resources and links.

National Information Center for Children and Youth with Disabilities (NICHCY)
P.O. Box 1492
Washington, DC 20013
Phone: 1-800-695-0285 (Voice/TTY) (Call weekdays 9:30 AM–6:30 PM EST.
There is voice mail to leave a message.)
E-mail: nichyc@aed.org
Web site: www.nichcy.org

NICHCY serves as a national information and referral center about disabilities for families and professionals, especially on issues for children and youth from birth to age 22. NICHCY has bilingual information specialists who can answer specific questions from parents in both English and Spanish. The Web site has “State Resource Sheets” listing groups and agencies that can help you find information and services for children.

National Resource Center for Community-Based Family Resource and Support Programs (FRIENDS)
Chapel Hill Training Outreach Project
800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514
Phone: 800-888-7970
Fax: 919-968-8879
Web site: www.friendsnrc.org/friends.htm

The National Resource Center for Community-Based Family Resource and Support Programs (FRIENDS) provides training and technical assistance to agencies implementing the Community-Based Family Resource and Support grant programs. FRIENDS offers a range of services designed to help states, tribal organizations, and local programs develop community-based family resource programs and networks throughout the United States.
Other Resources

Office for Civil Rights, U.S. Department for Health and Human Services
Hubert H. Humphrey Building, Room 509F
200 Independence Avenue, SW
Washington, DC 20202
Phone: 1-800-368-1019 or 1-800-537-7697 (TDD)
E-mail: OCRMAIL@hhs.gov
Web site: hhs.gov/cvr

The office for Civil Rights in the U.S. Department of Health and Human Services (HHS) enforces federal laws that prohibit discrimination by health care and human service providers that receive funds from HHS. If you believe that someone who receives funds from HHS has discriminated against you because of your race, color, national origin, disability, age, and, in some cases, sex or religion, you may file a complaint with the Office of Civil Rights OCR. You may call 202-619-0403 or go to the OCR Web site to learn how to file a complaint.

State-specific Laws on the Adoption and Safe Families Act of 1997
These Web sites offer summaries of state legislation enacted in response to the Adoption and Safe Family Act of 1997 and other resources (maintained by the National Conference of State Legislatures). A public user can look up topics such as adoption across state lines, termination of special rights, and health insurance for children with special needs. Go to the following Web site for more information:


United Way of America
North Fairfax Street
Alexandria, VA 22314
Phone: 703-836-7112
Web site: www.unitedway.org

United Way of America is a national organization dedicated to leading the United Way movement in every community across America. The United Way movement includes approximately 1,400 community-based United Way organizations. Each has an information and referral function that can help you find services and supports in your own community. Each United Way organization is independent of others and governed by local volunteers.