

## Foster Care in Child's Time

### Principles

The ultimate purpose of foster care is to provide the child with safe and permanent family relationships, and to achieve such goal within a developmentally appropriate time –which varies according to the age of the child, but should in any case be measured in months rather than years.

Whenever possible, the goal of permanency is to be achieved through reunification of the child with the birth parent(s). However, in view of the possibility that safe reunification may not be achieved within a developmentally appropriate time, foster care practice must also develop stand-by alternative permanency arrangements, such as adoption, guardianship, or custody.

To achieve these goals, foster care practice must:

- Stay focused on the needs of the child.
- Proactively pursue *timely and safe* permanency.
- Assess and develop the parent-child relationship.
- Expand rather than fragment the child's "relational pool".
- Nurture rather than curtail family-to-family communication.
- Plan concurrently.
- Circulate rather than restrict information.
- Deal with rather than avoid conflict, ambivalence, and crises.

### Comparison between *Foster Care in Child's Time* and conventional foster care practice

#### (a) Focus on the child's wellbeing

In conventional foster care, the wellbeing of the child often takes a second row to the needs and agendas of the adults. For instance:

- A child's need for timely permanency is deferred because the parent is seen as needing first to overcome her denial so that she can get into a rehab program, or because a new worker has come into the case and needs time to become acquainted with it.

- A child's need for communication between the birth and resource parents is frustrated because the parents need to keep a comfortable distance from each other.
- A child's need for the worker to talk straight to her or his parent remains unattended because the worker prefers to avoid confrontation with the birth parent.

*Foster Care In Child's Time*, on the other hand, requires a primary concern with the needs of the child.

- Foster care practitioners are primarily accountable to the child's needs, rights, and interests, more than to the adults' needs, rights, and interests.
- They must ensure that everybody, including themselves, stay in track (i.e., work towards safe and timely permanency for the child), and do not get distracted by other agendas (e.g., trying to change the parent into a different person, beyond the changes that are needed for reunification purposes).

(b) Child's time

In conventional foster care, the pace is set in adults' time. For instance:

- Progress is reviewed only every six months.
- Decisions are timed to coincide with court hearings and are postponed if hearings are adjourned.
- Staff turnover sets the counter back to zero.
- Practitioners settle in a routine of following procedure, making referrals and completing paperwork, and putting off the occasional fire, while the permanency decision is left largely to the judge.
- A parent's adoption of the same slow tempo (for instance, a mother's docile acceptance of postponements in the return of her child) is welcome as "cooperation".

Foster care in child's time means that permanency is pursued proactively.

- Permanency is expected to be reached in child's time (usually measured in months) rather than adults' time (usually measured in years).
- Progress must be tracked continuously and with a sense of urgency.

- Practitioners are required to avoid their own complacency and that of others. For instance, a biological parent's docile acceptance of postponements in the return of her child should be a motive for concern and challenge, not for praise.

(c) Emphasis on the relational world of the child.

In conventional foster care, not enough attention is paid to the parent-child relationship, or to other relationships important for the child. For instance:

- Reports on the quality of the parent-child relationship are often limited to comments of the “appropriate vs. inappropriate” kind, and fail to address the question of whether the demonstrated parental ability suffices to meet the needs of the child.
- Instead, token indicators are provided, based on assessing and treating the parent as an individual (e.g., via psychological examinations or drug rehab), and/or attempting to develop her or his parental skills outside of a real interaction with the child (e.g., parenting skills training),
- The primary expectations from birth parents are that they “comply” with their prescribed services and the visitation regime, but not that they actually parent.
- The child’s relationship with the resource parents is left to develop more or less spontaneously, and is regarded as separate from and even opposite to the relation of the child with the birth parents.
- Extended family members are recruited, when they are, only if they show promise as potential placement resources, and only in a sequential way, as individuals, rather than as a whole relational network that can provide support to the child and parents during foster care.

*Foster Care in Child’s Time*, on the other hand, emphasizes the assessment and development of the parent-child relationship.

- To maximize the chances of reunification , foster care practice must offer opportunities for the parent to develop and demonstrate her or his ability to meet the safety and well being needs of the child.
- Parent and child need to have a chance to interact under the observation and coaching of staff and/or other adults such as extended family members and resource parents (for instance during visits), so that the quality of the relationship can be both assessed and improved.
- Beyond the visits, birth parents must participate actively, as parents, in the life of the child while in care (shared parenting).

- To ease the emotional effects of foster care placement, and to secure the availability of “back up” alternative safe, permanent relationships, foster care practice must endeavor to develop (simultaneously with the pursuit of reunification) the relationships between the child and other concerned adults, such as the resource parents, as well as extended family members.

(c) Family-to-family

In conventional foster care family-to-family communication is deemphasized, even discouraged. The prevalent attitudes towards the birth parent/resource parent relationship range from passive-neutral (“It’s OK provided they get along”), to openly antagonistic (“They need clear boundaries”).

For foster care to proceed in *child’s time*, family-to-family communication must be nurtured. Children need that the important adults in their lives talk to each other. To protect the integrity of the child’s emotional experience with her or his expanded relational context, foster care practice must facilitate communication among the adults involved, specially between the birth and resource parents.

(d) Concurrent planning

In conventional foster care, planning is sequential rather than concurrent. Typically, a case starts with an exclusive goal of reunification that is maintained until achieved, or until the agency (or more frequently, the judge) establishes that the parent has been given “enough chances” and is not deserving of further “diligent effort.” At that point a lengthy second round of efforts is launched, to separate the child from the parent and provide her or him with an alternative permanent attachment.

By contrast, *Foster Care in Child’s Time* calls for concurrent planning. Parents and workers need to be aware that the outcome of the case (reunification of TPR-adoption) is uncertain until the end. It will not be determined by the “official” starting goal (typically reunification), by the declared intentions of the clients, or by the will of the workers, but rather by the interactions among everybody involved.

Even when all the players are agreeing on the official goal (be it reunification or adoption) there is always a possibility that the process will lead to a different outcome. For that reason, “back up” alternative permanency plans need to be developed, openly discussed, and maintained on “standby” mode throughout the duration of the case.

(e) Circulation of information

In conventional foster care, information barely circulates. For instance:

- People communicate in a roundabout, rather than straight way.

- Even when birth parents are “listened to”, and encouraged to pursue the changes that have been prescribed for them, they rarely get frank appraisals of the status of the case and the chances of reunification, or reminders of time frames and deadlines.
- Agency staff control and restrict the flow of information between birth parents, resource parents, children, and other parties.

Within the context of *Foster Care in Child’s Time*, fluent circulation of information is critical.

- Given the uncertainty of the outcome and the need for concurrent planning, all relevant parties need to be constantly aware of what is expected of them, how they are doing, and where the process is heading.
- Birth as well as resource parents need to know about the progress or lack of progress of reunification efforts, the mutual concerns that they may have, the child’s issues, and so on.
- Service plans must include clear information on the behavioral indicators of change, i.e., how we will know that the conditions for reunification have been met –or not.

Circulation of information requires two kinds of practice:

- (a) Straight talk about what is at stake, what are the “rules of the game”, and feedback on how people (particularly the birth parents) are doing; and
- (b) Encouragement of direct exchange of information among the principals (particularly birth and resource parents)

(f) Stance towards conflict, ambivalence and crises

In conventional foster care, conflict, ambivalence and crises tend to be ignored, avoided, or suppressed.

- Interpersonal conflict is regarded as something that should not happen (birth parents, for instance, “should collaborate” with workers and resource parents).
- If it does happen, conflict is not addressed; instead, the parties are further disconnected (visits are curtailed, resource parents are instructed to avoid contact with birth parents).

- A parent's normal feelings of ambivalence are not recognized, accepted, or discussed.
- Crises are seen only as something to be contained, and not as opportunities for advancing the case. For instance, when a parent's "impatience" is either punished (which often leads to lengthy power struggles), or appeased –leading to passive acceptance of extended foster care.

For foster care to progress in *child's time*, conflict, ambivalence, and crises must be dealt with.

- *Interpersonal conflict* is normal in all emotionally charged situations, and particularly in foster care. Birth parents and resource parents may distrust each other. Birth parents as well as other members of their family may be divided over whether a child should be returned or not, or when, or how much of a priority it is. Acknowledging and dealing with these conflicts is a necessary part of the road to permanency.
- *Ambivalence* is also normal. A mother may have second thoughts about reunification, or the timing of it, and she may have conflicting interests (e.g., she may want both to have her child back and to continue associating with her drug addict boyfriend). Acknowledging and helping the parent deal with her ambivalence is another important step towards the goal of permanency for the child.
- Since conflict and ambivalence are normal in foster care, *crises* (angry outbursts, disrupted placements, untimely relapses) are also to be expected, and should be addressed as opportunities to accelerate the progress towards permanency. For instance, a parent who angrily demands more contact with her child should be supported in channeling her anger into more effective negotiation with the staff, the court, and/or the resource parent.