

AGENDA

- I. Types of Resource Families
- II. Abuse and Neglect
- III. Child Protective Services Process
- IV. Foster Care Process
- V. Foster Care and Adoption Experience

TYPES OF RESOURCE FAMILIES

Foster Care - Foster care is a protective service provided to families experiencing difficulties so severe that children must be removed from their homes for a planned, temporary period of time. Children are removed to insure their physical and emotional safety. The primary goal of foster care is to reunify families. Foster care includes supplemental family care in an agency approved home. While children are residing in a foster home, a variety of services are provided to parents and children with the objective of resolving the problems that lead to the foster care placement. Foster families can provide respite care for other foster parents, short term emergency care usually until the 72 hour hearing or long term care. Foster care is a team effort in establishing permanency for children. Foster parenting, therefore, is not a lifetime commitment to a child, but rather a commitment to be meaningful during a child's lifetime. Foster family care means families helping families.

If the goal of reunification cannot be achieved, alternative permanent plans are pursued. These goals are attempted in order of priority: placement with relatives, adoption, permanent foster care, or independent living.

Adoption – As defined by the *Child Welfare League of America*, "Adoption is the method provided by law to establish the legal relationship of parent and child who are not so related by birth, with the same mutual rights and obligations that exist between children and their birth parents." Parental rights have to be terminated by juvenile court. This frees the child to be provided a permanent alternative family through adoption.

Foster/Adopt Placement (also known as legal risk) – This type of placement is provided for a child whose parental rights have not been terminated and is therefore not free for adoption. The case plan has been established to work with the birth parents but there are circumstance of which the agency is aware of that may prevent the birth parents from completing their plan. Therefore, a concurrent plan of adoption is also established. It is the expectation of the agency that the resource family will cooperate and work in partnership with the reunification goals. If the primary family is not able to provide a permanent home for the child, then this foster family will be given that opportunity.

Foster Parent Adoption – Resource family has been providing foster care for a child when parental rights are terminated. The resource family is given the choice to adopt the child if there are no relative resources. Eighty percent of resource families adopt children in their care if parental rights are terminated.

NEGLECT

Neglect - a condition in which a parent or caregiver responsible for a child under the age of 18 either deliberately or by chronic disregard, permits the child to experience avoidable present suffering and/or fails to provide one or more of the components generally deemed essential for developing a person's physical, intellectual, social and emotional capacity.

Warning Signs:

- Lack of adult supervision
 - Child less than 8 should never be left alone
 - Child between 9 and 12 can be left alone for short periods of time (no more than 2 hours). Children who are left alone should know the family's emergency plan and parents' or caretakers' telephone numbers at home and at work and when and how to access 911.
 - A mature child age thirteen and over may be left alone and may baby-sit. EXCEPTION: An older child who has a special disability or condition should not be left alone
- Unsafe living environment
- Poor hygiene
- Lack of medical attention for infections or injuries
- Child appears malnourished
- Untreated medical problems. Parents or caretakers may not provide the child with medication (e.g. an asthmatic child with no medication.)
- Sleeping space (i.e. does child have a designated space to sleep that is clean and hazard free)
- Type and amount of food in the house
- Accessibility of drugs, alcohol
- Hazards in the home
 - Gas leaks
 - Electrical hazards
 - Broken glass, doors, stairs
 - Abandoned appliances
 - Unattended pools or access to water
- Cleanliness and sanitation of the home
- Bug or rodent infestation
- Withholding educational/ cognitive learning
- Impacting emotional/ psychological wellbeing
- Abandonment or rejection of the child

Physical Abuse

Physical Abuse - physical injury or death inflicted upon a child under the age of 18 by a parent or caretaker by other than accidental means.

Physical injury is bodily harm or hurt such as bruises, welts, fractures, burns, cuts, internal injuries but excluding mental distress, fright or emotional disturbance.

Warning Signs:

- Injury is inconsistent with the mechanism described
- Repeated law enforcement and emergency calls are made to the same address
- The parents or caretakers seem inappropriately concerned.
- The parents or caretakers may deny that anything is happening and refuse access to the child
- Parents or child give conflicting stories about the incident
- The child is afraid to discuss how the injury occurred.

SYMPTOMS OF PHYSICAL ABUSE

Bruises – From belts or strap on child’s legs, backs, or arms. From hands on the child’s face (often in the outline of fingers).

Hair loss – Hair pulled from a child’s scalp.

Fractures – Particularly in children under age two. May occur with multiple bruises.

Subdural hematoma – Blood vessels break in the brain, putting pressure on brain tissue. Hematomas are diagnosed by a physician.

Skull Fracture – Usually caused by a direct blow to the head. Bumps or lumps on the head may be the overt sign of a skull fracture.

Eye Injuries – Usually caused by direct blows or as a result of Shaken Baby Syndrome. Black eyes are blatant evidence of an eye injury.

Ear Injuries – Usually caused by direct blows. Usually identified by medical diagnosis.

Nasal and oral injuries – Injuries occur when an object is forced into the nose or mouth. Blows directly to the face can also cause injuries. Cuts or inflammation may indicate injuries to the nose and mouth.

Internal injuries – Caused by blows that injure internal organs. Physical indicators include: pain in the stomach, chest, or any internal area; external bruising of the chest or stomach; distended or swollen abdomen; tense abdominal muscles; labored breathing; severe, inching pain in the chest while breathing; nausea and/or vomiting. Usually identified by medical diagnosis.

ACCIDENT VS. ABUSE

Bruises - A bruise's location can sometimes help determine if the cause was accidental or the result of abuse. Accidental bruises or "play bruises" are more likely to occur on bony prominences such as knees, shins, forehead, or elbows. Bruises that should be suspected as signs of abuse are those occurring on the cheeks, single body area, while abuse bruises may cover several body areas.

Water Burn – Accidents do happen, particularly since tap water is typically set at high temperatures. However, abusive burns usually are distinctively different from accidental burns. Abusive burns have clear lines defining the skin and are often deep. Accidental burns tend to be scattered on the skin and do not penetrate as deeply.

Fractures – Accidental fractures are often a normal part of the rites of childhood. Children fall out of trees, wreck their bikes, and fall from skateboards. Fractures can also be present at birth as a result of delivery. Breech births frequently cause injury. "Little League elbow" is also commonly mistaken as an indicator of abusive behavior. While CPR in adults may cause broken ribs, it rarely does in small children. If an adult claims a child's ribs were broken during the course of CPR, the child's other injuries should be examined closely. Many diseases can cause weakening of the bone, resulting in a tendency to fracture.

Head and Brain Injuries - Traumatic births may result in head injuries. If the injury is not noticed within a few days of birth, child abuse should be suspected. Head and brain injuries can occur from falls and car accidents as well as shaking and beating.

Poisoning - Sometimes parents will give children roots or herbs to cure a common malady and the treatment has an unfortunate side effect of poisoning. Education and support should help parents in these instances.

In all cases, the child and caretaker's story of the incident that caused the injury is critical to determining whether it is abuse or accidental.

Sexual Abuse

Sexual Abuse occurs when a parent or other adult uses a child under age 18 for the sexual stimulation of that adult or another person

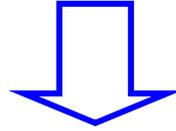
Sexual Exploitation is a form of maltreatment in which a child's parent or caretaker allows, permits, encourages or requires a child under the age of 18 years to engage in sexual acts for the stimulation and/or gratification of adults or in prostitution as defined by law or allows, permits encourages or requires a child to engage in sexually explicit conduct for the purpose of producing any visual or print medium.

Warning Signs:

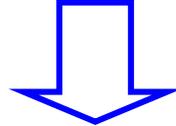
- Home is crowded with strangers and acquaintances coming and going
- Drug or alcohol abuse is present
- Inadequate supervision
- Poor choices of surrogate caretakers or baby-sitters
- Inappropriate sleeping arrangements

FOSTER CARE PROCESS

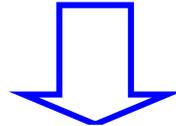
CHILD ENTERS CARE



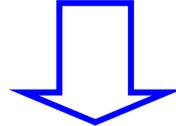
COMPLAINT FILED IN JUVENILE COURT



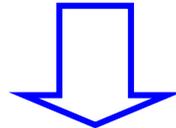
72 HOUR HEARING
(probable cause established)



PETITION FILED AND HEARING HELD



DFCS AWARDED TEMPORARY CUSTODY



SERVICES PROVIDED TO THE CHILD AND FAMILY

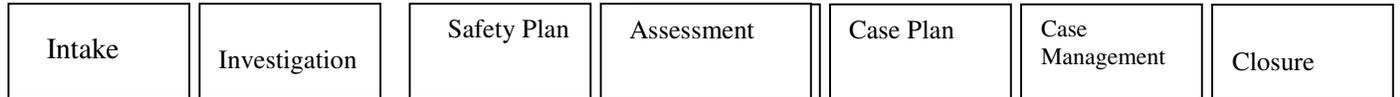
REUNIFICATION

**NON-
REUNIFICATION**

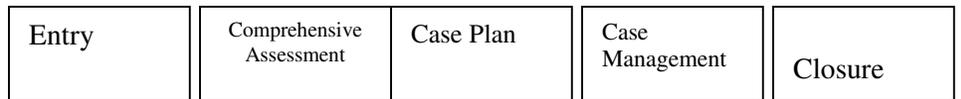
Permanence

CHILD WELFARE CASE PROCESS CONTINUUM

Child Protective Services (CPS)



Foster Care



Adoption

