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COMMON GROUND

For Professionals, Advocates, and Families

The Newspaper of the
New England Association
of Child Welfare
Commissioners and
Directors

Volume XX, Number 1
April 2005

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Supporting MA Resource Families

By Michelle Benkis

It's 2:00 on a Thursday afternoon and you are helping your 8-year old foster child from DSS settle in. She is joining her younger sister in your home. You've taken a leave of absence from your job, with the exception of covering two important meetings, as you want the transition to go smoothly. You receive a call from your day care provider stating that she is not able to provide child care on next Tuesday or Thursday so you can attend those meetings. As you start to panic, you suddenly remember hearing something about MSPCC's Kid's Net program. You make the contact and to your delight - help is on the way! The Kid's Net program is able to identify and find a licensed family day care provider to care for your children. They are also able to connect you with an experienced foster parent and recommend some appropriate training that may help with this transition. Finally, the

Kid's Net program was able to identify a support group for this foster mother when she is ready.

In February of 1997, the Department of Social Services (DSS) contracted with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) to develop a new program for foster and adoptive parent support and membership services, called "Kid's Net". The initiative developed in response to a needs assessment of foster parents carried out by DSS in April of 1996 highlighted three major areas to be addressed: (1) requests for enhanced support, including summer camps/after school programs, respite services, child care/babysitting and increased financial reimbursement; (2) more accessibility and diversified in-service training opportunities; and, (3) a more responsive, reciprocal role



Kid's Net Directors L to R - Diane Robertson, All Weissman, Michele Benkis, Peter Sullivan, Carol Casey, Soledad Berrios

between DSS and its foster, pre-adoptive and kinship parents. That help, comes from the Kid's Net program.

The Kid's Net program has grown since its inception and now includes the following support services, which are available to all DSS foster, kinship and pre-adoptive families:

- ◆ After-hours telephone support;
- ◆ Temporary overnight care for children;
- ◆ Short-term, periodic child care;

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The Newspaper of the
New England Association
of Child Welfare
Commissioners and Directors
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NOV 2005
THEMES:

In Celebration of
Common Ground's
Twentieth Birthday

Articles due by:
September 9, 2005

Family-Centered at Family Service

By Margaret Holland McDuff

Family-centered practice is seen as one of the best ways to help families. If it involved following a series of steps, probably most child welfare organizations would have already adopted the approach.

What is "family-centered practice"? Common Ground suggests the National Resource Center for Family-Centered Practice's definition: having the family as the focus of attention; placing emphasis on assessing and developing family strengths; and involving families in policy, treatment and evaluation design. An article in the Focal Point newsletter (fall, 1998) echoes these principles, defining family-centered practice as:

- ◆ focusing on whole families;
- ◆ organizing assistance in accord with the family's strengths;
- ◆ normalizing and recognizing the typicalness of situations rather than emphasizing deficits; and
- ◆ structuring service delivery to ensure accessibility and minimal disruption of family integrity and routine.

What does it mean for child welfare organizations? What does it "look like" in the real world?

At my agency, family-centered practice is about the trust that staff build with the families they serve. It is about listening to the family to find out what is important to them and what they believe to be true for and about themselves; supporting them through their hurt, grief, shame and sadness; and identifying strengths and supporting the emergence or re-emergence of hope.

Most of all, family-centered practice is about relationships—between families and staff, and between staff and administrators—and flexibility, in terms of services available to families and in terms of support available to direct care staff.

Implementing the family-centered practice concept within our continuum has been, and continues to be, challenging. Still, we believe we have taken great strides that are improving outcomes while fostering staff development; the two, without question, are related.



Margaret Holland McDuff, CEO,
Family Services of Rhode Island

Background

Family Service of Rhode Island is one of the oldest and largest human service agencies in the region. It was founded in the 1800s on the principles of "friendly visitors," perhaps the earliest form of family-centered practice. Of course, the service environment has changed into what might be described

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A Piece of Me

By Kareem R. Muhammad

Entering the DCF Office, the smooth Bossa Nova sound of Antonio Carlos Jobim's "Girl from Ipanema" plays through my Ipod. A flash of my badge to the security guard and a mumbled good morning, the short climb to floor 2 ½ is elected instead of taking the elevator. Arriving to a quiet and half-empty floor, a couple of colleagues are debating about the Detroit Piston and Indiana Pacer brawl from the past weekend. It ain't right that the fan threw the water at him!

Reaching my desk without notice, my bag and stainless steel thermostat is put to the side. A thin piece of scotch tape holds a reminder from Friday with a little to do list for the week. A fresh scent of hazelnut rises in the air from the first cup of tea, and crackers for the day.

With the cup halfway to my mouth my Program Supervisor, approaches my direction; the volume fades on the Ipod. Standing at the end of the cubicle she says with almost a whisper, "Can I see you in my office?"

With no meeting marked on the calendar for the morning, we walk towards her office.

A meeting this early with the Program Supervisor? Is everything ok with my family? How about my cases? Damn, probably a hold, I say to myself as the door closes behind me.

A light tension hung in the air and something appeared unclear in her eyes. Without pause she said, I received a call from the Area Director this weekend and was informed that baby Jane Doe passed.

A flush of blood passed through my head like brain freeze after eating a big chunk of ice cream. No way, no way, I repeat as I look down to the ground.

This overwhelming feeling of sadness just came out of nowhere and hit me in the heart like an ax to a tree. With the room spinning my stomach knotted up with this feeling of nausea as she tells me the details. Trying to stay composed and follow the conversation her voiced muted out and her lips spoke words unheard. This sharp pain ran across my heart and a strong squeeze to my lungs.

What did I miss? What did I do wrong? How did she die? Speechless, and shoulders slumped. "Are you ok?" Without knowing what to say a scream comes out through the back of my head. How did I fail? was all I could think.

My hands get moist and a growing stream of sweat

builds on my chest while the nerves kick in. Reviewing the case in my head, a feeling of confusion comes. Trying to comfort me, my supervisor says, "It was a shock for me also."

She excuses herself to place a note on another Supervisor's desk. Questions of what went wrong race through my mind while sitting in this brief moment of solitude. Was the right assessment made of the family? What about the approach the decision? We were trying to empower the family. Yeah, it was the right decision. I think and try to shake this sense of blame off of me. Maybe it was something I missed?

This battle in my mind continued as my supervisor returned to the office. A knock comes to the door before she could sit and the Area Director enters. A mutual nod of respect is made as he takes a seat next to me. The Director begins to discuss the preliminary findings and reported no evidence of foul play. With no feeling of relief passing through me after hearing the findings, my head hung above my body like a balloon as I tried to sit composed.

This emotion was so crazy for me. So many voices were asking questions. So much confusion, so much pain. Another Supervisor enters the office and looks at my Supervisor and then to me with a look of curiosity as she slides into the chair to my right. Both looking across the desk as my supervisor breaks the news to her. She falls back into the chair.

"What did I get myself into?" I say. We begin to discuss the decision of allowing the child to be discharged to parents. We had a meeting with the family; we had a plan in place, I say. "How is the family doing? They just got her back. They trusted me. She was only 2 weeks old."

Sitting and absorbing the information, I felt stuck in a small box in a dark corner with a thousand voices asking a thousand and one questions. An urge to see the family came to me. People will think I made the wrong decision. I will definitely get the front page of the Hartford Courant again, a voice said in my mind. "Could we inform the work group?" I ask. We all agreed to do so. We sat briefly around the desk speechless. The impression of the meeting was that administration would be supportive to the decision that was made.

Rest in peace Jane Doe.

Gliding out of the office everything was in slow motion. With the work group in the middle of the floor, my supervisor stood strong and presented the critical



Kareem R. Muhammed, DCF Investigator

incident. Looking forward everything was blank - nothing was in focus. My mind was blurred, my colleagues stood like abstracts from a Dali painting as my eyes watered. "This shouldn't discourage us as a department from using family resources and taking a strength-based approach with future cases," one colleague said. Another said, "At least the baby had time to be with her family."

The bathroom mirror shows a strong unfazed shell. With a hand full of water to the face the red gloss still covered my eyes. This case felt different. Honesty and rapport were the tools used. More of me the person came out rather than me the investigator. The human side was more exposed and even more so now with the unfortunate death.

It's easy to grow very thick walls in order to deal with some of the cases that are assigned along with the challenges and risk that are encountered daily. There was no energy to put up the defense mechanisms to filter out the hurt and pain. Recognizing now that every one of my cases takes a piece of me and that I take a piece of them. Returning back to my desk, the cup of tea poured earlier now stands cold next to a half bitten Ritz cracker.

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RI Collaborates

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in place, the department will have the on-line capacity to more effectively match children to foster family resources.

As staff from our family service units in all four geographic regions of the state participated in the workgroups and internal review of foster homes, they are now able to compare the existing placement resources with the identified needs of their respective regions. In so doing, they are beginning the process of determining what types of foster home resources are needed in the cities and towns under their jurisdiction. Additionally, they have detailed information on contracted foster home resources located in their regions and will determine which resources should be redirected to better meet the needs of the children and youth in that part of the state (i.e. specific treatment needs, age, gender, location, etc.)

Proposed solutions

Recruitment of foster and adoptive homes is currently conducted by the department as well as by more than 10 other private child placing agencies. This leads to confusion and dysfunction. The recruitment workgroup will develop an inventory of agencies involved in foster and/or adoptive care, distribute this to all involved agencies and work with them to develop a "no wrong door" approach for those interested in

learning about or becoming a resource for children in RI.

Foster homes secured by private child placing agencies receive 24/7 support provided by the agency which recruited and services the homes. However, such support is currently not available to the foster homes recruited and serviced directly by DCYF. Therefore, the department will be piloting a foster family support program in two areas of the state with the goal of expanding such support to appropriate homes statewide. One pilot will be in the northern part of the state and the other will be in the southern part of the state. The service provider will be a child placing agency, experienced in supporting their own foster homes. The scope of the support and the specific families to be supported will be identified by the family service regional office.

Assistance in providing non-clinical supports has traditionally been coordinated by the RI Foster Parents Association which is now expanding its coverage area to all licensed foster parents (including those operating under private contract with other child placing agencies).

Equally important to the retention of foster families is the provision of accessible, appropriate, supportive in-service training. While DCYF provides pre-service training to foster parents, its resources and offerings for in-service are extremely limited. However, the pri-

vate child placing agencies which recruit and support foster families under contract with DCYF each have an in-service training program for their respective foster families. With this in mind, the Foster Care/Adoption Training Workgroup suggested that there be a more formalized sharing of training resources among the various providers and DCYF following some standardized requirements to be developed by the group. Before an in-service curriculum is developed for various types of foster and adoptive care based on the identified needs of the users, research will be conducted around successful foster/adoption training models in other states. Additionally, all foster parents will be surveyed regarding their training needs as well as barriers to attending training. Meanwhile, providers will be sharing their training calendars and opening up in-service training opportunities to each others foster families.

This is truly an example of where the whole is greater than the sum of its parts. Through the workgroups and other partnerships, we will combine our efforts and our resources to recruit to the needs of our children and youth, support foster and adoptive families consistent with their articulated needs, and train foster and adoptive parents so they can more successfully parent the children and youth in their care.

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