Risk Mitigation for Foster and Adoption Agencies

Protecting vulnerable children from abuse, exploitation, and neglect is the goal for every case worker, social worker, and therapist who serves children, whether through a governmental agency or private agency. The ability to protect children by placing them in a safe foster home or in adoption is colored by ever-changing regulations, caseload requirements, and failed placements. Children who are in "the system" may reside with several families during their childhood and may suffer abuse and neglect, or they may be welcomed into a loving intact family that offers safety, security, and success. Supporting and recognizing the home living environment of these children is the key to a positive outcome.

The world through the eyes of a child:

Imagine if you were picked up by a stranger who said you had to go with her to a new house. You couldn't stay in the only home you had known or live with your mother and father. Imagine when the stranger said your mom and dad could not take care of you. You get taken to a home where adult strangers open the door and say, "Come on in."

That child steps into the unknown, feeling alone and abandoned, and the social worker or case manager believes it is safe. But for the child everything is strange: strange bed, strange people, different food, different routine, and even a new school.

Children are placed with strangers; there is no other description. Walking into someone else's home can be the most frightening time in a child's life. To deal with the emotions, a child's behavior may change from outgoing to withdrawn and frightened. All they can think about is "I want to go home."

The purpose of this paper is to examine how to address some of the risks associated with the child welfare systems and to offer mitigation strategies.

Social Workers, Case Workers, and Therapists

Risk mitigation is required for agencies whose mission is to protect children who face unseen challenges and outcomes. Agencies, whether public or private, are tasked with managing living settings, selecting homes, and training foster parents and adoptive parents. Even by following the state laws and regulations, there are many pitfalls that can cripple even a stellar reputation.

Trained as social workers, case managers, and therapists, child welfare workers face unforeseen obstacles in their job to assure safe, secure placement for children. Stressors and heavy

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caseloads are cited as some of the reasons for the high turnover rate among child welfare professionals, which is reported as around 20–40 percent per year.[1]

Turnover Rates

According to the Casey Family Website,

> Annual turnover rates below 10–12 percent are considered optimal or healthy. For the past fifteen years, child welfare turnover rates have been estimated at 20–40 percent. The available data currently reflect an estimated national average turnover rate of approximately 30 percent (with individual agency rates as high as 65 percent and as low as 6 percent). Even higher average rates of turnover have been noted among child welfare trainees: 46–54 percent. The table in the appendix provides a snapshot of current turnover rates in 33 child welfare agencies.[2]

Not only are turnover rates costly, but the disruption to the children being served adds to the stress of their out-of-home placement. A child who relies on the connection of the child welfare worker may view that child welfare worker as the only lifeline to their birth parents. When a child welfare worker changes, the children on the caseload suffer and may act out, withdraw, or exhibit unacceptable behaviors.

Staff Retention Risk Mitigation Strategies:

- Ask the workforce: Staff on the front lines have perspectives regarding quality work environments. Staff satisfaction surveys are not enough; monthly group calls to discuss ideas can help resolve workplace issues. Every conversation is valuable; even those that voice invalid or unworkable ideas may spur different approaches to mitigate work-related issues.
- Praise in public: The pandemic taught management that recognition is a boost to frontline workers. In New York, residents opened their windows and shouted their appreciation for the frontline workers fighting for the lives affected by COVID-19. Hospitals and nursing homes adorned their buildings with banners reading "Heroes Work Here." Public praise and appreciation improve morale and foster teamwork.
- Offer continued training: Most staff ask for training. Although it can be a budget strain, offering to pay for continuing education is a perk. Encouraging attendance at workshops, conferences, and online training sessions strengthens skills and improves relationships

1. Annie E. Casey Foundation. *10 Practices: A Child Welfare Leader's Desk Guide to Building a High-Performing Agency.* PDF, 2015, https://ncwwi.org/index.php/resourcemenu/resource-library/retention/turnover/1469-healthy-organizations-information-packet-how-does-turnover-affect-outcomes-and-what-can-be-done-to-address-retention/file

2. "How Does Turnover Affect Outcomes and What Can Be Done to Address Retention?" Casey, December 2017, www.Casey.org/turnover-costs-and-retention-strategies

with clients. Staff consider it a perk to be paid for the time spent taking education courses.

- Provide student loan assistance: If an employee is carrying student debt, one perk that may coax them to stay on the job is offering to help reduce a student loan debt. These arrangements are not only attractive to new applicants, but continued loan support influences the decision to resign or remain.
- Conduct a stay interview: Often called "annual performance evaluations," the stay interview is focused on retention. Managers ask questions to understand the employee's point of view. It is a time to have one-on-one conversations about the job, its challenges, and its rewards. By recognizing sticking points, managers have a chance to make changes to enhance job satisfaction and retention.
- Enable courtroom practice: No one likes to be deposed or grilled by attorneys in a courtroom. Take the stress out of courtroom requirements by conducting mock depositions. Access local law schools for students to act as attorneys to teach employees how to manage the stress of being questioned.
- Share workgroup information: Frontline workers are not informed about the behind-the-scenes decisions that affect their work life. Share meeting information with frontline workers, ask for feedback, and implement policies by incorporating ideas from conversations. Managers typically hold meetings that have direct impacts on systems, issues, and priorities. When managers regularly provide frontline workers with the tools they need, system changes become manageable. When managers impose changes as mandates, frontline workers may feel like they are left out of the processes that shape their daily jobs.
- Manage work-related tasks: Ask child welfare workers and they will tell you the worst part of the job is the amount of paperwork. Find ways to streamline workloads, create electronic formats, and use workgroups to identify redundant forms and reports to consolidate data.
- Streamline caseloads: The single most frequent complaint is the number of children on one caseload. Although caseloads may be varied according to the circumstances surrounding placement, requiring child welfare workers to spread themselves too thin to be effective will increase stress, cause employees to quit, and even in some cases cause them to leave the industry completely. Listen to staff who complain of being too busy to keep up, who work after hours on paperwork, or who are exhausted after putting in too many long days. According to childwelfare.gov,

> Workers tend to spend 60 to 70 percent of their work time on case-related activities, with approximately 20 to 35 percent on direct client contact or collateral contact (i.e., individuals, such as the referral source or professionals in the community, who can provide additional information). The remaining non-case-related time is spent on training, leave, and administrative tasks (e.g.,

supervisory or unit meetings not related to a case, task forces or committees, community outreach, and/or reviewing policies).

Workload varies by a number of case characteristics, such as where the child resides (e.g., in his/her home, relative home, foster home, or congregate care), the number of children involved, the phase of the case process (e.g., intake, assessment, investigation, permanency), court involvement, permanency goals, task types (e.g., face-to-face contact, service planning, team meetings, and/ or documentation), and the complexity of the case. It also is affected by the worker's caseload. Workload also varies by agency characteristics such as location (i.e., urban, rural, remote), number of staff, and number of support staff. These data can help establish standards for caseload sizes or to weigh cases when calculating a worker's current caseload. [3]

- Conduct caseload study groups**:** Every child welfare worker has ideas to contribute to decisions about caseload equity. The study group can address topics such as how much time is necessary to complete the paperwork and how much travel time is needed (rural workers have less available face time than urban workers). Study groups can jointly derive criteria for developing caseload standards, assessments of the number of frontline workers necessary to care for the number of cases, methods to monitor individual caseloads so no one is overburdened, educational needs, and support systems. Managers may use the study group information to validate reasons for increased funding and hiring additional staff.

Vetting Families**:** Every foster and adoptive family goes through rigorous safety and risk assessments to determine suitability for safe placements. These assessments are a systematic method to collect detailed information to assure the safety of the children who are destined to be placed in the home. The desired outcome is that family issues are identified before children are placed in homes to mitigate the risk of harm and, ultimately, to enhance the well-being of children who have faced abuse and neglect.

Unfortunately, sometimes the rigorous vetting looks fine at the beginning, but as the weeks and months progress, the seemingly safe living setting turns out to be a dangerous environment. Or a well-vetted family receives an emergency placement for a troubled child who has more emotional or physical problems than can be managed by the approved family. Regardless of the circumstance, risks exist, even in the best of homes.

The Social Work Policy Institute, the PolicyLab of the Children's Hospital of Philadelphia, and the University of Southern California School of Social Work collaborated on a detailed review of risks,

3. Children's Bureau. *Caseload and Workload Management*. PDF, July 2016, www.childwelfare.gov/pubPDFs/case_work_management.pdf

research, and reform in their report for the 2011 Symposium.[4] This detailed information points to several serious topics.

Top Risks for Children in the Child Welfare System

- Use of antipsychotic medications
- Behavioral and developmental risk factors
- Access to quality health care
- Insufficient attention to prevention and early intervention
- Health status differentials related to age
- Caregiver issues
- Physical health status including chronic conditions and obesity
- Risk of injuries and fatalities
- Placement instability

Risk Mitigation Recommendations for Family Oversight:

Create a more holistic approach: Treating children with a holistic approach that integrates primary care with behavioral services establishes a consistent history for the child. Every child entering the child welfare system should receive an entrance baseline health assessment crossing multiple services from primary care to behavioral examinations and educational testing. The holistic approach can determine whether conditions are interrelated or are the singular causes of other symptoms and behaviors. Once the issues are identified, the case worker should make a concerted effort to mitigate risks and provide diagnostic tools to define the care approach, behavioral success, and educational progress. In turn, these plans become the responsibility of the family and teachers. The holistic approach does not stop after evaluation; ongoing plans require adjustments, review, and measurements to reach goals. Many times, the original approach is unsuccessful; it is imperative that the unsuccessful approaches be removed and replaced with new approaches. The members of the holistic team should coordinate and consistently apply the changes across all contacts in the child's life, including the biological parents, which may improve the chances of reunification.

Continuum of support: Once the child is assessed and care providers are identified, the professionals need to continue to mitigate identified issues with the child and foster care or adoptive placement. To build a foundation for continuity, the same professionals should continue to provide care, even if the child requires a change in placement. When children move from home to home and professional caregivers are not included in the original holistic design, the risks of abuse, neglect, and psychological changes increase. Continuum of care also increases the likelihood of an intact medical history. When the foster care provider is required to maintain the original multidimensional care team, consistent ongoing care may mitigate behavior and health issues that complicate family units. By instituting consistency, new placement parents

4. Social Work Policy Institute, *Children at Risk: Optimizing Health in an Era of Reform*, 2011.

receive the tools necessary for successful integration of the foster child. Foster parents receive training and direction from the team, which in turn creates a more educated parent and reduces the risk of increased stress to the child.

Routine services to form innovative practices: There are many evidence-based practices that further consistency in the life of the child; these include biological parent training, parent–child interaction therapy, foster and biological parenting partnership, and early childhood home visits to maintain connections with the biological parents throughout the foster placement with the goal of reunification. Continuum issues may arise when foster parents prefer to use medical resources within their own personal medical network. Difficulties arise when foster parents refuse to attend or participate in offered programs that benefit the child and enhance successful reintegration with the biological parents. That refusal may be the first step toward failure.

Noncompliant biological parents further complicate the issue. Separating children from their parents affects not only the children but the parents as well. Parents who need help with proper childcare skills feel resentful that an agency is upending their own childhood philosophies and may resent child welfare worker assistance. The parent who says, "My father spanked me with a belt, and I turned out okay" often does not understand the impact the same child-rearing technique has on their own child. The parents may see family education efforts as overreaching, intrusive, and even wrong. Parents who reject help from child welfare workers may believe they are punishing the agency by their own refusal to follow continuum guidelines. The view that they are "unfit" may lead to passive-aggressive actions by parents that ultimately harm the psychological health of the child.

Risk mitigation: In a 2011 study, McWey, Acock, and Porter examined depression and externalizing problems of children in foster care by studying 362 children from the National Survey of Child and Adolescent Well-Being:

> Our findings indicated that more frequent contact with the biological mother was marginally associated with lower levels [of] depression and significantly associated with lower externalizing problem behaviors. The association with externalizing problem behavior was significant even after controlling for gender and exposure to violence. Further, differences with regard to gender were revealed. Specifically, girls had higher depression scores than boys even after controlling for exposure to violence. Results suggest that supporting frequent, consistent, visitation may impact the levels of depression and externalizing programs children in foster care exhibit. [5]

The researchers found that it is not uncommon to hear concerns that visits with biological parents may be emotionally distressing for children in foster care. The findings report foster care youth are up to ten times more likely to use mental health services.

5. Lenore M. McWey, Alan Acock, and Breanne Porter, "The Impact of Continued Contact with Biological Parents Upon the Mental Health of Children in Foster Care," *Child and Youth Services Review* 32, no. 10 (2010): 1338–1345.

There are children who do not want to visit biological parents owing to violence, drug use, fear of abandonment, and even fear of unwanted reunification.

To address a biological parent visitation, several issues must be considered:

1) Input should be sought from experts involved in the holistic support of the child. The team of experts should contribute to the child's well-being regarding contact with parents who may have abused or neglected the child. The team must discuss ramifications before the scheduled visit. 2) Some agencies offer "supervised visit centers" where visitations are observed through a one-way glass. These specialized settings may be intimidating and foreign to the children and parents alike. The setting may make parents so uncomfortable they refuse to keep appointed visitations. To increase the likelihood of cooperation and comfort, schedule a "visit orientation." Allow the child to visit the center without the biological parent so they are comfortable with the surroundings and expectations before joining their parents. By making the environment familiar, the child will be comfortable when faced with visiting parents. Require the visit orientation to be part of the reunification process for parents. Hold orientation and counseling sessions at the visiting center. Let parents know the orientation is for their own comfort as well as for the child. By transforming the foreign visiting center to a friendly and welcoming place, less stress is introduced into the reunification visits.

During the visit, offer child-specific activities. A child who isn't interested in trucks will not engage with parents who roll them around on the floor. If the case worker knows a child is interested in fire trucks before the visit, the visit center may provide common ground for both parents and child. During the parent's orientation visit, determine what toys interest their child and make them available.

Create specialty homes: Well-trained special family units designed to care for medically fragile children or developmentally delayed children may improve the well-being of both children and adults. Commingling children with complicated needs with children who are independent can create frustration, jealousy, and neglect through the unintentional division of the attention given to children. Foster parent placements can be determined by the skill set of the family members (parents and biological siblings in the home) to best meet the needs of the foster children. Placing a child with Down syndrome in a home with parents who have had only cursory training to manage the complications of this condition is setting up the family and the child to fail because of the lack of knowledge and experience.

On November 4, 2015, Jim Roberts published an article, "The Need to Belong: How the System Must Preserve a Foster Youth's Belonging-ness," in which he discusses the importance of belonging. In the article, posted on the Family Care Network, he states:

> Beginning with the landmark research of Roy Baumeister and Mark Leary in the mid-nineteen nineties, we have learned so much about the **Need to Belong**. People have a basic psychological need to feel closely connected to others; caring, affectionate bonds from

close relationships are a major part of human behavior. In this modern world, interdependency has diminished, and with it, the strength of many social bonds. We have also learned that the absence of belonging-ness produces ugly consequences for an individual, as well as on a macro-societal level. For instance, relational-disconnect is almost universally prevalent in the lives of the recent mass shooters. A sense of "**belonging**" has strong effects on people's cognition, emotions, behaviors, social skills, and relationships.

Foster children represent the population of kids with the highest degree of vulnerability to relational-disconnect and estrangement. Imagine the trauma a child or youth feels when removed from his or her family, regardless of the degree of abuse or neglect necessitating the extraction. That child's sense of **belonging** is immediately disrupted. His/her belonging-ness is further exacerbated when the child is placed with a stranger, or even a relative or friend, who wants them to feel "part of the family." Undoubtedly, this circumstance causes the child to have very conflicted feelings and cognitive dissonance. Now, we have added trauma to an already traumatized child![6]

The need to belong is deeply rooted in every individual. High schools design clubs for like-minded students to join so they may belong to a group. Little league baseball brings together like-minded children (talented or not) to play the same game, hone skills, and belong to something that brings joy and celebration. Children as young as one engage in "playdates" as their first sense of belonging to something outside the family unit.

When youth have the sense of not belonging, they will search for a group that offers belonging. It may be the lowest denominator. For example, a beautiful young girl may believe that the high school quarterback would never pay her any attention, but another group of students may pay her attention if she begins to dress and act like them. To belong, she might wear only black clothes, so she can belong to the "rock group." The need to belong is greater than the need to excel individually.

Meet Suzie. Suzie was six years old when her adoption was initiated by her foster family. The process took almost a full year to be finalized. Suzie knew she was being adopted by her "forever family." About six months into the process, her soon-to-be adoptive father saw her sitting on the staircase with her head in her hands and a forlorn look on her face. He sat next to her and inquired why she was so pensive. She pointed to family photos hanging on the wall where her soon-to-be parents and soon-to-be brother and sister sat smiling back at her. "I want to be there," she said, looking at her dad with tears in her eyes. "You mean in the picture?" "Yes," she cried, "I want to be there too." "Well," her dad replied, "once the adoption is final, we will get our pictures taken together and you will be." On the day the adoption was finalized, and the family gathered in the courtroom, they drove directly to the photography studio, and a new

6. Jim Roberts, "The Need to Belong: How the System Must Preserve a Foster Youth's Belonging-ness." Family Care Network, November 4, 2015, www.fcni.org/blog/need-belong

family photo now hangs proudly in a special place on the spot on the staircase where she asked to “be there too.”

Children who move from family to family, whether to distant relatives or strangers, need the sense of belonging. Belonging extends well beyond the confines of the house; children strive to belong in school, be accepted by a group of friends, be included in clubs, and play on teams. The sense of belonging is the key to reducing the risk of feeling rejected.

Mitigating the Risk of Non-Belonging:

Families must have ongoing communication with experts who can guide them to creating a sense of belonging in the home.

- When possible (for a nonemergency placement), bring the child’s clothes and possessions prior to the introduction. The receiving family can hang the child’s clothes in a closet, place the foldables in drawers, and put their toys in a special place—even the toothbrush should be ready for the child’s arrival.
- For children old enough to read, the family can create a wall with family names written on the photos, so the child knows everyone’s name and what they want to be called.
- Provide inclusive activities. Before arriving, the family needs to know the child’s likes and dislikes and should be prepared to make their favorite food or bake a cake with the child’s name that says, “Welcome Suzie. We are happy you are here.”
- Make a special spot in the car. Everyone in the home already “calls shotgun” and the competition for the coveted spot is a ritual. Everyone in the family should decide where the foster child can sit—near a window preferably.
- Designate a place at the table. Everyone sits in the same place for meals. Designate a specific spot at the table for the foster child, so they have the comfort of belonging at the table with the family.
- Include the child in family group activities; allow the foster child to select the movie and the movie snack; encourage belonging to a club or group; offer dance or music lessons; include biological siblings to visit in the home or arrange for playdates.
- Do not force children (particularly teens) to engage in activities that are uncomfortable for them; it will only cause mistrust and angst. Allow freedoms typically permitted for age-appropriate youth. Not all children will participate in groups but may participate with the family by being an observer or a fan at the baseball game. Fans are participants and belong to the family fan club.
- Know hobbies and activities ahead of time and find local venues. If the child belonged to a group prior to arrival in the new home, keep those connections because the sense of belonging is already established. That role is an anchor for continued support through established relationships.
- Understand holiday traditions. No two families share the same traditions. Discover traditions the foster child knows and incorporate them during celebrations.

Helpful Resources:

There are excellent resources at the Casey Family Website:

Life Skills Assessment: (Page 3) https://caseyfamilypro-wpengine.netdna-ssl.com/media/CLS_assessments_LifeSkills.pdf

Child and Family Services Practice Model: A safe and Permanent Family for Every Youth https://www.casey.org/practice-model/

State Adoption and Foster Care Information. State-by-State Rules and Regulations: https://www.adoptuskids.org/adoption-and-foster-care/how-to-adopt-and-foster/state-information

State Statutes: https://www.childwelfare.gov/topics/systemwide/laws-policies/state/

State Guides and Manuals Search: https://www.childwelfare.gov/topics/systemwide/sgm/

Child Abuse and Neglect Articles: https://www.childwelfare.gov/catalog/topiclist/?CWIGFunctionsaction=publicationCatalog:main.dspTopicsDetail&topicID=2

2019 Prevention Resource Guide:

This Resource Guide is a joint product of the US Department of Health and Human Services' Children's Bureau, its Child Welfare Information Gateway, and the FRIENDS National Center for Community-Based Child Abuse Prevention. The annual guide is one of the Children's Bureau's most anticipated publications, offering trusted information, strategies, and resources to help communities support and strengthen families and promote the well-being of children and youth. Its contents are informed by input from some of our National Child Abuse Prevention Partners as well as our colleagues on the Federal Interagency Work Group on Child Abuse and Neglect.[7]

https://www.childwelfare.gov/pubPDFs/guide_2019.pdf

Safety and Risk Assessments: Many child welfare agencies use safety or risk assessment instruments to help workers assess families. These tools can provide a structure for assessing current and future harm to the child. However, by themselves they do not provide a comprehensive picture of the family or help engage them in problem solving. These tools are considered most effective when they are directly connected to service planning and monitoring ongoing progress of the case.[8]

7. Department of Health and Human Services, 2019 Prevention Resource Guide. https://www.childwelfare.gov/pubPDFs/guide_2019.pdf
8. Child Welfare Information Gateway, "Safety and Risk Assessment," https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/safety/

https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/safety/

Most Recent Legislation to Address Health Outcomes and Health Care for Foster Children:

Fostering Connections to Success and Increasing Adoptions Act of 2009 (Public Law 110-351)

Children's Health Insurance Reauthorization Act of 2009 (CHIPRA) (Public Law 111-3)

Patient Protection and Affordable Care Act of 2010 (ACA) (Public Law 111-148)

Child and Family Services Improvement and Innovation Act (Public Law 112-34)

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