

FOSTER PARENT HANDBOOK

Department of Human Services



We Make A Difference
In The Lives Of Philadelphia's
Children And Families



PHILADELPHIA DEPARTMENT OF HUMAN SERVICES



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At My Fingertips – Important Phone Numbers

My Social Worker:

Name: _____

Agency: _____

Phone: _____

Email: _____

After-Hours #: _____

Supervisor's Name: _____

DHS Worker:

Name: _____

Phone: _____

Email: _____

DHS Case #: _____

Supervisor's Name: _____

My Family Doctor:

Name: _____

Office: _____

Phone: _____

After Hours #: _____

Email: _____

Child Advocate:

Name: _____

Phone: _____

Email: _____

Emergencies: 911

Child Abuse Hotline

215-683-6100

State Child Abuse Reporting Number

1-800-932-0313

Philadelphia Dept. of Human Services

215-683-4DHS (4347)

Family Court Information

215-686-4000

Juvenile Law Center

215-625-0551

Education Law Center

215-238-6970

Community Legal Services

215-981-3700

Support Center for Child Advocates

215-925-1913

Parent Action Network

215-PARENTS (727-3687)

Philadelphia Citizens for Children and Youth (PCCY)

215-563-5848

Special Kids Network

1-800-986-4550

Community Behavioral Health

215-413-3100

ChildLink

215-731-2110

Achieving Independence Center

215-574-9194

Philadelphia Safe and Sound

215-568-0620

PA State Foster Parent Assoc.

800-951-5151

Grand Central

215-557-1554



Frequently Asked Questions

Foster Parent:

Individuals who provide temporary care to children or youth who are removed from their family's custody and are placed in state custody. Foster care is 24-hour care with a person or agency who is approved by the state to provide this care and includes placement with relatives, foster families, group homes, shelters and other placements for children under the age of 18.

Agency:

An organization which has met certain standards and is allowed by law to provide services to children and families. In Philadelphia, private agencies, also called "provider agencies," share many responsibilities with DHS for the care, protection and supervision of children and youth in foster care.

1. What is a foster parent?

Foster parents come from all walks of life.

They are single, married, divorced, male or female, straight or gay.

They can be young (at least 21), or already grandparents.

They can live in apartments, houses or farms, stay at home with children, or have a career.

Some are able-bodied, while others live with disabilities.

They come from all racial and ethnic backgrounds and belong to many different communities of faith.

Sometimes, they are related to the children they care for (sometimes called "kin" or "relative caregivers").

What they all have in common is a genuine love for children and a desire to make a difference in the lives of children and families.

2. How do I become a foster parent?

The first step is to become licensed as a **foster parent**. There are many foster care agencies in Philadelphia that can help you through this process. DHS does not license or approve foster parents, but is providing this handbook as a general guide to the overall process of foster parenting, including rights, responsibilities and tips for success.

You can call 215-683-4DHS to get a complete packet of information. The Pennsylvania State Foster Parent Association can also give you more information and assist you as you decide which **agency** is the best match for you to work with for your homestudy and license. They can be reached at 1-800-951-5151 or on the web at www.psfpa.com.

Foster parents receive specialized training both before becoming foster parents and over time (at least 6 hours per year is required) to learn about the important responsibilities they will have, the needs of the children they care for and to continuously gain new skills.

In addition, all prospective foster parents must demonstrate that they have not been convicted of violent acts or crimes against children, are in sound health, and can provide a safe and stable home and living environment for a child.



3. What makes a successful foster parent?

Successful foster parents not only care about children, but are willing to continuously learn new things about themselves.

Parenting a child who has been separated from her parents, often under traumatic or stressful circumstances, can be challenging.

Successful foster parents are patient, well-trained, and willing to reach out for help and support.

They have, or develop, excellent communication and problem-solving skills. They are able to express feelings safely and support both the physical and emotional needs of the children in their home. Most importantly, they view themselves as part of a team, including the child's **parents** and all of the professionals involved.

The team's primary focus and goal is to ensure that the child has the opportunity to grow up safely in a permanent, loving family. This is often referred to as permanency and is different from foster care which, by definition, is intended to be temporary. The permanent family may be the parents, other relatives, legal guardians or an adoptive family.

Successful foster parents must work closely with all members of the team, sharing information, giving and receiving support, and ensuring that the child feels and is safe and free from threats of harm or danger. In addition, the child's need to have a permanent family in which to grow up must be met in a timely manner. Foster parents can help ensure that these concerns remain central in all decision-making and plans.

This handbook was developed to help you as you take on this challenging, yet rewarding, role.

4. How do I know if I have what it takes to be a successful foster parent?

While the licensing and assessment process will help you discover if you can be a successful foster parent, you can begin by performing a self-assessment. Here are some ideas to get you started:

- Read and learn about it – Get the most accurate and current information on foster parenting. You can read books, watch videos or learn about foster parenting in other ways that are meaningful to you.
- Interact with other foster families – The Pennsylvania State Foster Parent Association, Grand Central and other organizations listed in the resource directory often sponsor activities where you can get acquainted with other foster families. The various foster care agencies also sponsor informational sessions, and there are local, state and national conferences available each year where you can network with other foster families and learn more about foster care.

Parents:

Birth parents or other adults who have legal custody of the child.

**Abuse, or Child Abuse:**

An injury or pattern of injuries to a child that is non-accidental and the result of acts or omissions of a child's caretaker. Types of abuse include physical abuse, sexual abuse and denial of critical care, including medical or psychiatric care.

Neglect:

The failure of the person responsible for the care of a child to provide adequate food, shelter, clothing, medical care or supervision necessary for the child's health and welfare.

Judge:

The judge decides what is best for the youth. The judge issues court orders, reads reports, hears arguments and decides whether the youth should be placed or continued in the custody of the state as well as making final decisions on permanency plans.

- Ask yourself how you feel about the families of children and youth in foster care. Will you be able to work with them respectfully and view them as part of the team, in spite of the **abuse** or **neglect** involved in a particular case? How do you relate to people who have different values, lifestyles or sexual preferences than you? How do you relate to people of different cultures, ethnicities or religions?
- Think about how you handle stress and challenges in your life right now. Are you comfortable with uncertainty? Ambiguity? Do you have a supportive extended family, friends, a community of faith or others to turn to when you face challenging circumstances?
- What is rewarding to you? Foster parenting can be very rewarding, but often the rewards are not immediate. Do you need immediate gratification? Praise from others? Or are you happy in your life already and ready to share your life with a child?

5. How and why do children and youth enter foster care?

DHS removes children or youth from their homes only when removal is clearly necessary to protect the health, safety, and/or welfare of the child.

Sometimes these concerns come to DHS' attention as a result of an emergency or crisis. Other times it is through a report made by a relative, neighbor, teacher, doctor or other person who has observed or suspect the child is being either neglected or abused.

DHS is required by law to investigate all reports of abuse and neglect, provide services to help keep children and families together, and remove a child or youth only when it is necessary to protect the child's safety, health or welfare.

The two primary ways that children enter foster care in Philadelphia are through voluntary placement or court ordered placement.

A **voluntary placement** occurs when the child's parent requests DHS to remove the child and provide services to the child and family to help create a safe and stable environment for the child. Voluntary placements lasting more than 30 days must be court ordered and be determined to serve a child's best interests.

A **court ordered placement** occurs when DHS obtains an emergency order, also known as a restraining order (RO) for placement, from a **judge**.

The *Journey* chart on pages 18 and 19 in the next chapter provides more information about how children and youth come into, move through and leave foster care.



6. How does DHS decide where to place a child that has been removed from her home?

When a child must be removed from her home, it is DHS’ policy to first consider relatives or other individuals who have a significant relationship to the child or the child’s parents before considering other foster families. This first placement option is known as **Kinship Care** and is further discussed on page 27.

If there is no appropriate kinship placement readily available for a child, DHS works to match the needs of the child with the strengths and capabilities of available foster families. In addition, it is DHS policy to keep siblings – brothers and sisters – together whenever possible in the same home unless there is a very strong reason for their separation.

7. How much information will I receive about a child or youth before I have to make a decision?

It is the responsibility of DHS and the provider agency to provide you with as much information as possible about each youth you are asked to care for in your home. It is also your right and responsibility to ask questions and get as much information as you need to feel comfortable and confident when accepting a child or youth for placement in your home. Beginning on page 34 there is a list of questions you may wish to ask each time a child or youth is referred to you.

You should also understand that many times children and youth need a foster care placement in the midst of a crisis or an emergency situation. In these instances, you may not receive a lot of information *prior* to the child’s coming into your home, but you should still ask questions and the agency **social worker** should get information to you in a timely manner.

You always have the right to decide *not* to accept the placement of a particular child or youth if you feel you do not have enough information, or if the information provided leaves you with concerns about your ability to meet the particular child’s needs.

8. Will my foster child continue to see her parents?

Yes, in nearly all cases. The initial and primary goal for most children in foster care is to help transition them safely back to their parents as soon as possible. Family visits are a very important step in this process.

In fact, State regulations require that foster children be permitted to visit their parents and/or family frequently - at least every two weeks if not more often.

As a foster parent, your role will be to help the youth maintain the important connections in her life.

More information about visitation schedules, requirements and expectations can be found on page 39.

Kinship or Kinship Care:

24-hour care for children and youth provided by relatives such as grandparents, aunts, uncles, older (adult) siblings, or others with significant ties. This may also be called relative care. In Philadelphia, kinship caregivers are required to be approved by the same standards as non-relative foster parents when providing care for a child in DHS custody.

Social Worker:

A person who works with youth and their families to provide services and support. Children and youth in Philadelphia typically have both a provider agency social worker and a DHS social worker involved with their case. These workers are sometimes called case workers as well.

**Respite Care:**

A short break for foster parents, when others care for the child. This is a good way to prevent burn out and should be discussed with your social worker and built into a service plan, if appropriate.

9. When I am a foster parent, will I be able to go on vacation?

Yes, of course. Family vacations and other types of breaks, including **respite care**, are important ways for foster parents to take care of themselves and continue to be successful as foster parents.

You may also take the children or youth in your care on vacation locally or outside of the city or state with you, provided you have written permission from the agency and parent or a court order obtained by DHS.

The important thing to remember is that communication is essential when any plans are made that will disrupt the regular routine.

For example, the visitation schedule will need to be considered when planning vacations. Missed visits can be made up after the vacation.

10. When I am a foster parent, will I still be able to practice my own religion?

Yes, of course. And if you attend religious services, it is perfectly natural for you to have the child attend with you.

You may invite, but not require, the child to attend religious services with you. Children in foster care need opportunities for spiritual development, in accordance with their religious preferences.

It is also important to know that the decision about the child's religion continues to belong to the parent.

At no time should a foster parent require a child to accept their religious beliefs or activities. If a child in your care chooses not to attend religious services with you, you will need to arrange for appropriate supervision for the child during these times.

If the child or youth follows a religion different from that of the foster parent, it is your responsibility to allow the youth to practice her own religion.

Issues and decisions related to religion, including attendance at church, synagogue, mosque or other houses of worship, religious education classes, and special events such as baptism, should be discussed with the parents. Your provider agency social worker can help facilitate these conversations, if needed.



11. What rules and responsibilities govern providing transportation for children in foster care?

It is the responsibility of foster parents, together with the agency social worker, to arrange transportation for the child for school, medical appointments, visits with family members, court hearings and other essential activities and events.

The agency will work with you to arrange for bus tokens or to make other transportation arrangements as needed.

Foster parents who provide transportation by car are required to have a current driver's license and automobile insurance.

In addition, any car used to transport a child in foster care must have a seatbelt or car seat for each child, as determined by the child's age and weight.

12. Are there other kinds of insurance I need to have as a foster parent?

Health insurance for children in foster care will be provided through Medical Assistance.

Foster parents are not required to have their own health insurance coverage, but if they choose to, it is their own responsibility to arrange for and purchase such insurance.

13. What do I do if I have concerns or problems?

Experienced foster parents know that things don't always go smoothly. There may be times when you will not get all the information related to the child's medical care or schooling that you need in order to care for the child. There may be times when you are not able to get access to the services a child in your home needs—perhaps a medical card will have expired before a new one arrives.

You may not always get notice of a court hearing or important meeting in time to make arrangements to attend or effectively participate.

You may encounter behavior or discipline challenges you were not prepared for, or conflicts with the child's family members, or various professionals involved with the case.

You may experience frustration if you feel that questions you have about legal or financial matters are not answered to your satisfaction.

You have several resources available in these situations. The first is to raise your concerns or questions with the provider agency caseworker. If you do not get a satisfactory resolution, you can ask for a supervisor. Each agency has what is called the "chain of command" and you can go up this chain until your concerns and questions are resolved to your satisfaction.



The child in your home will have an attorney, also called a child advocate. This is another person you can turn to when you are trying to get information or access to services on behalf of the child or youth in your home.

Finally, one of your best resources in all of these situations will be other, experienced, foster parents. You are encouraged to join a local foster parent support group, as well as the Pennsylvania State Foster Parent Association. Your agency caseworker can help you locate a foster parent support group in your area, and there is also contact information provided in the Resource section of this handbook.

14. What do I do if I have questions or situations that need immediate attention late at night, on a weekend or holiday?

Through DHS and your provider agency, you have 24-hour, 7-day a week access to help, support and crisis management. A place to record the after-hours number is provided on the first page of this handbook. In addition, you should discuss crisis management and after-hours support with your agency caseworker.



Purpose of Foster Care

Foster care provides a **temporary**, safe, stable and nurturing family life experience for a child when the child's family is unable to provide this for her. Foster care is based on the belief that a family and community is the most beneficial and desirable environment for the healthy growth and development of a child.

The goal of the foster care system is to ensure that a child or youth can be safe, secure and well cared for while a family is in crisis. The intended result is that the child grows up in a safe, stable and permanent home. The first priority is to work with the

child's family so they can provide safety and permanence for their child. This work occurs while the child is in foster care. Returning the child to her family is known as reunification. When it becomes clear that reunification will not be possible in a timely manner, alternative routes to security and stability through childhood and beyond – called permanency - must be considered. These alternative routes to permanency include, in order of priority, **adoption** and **permanent legal custodianship (PLC)**, as discussed beginning on page 12.

Adoption:

The creation of a new, permanent legal family for a child or youth.

The adoption process involves the termination of the parents' rights and the creation of parental rights in a new caregiver(s). Adoptive families may or may not be related to the child or youth before the adoption.

Permanent Legal Custodianship (PLC):

Makes another person, often a family member, the permanent legal guardian. PLC is intended to be a permanent arrangement, but, unlike adoption, does not involve termination of the parent's rights. Under PLC, the parents may retain certain rights, such as visitation, that they would not have under adoption. The guardian receives a stipend equal to a foster care payment.

**Custodian:**

A person or agency designated by the court with the rights and duties to provide for all of the child or youth's needs for protection, food, clothing, housing, education and medical care.

Foster Family or Foster Parent:

A family, or parent, who has been approved by the state to provide temporary 24-hour care and protection to a child or youth who has been removed from her family generally for reasons of abuse or neglect. Foster families can be either relatives or non-relatives of the child being placed.

What does the law say about foster care?

Federal law, known as the Adoption and Safe Families Act (ASFA) requires permanency plans for **all** children, and sets timelines for achieving these goals.

ASFA says that if a child has been in foster care for 15 of the last 22 months, DHS must ask the court to take away (“terminate”) parental rights and find a qualified family to provide a permanent home for the child through adoption or legal custody. There are exceptions to this, which DHS or an attorney can explain to you if they apply in the case of a child in your care. However, the important point is that the law requires timely permanence for all children.

In the past, children often moved again and again while they were in foster care. However, instability causes lifelong harm to the child. Thus, DHS is committed to ensuring that each child has the stability she needs, as soon as possible. Therefore, in circumstances when reunification cannot occur, and other relatives are either unavailable or unable to become the permanent family, the **foster family** is often considered the most desirable family to make the permanent commitment to adopt or become the permanent legal **custodian** for the youth.

You are part of the youth's permanency team.

There is a familiar African proverb which says, *It Takes a Village to Raise a Child*. This is especially true for children who have experienced abuse or neglect. The “village” that will care for, make decisions about and respond to the needs of these children is known as the “child welfare system” and it includes many members. Some of them are:

- The child's parents.
- The child's siblings.
- The child's relatives and extended family.
- The foster family.
- The child.
- DHS staff.
- Foster care and adoption agency staff.
- Family Court.
- Attorneys who represent the child, youth and parents.
- Schools.
- Doctors and other medical providers.
- Therapists and other community service providers.
- The child's, or youth's informal support network which may include spiritual leaders, mentors, friends, neighbors, employers, coaches, etc.
- Support groups for foster or adoptive parent and/or grandparents and other relative caregivers.
- Communities of faith.



The Journey Through Foster Care

Some of the basic steps a child or youth will go through during their journey with Philadelphia's child welfare system are outlined on the chart on pages 18–19.

While this is generic, and will be slightly different in each individual case, it does provide an illustration of a typical journey through this system. It is easy to see that it is a complex system that can appear overwhelming, even to adults. Therefore, children and youth need safe and stable homes where they can heal and be well cared for as they travel this path.

Foster parents, many of whom are relatives of the children and youth they care for, are the guides who help the youth through this journey safely. Foster parents provide an important resource to the child or youth, her family and the whole community. This is the reason that foster parents are often referred to as **resource parents**. Foster parents are an essential part of the child welfare system.



Permanency for Children and Youth in Foster Care

DHS is committed to ensuring that *every child and adolescent* has the opportunity to grow up in a safe, permanent family. The effort to achieve **timely** permanency for every child or youth within two years of being placed in DHS' custody means one simple thing: identifying the family to whom the child or youth will belong for life, which is dedicated to her safety and well being.

Research and experience have shown that children and youth from birth through adolescence need to know where they belong. DHS' "Partners in Permanency" approach is centered around the belief that the entire community must play a role to ensure that children and youth grow up in a permanent, loving home with family members to whom they can be connected, even when they become adults – and to ensure that no youth grows up with uncertainty about where she will live tomorrow or who she can rely on for emotional support, now and in the future.

The first choice for permanency is with one or both parents. When children and youth are removed from their homes, diligent efforts are made to see that they can return home safely and quickly. But when a return home in a timely manner is not possible, DHS has an equally important responsibility to see that they are placed into safe, loving and permanent homes.

This can happen through adoption or permanent legal custodianship, also known as PLC. What this means is that long term foster care is no longer an acceptable permanency option. DHS has made a commitment that no child or youth should leave foster care without a permanent connection to a family. You, the foster parent, play a central role in helping DHS keep this commitment.



Family Court:

In Philadelphia, this is the court that hears most court cases related to children and youth in foster care. The Family Division, also referred to as Family Court, is one of the three major divisions of the Philadelphia Court of Common Pleas. The Family Division is made up of two branches, the Juvenile Division and the Domestic Relations Division. The court hearings related to children and youth in foster care take place in the Juvenile Division and are referred to as dependency cases.

What does the law say about permanency?

As noted earlier in this handbook, a federal law called the Adoption and Safe Families Act (ASFA), which was enacted in 1997, was created with the goals of improving health and safety for children and youth in foster care and shortening the amount of time they spend in foster care. This law requires DHS to ask **Family Court** to terminate the parental rights for any child or youth who has been in foster care 15 of the last 22 months. While there are some exceptions to this requirement, in most cases this is the timetable that DHS must follow. The reason for this timeline is so that each child will have the opportunity for permanence according to appropriate developmental timeframes. Waiting, even a short time, to feel secure and know where you belong can seem like an eternity to a child or youth.

To achieve these goals and meet these timetables, **permanency planning** for each child in foster care must begin the very first day she comes into care. DHS will lead the efforts of the entire team to ensure that reunification efforts are vigorously pursued, while at the same time, alternate permanency options are explored.

What are the three permanency goals?

REUNIFICATION: When a youth returns home to her family, this is called reunification. Reunification can also refer to a child's return to a legal custodian or adoptive parent after a period of time in foster care.

ADOPTION: If a child cannot be returned home safely and in a timely manner, the next most permanent plan is for her to be adopted by a qualified and loving family. The adoption process involves the termination of the parents' rights and the creation of parental rights in a new caregiver(s); adoption creates a new legal family. Adoptive families may or may not be related to the child or youth before the adoption.

PERMANENT LEGAL CUSTODIANSHIP (PLC): Makes another person, often a family member, the permanent legal guardian and is intended to be a permanent arrangement, but, unlike adoption, does not involve termination of the parent's rights. Under PLC, the parents may retain certain rights, such as visitation, that they would not have under adoption.

A chart further describing and comparing Adoption and PLC is found in the Appendix on page 62–65.

Permanency Planning:

Planning for a child or youth to have a permanent legal home and family. The preferred permanency options are reunification, adoption and PLC. Other legally available options include placement with a fit and willing relative or "Another planned permanent living arrangement/APPLA." These last two options are not as desirable, as they do not provide the same level of emotional and legal security as the first three.

**Achieving Independence Center:**

Philadelphia's "one-stop" center providing many services, including Independent Living services for youth in foster care who are approaching adulthood.

Family Service Plan (FSP):

A written plan, prepared by DHS with the child's family, which describes the family's strengths, needs, goals and services which will help the family address the problems that brought a child into foster care and move towards creating safe permanence for a child in a timely manner.

These three permanency goals are listed in order of priority. Thus, before a child can be adopted, family reunification must be fully explored and ruled out. Before PLC can be considered, both reunification and adoption must be ruled out.

The law also provides a way for relatives providing kinship care (further discussed beginning on page 27) to become the child's permanent home without adopting or becoming a permanent legal custodian. This is known as "placement with a fit and willing relative." However, in most instances, formalizing the relative caregiver's permanent commitment to the child through adoption or PLC will be the preferred permanency goal because it provides a higher level of legal and emotional stability for the child or youth.

Similarly, federal law allows DHS and the courts to develop other permanency plans for some children that do not fit into any of the above categories. This is known as "**another planned permanent living arrangement/APPLA.**" Again, however, this rarely represents the highest level of legal or emotional security or stability for a child, and thus is not an option likely to be considered in most children's cases.

Finally, it is important to understand that neither "long term foster care" nor "independent living" are considered desirable permanency options because the government is not a good long term parent. Independent living services are important services that all children need, and DHS is proud of the role that the **Achieving Independence Center** plays in equipping youth for successful futures. Contact information is provided in the resource directory on page 72. But we also believe that independent living services are just that – **services** – and they do not replace relationships. DHS has made a commitment that no child, or teen, should leave foster care without a permanent connection to a family.

Foster Parent as Part of the Permanency Planning Team

Making decisions that permanently affect the lives of children and youth is hard and emotionally draining work. It requires the best efforts of many people, which is why DHS uses a team approach. The team approach begins as soon as the youth comes into foster care - there will be a **case planning** meeting within 10 days and then a **family service planning** meeting will be held within 30 days upon the youth's entry into foster care. Additional meetings will continue on a regular basis until the child or youth is successfully settled in a permanent home.

At each meeting, the child's or youth's needs will be discussed and plans will be made for best meeting those needs. As the person who lives with the youth 24 hours a day, seven days a week, you bring important perspectives and information to these meetings.

Another Planned Permanent Living Arrangement (APPLA):

An alternative, permitted under ASFA, which allows a youth to receive the care and treatment she needs while remaining in the custody of the department because permanency options are not available. This is not as legally or emotionally secure as the three principle permanency options and least likely to be encouraged or supported by DHS and/or the court.

Case Assessment and Case Plan:

A plan that DHS and the provider agency, along with the youth and family, and their legal advocates, makes and updates every six months. It includes the services provided to the youth and family, and makes clear the expectations and progress made toward reaching the goals of permanency.



Your active participation is vital. Regardless of the ultimate permanency plan, you play a central role. In the following paragraphs, your role as a foster parent related to developing a permanency plan for a youth will be described. Later in this handbook, beginning on page 29, your role as a foster parent in the day-to-day care of the youth will be described in greater detail.

Foster Parent's Role in Reunification

You can assist in the reunification process in many ways. Some ways you can be most helpful include:

- Being a role model and mentor for the parents.
- Supporting the child's or youth's relationship with her parents.
- Sharing helpful information with the parents about health care, educational progress and other issues – examples might include sharing copies of school report cards, notes from doctor visits or recent photos.
- Remaining positive and supportive in following family visitation plans and telephone contact.
- Providing emotional support for youth as they prepare to return home.
- Being available to both the youth and her parents after she returns home as a resource and source of support.
- Allowing parents and other family members to take part in important holidays, birthdays or other special occasions (such as school plays) with your family or separately.

Foster Parent's Role in Honoring Sibling Relationships

Nearly three quarters of all children and youth in foster care have one or more siblings and it is the policy and practice of the foster care system to place siblings together in the same home whenever possible. However, studies demonstrate that as many as 75% of all children and youth in foster care will experience separation from at least some of their siblings for some period of their time in foster care. Yet, these sibling relationships are among the most important connections a youth will ever have, and they often create the best opportunity for permanency. As a foster parent, you can help honor sibling relationships in several ways, including:

- Let your caseworker know that you are willing to be a foster parent for siblings.
- Get to know other foster parents of siblings to learn about the dynamics of parenting multiple children from the same family.
- Plan individual time with each child or youth.
- When siblings are separated, plan activities to bring them together as often as possible – play dates, lunches, attending the other siblings sporting events or musical concerts, etc.
- Set up mechanisms for children and youth to communicate with their siblings by phone, email or in other ways.
- Seek to continue this contact even if the other siblings go into a permanent placement.



Foster Parent's Role in Alternative Permanency Plans

If it is determined that a child cannot return home, you play an instrumental role in whatever permanent plan is best. For example:

- You can consider making a permanent commitment yourself through adoption or PLC.
- Ask your agency social worker to help you understand the differences between adoption and PLC so that you can make a wise and informed decision – Appendix three, page 62, provides a side-by-side comparison of these two permanency options.
- If you are not able to make a permanent commitment, you can still assist in permanency planning by:
 - Helping the team to identify potential families – see the box on the next page for special tips about supporting a child or youth while a permanent family is being recruited.
 - Giving the child “permission” to think about adoption or PLC with another family and provide emotional support through this process.
 - Providing transportation and other supports so the child can participate in recruitment activities.
 - Being a resource to the child and the adoptive or PLC family during the transition time.
 - Ensuring that the child has an up-to-date lifebook, described on page 46, and other special items to take with her to her new home.



Supporting Children in the Recruitment Process

If the agency has determined that they have to begin special efforts to recruit a new family to make a permanent commitment to a child in your care, you can play an important role in supporting the child through this process. Some of these recruitment strategies might include being photographed for a photolisting book, newspaper feature or website, participating in a televised recruitment feature such as Wednesday's child, or participating in a "matching party" where children in need of adoption meet prospective adoptive parents in a fun, social setting. Below you will find several tips and suggestions on ways you can help prepare the child before such an activity or event, participate with the child during the event, and/or support the child and respond to questions she may have after the event. Your caseworker can discuss this with you further so that you feel confident about your role and the support you are able to provide the child during this important process.

During the Adoptive Family Recruitment Process

Before an adoption recruitment event:

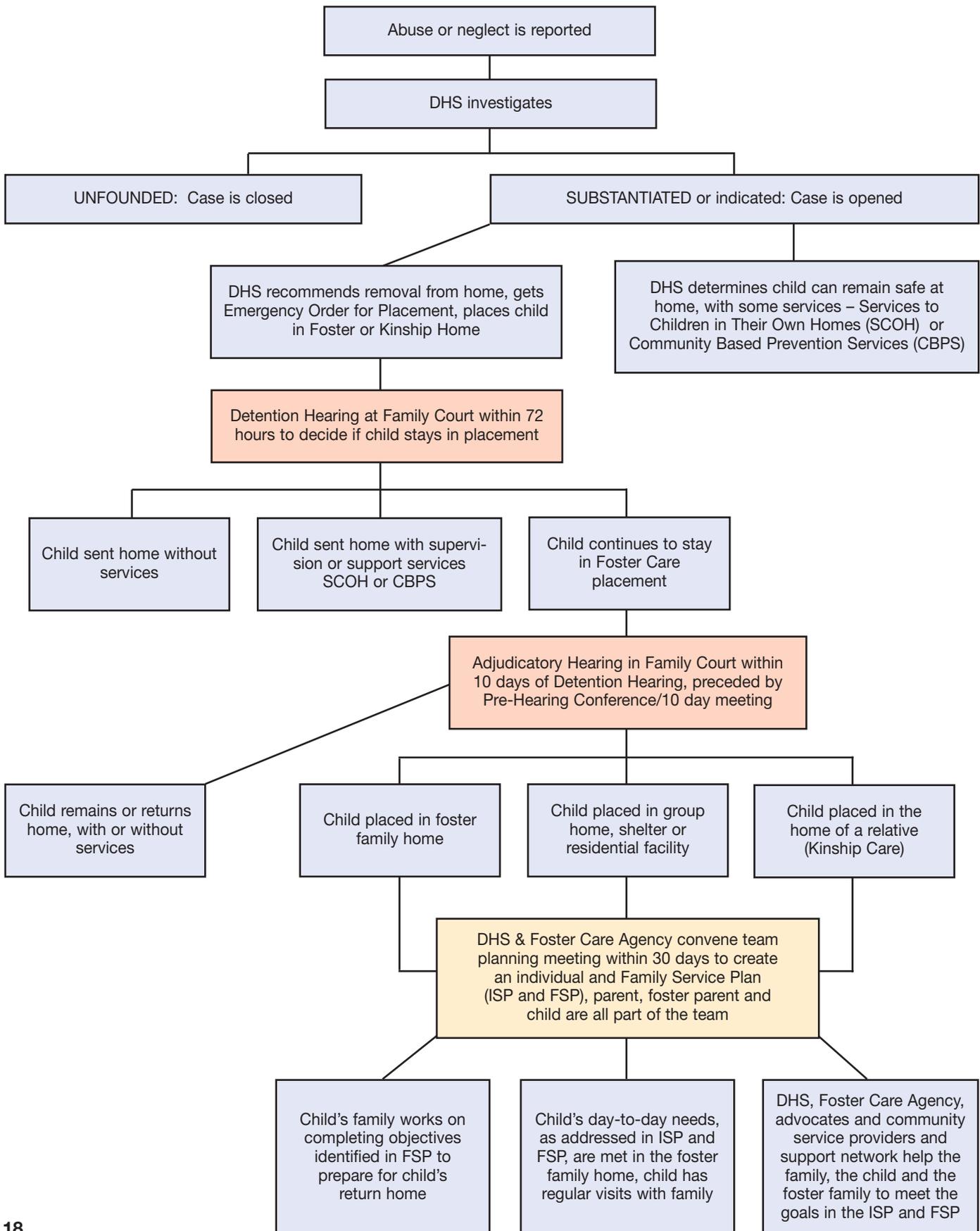
- Describe and explain the event to the child.
- Tell her who will be present (in person).
- Tell her who to expect to be watching if it is on TV, or the Internet.
- Go over the plans - who, what, when and where.
- Don't forget **"Why."** Explain that this is not only an opportunity to meet a family that might become their new family, but it is also a chance to help recruit families for other children who are waiting for a family.
- Enlist the child as a partner in the project!**
Through her participation, she is helping herself and other children by educating others about children in foster care who need families.

- Talk about how it might feel if friends or school mates see this - offer to come visit their school and talk to classmates or teachers if this would be helpful.
- It's a good idea to bring an item to the event that will help the child talk about herself. A favorite book or sports item, a trophy or certificate, a home-made craft item, a photo album, or something that represents a hobby or talent.
- Talk about being polite, yet being yourself.
- Let her know she does not have to answer every question.
- Remind her not to share information that is too personal - such as her last name, address or school name.
- Role play some of the possible questions that she might be asked - let the youth have a chance to play the role of reporter.
- Work together to make a list of special topics the youth would like to talk about - hobbies, awards, likes and dislikes, favorite subject in school, pets, etc.

After an event

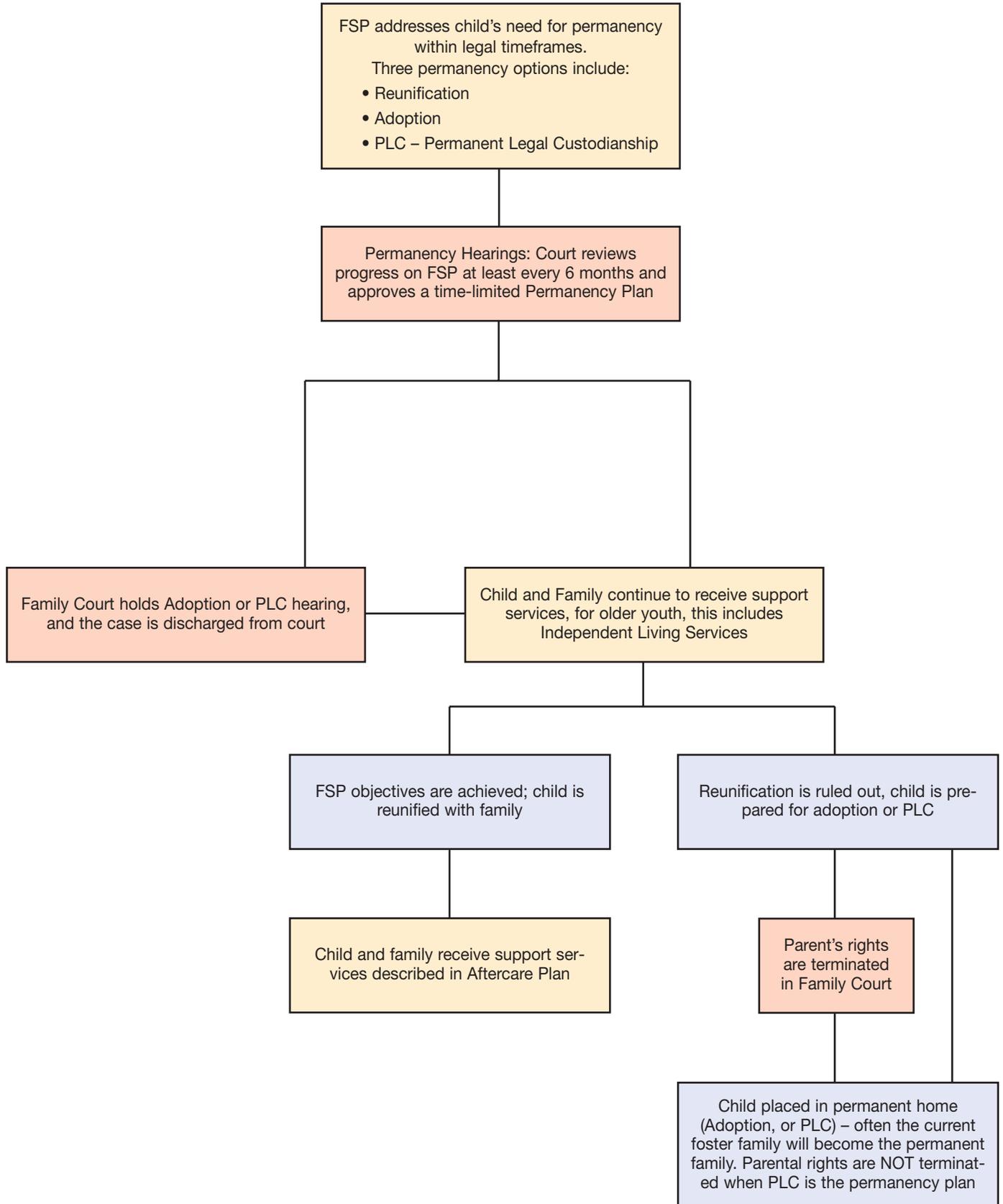
- Provide a "de-briefing" opportunity for the child or youth.
- Follow up with the child's social worker and find out what the next steps are so you can keep the child informed.
- Talk to the child and keep her posted about the process, the responses the agency is getting, etc. If there are not a lot of (or any) responses, be reassuring to the child, reminding her that it often takes many different efforts to find the right family, while also providing opportunities to express feelings.

A Journey through the Philadelphia Child Welfare System



A Journey through the Philadelphia Child Welfare System

Part 2





Child Welfare System – Roles and Responsibilities

Child Advocate:

In this handbook, this term is used to describe the attorney assigned to represent the child or youth in all legal matters and court proceedings related to her case. The child and the advocate should talk on a regular basis.

Individual Service Plan (ISP):

A written document, developed by the child and the provider agency social worker, describing long range goals and short range objectives for child or youth.

Roles and Responsibilities

The roles and responsibilities of the foster parents will be described in detail in the next section, beginning on page 27.

First, let's take a look at the roles and responsibilities of the other key partners in the child welfare system.

The Child or Youth

It is very important for all children and youth to have a voice in the decisions that are made about their lives and inclusion in case planning and decision-making is required by law for all youth age 14 and older. It is the role and responsibility of the adults to care for and support the child, inform her about the process and decision-points, provide opportunities for her voice to be heard, and to listen to her input.

Children also need opportunities to develop trusting relationships with foster parents, caseworkers, **advocates** and other adults before they are likely to feel comfortable expressing honest feelings, especially when conflicts arise.

Assisting children in having a strong, informed voice in decision making includes:

- Ensuring that the child, particularly an adolescent, is invited to Family Service Plan and other related meetings.
 - Ensuring that the child or youth is invited to court hearings related to their case.
 - Requesting that such meetings and court hearings be arranged around the child's schedule to avoid unnecessary school or work absences.
 - Working with the other team members including caseworkers and child advocates to help the child develop the confidence and skills needed to participate in a meaningful way in these meetings and hearings.
 - When there is a legitimate reason for a child not to be present, arranging for her input to be gathered in advance and shared with the team and/or court.
 - Providing the child with opportunities to participate in meetings or hearings related to her siblings.
- It is the child's responsibility, with support and guidance, to:
- Adapt to a new environment, including adjusting to feelings of sadness and/or anger.
 - Speak up and share thoughts, questions, concerns and needs both in the home and at meetings or hearings.
 - Participate in meetings, hearings, family visits with family, siblings and/or potential permanent families and recruitment activities.
 - Ask for help or support when needed, in order to take full advantage of these opportunities for participating in decision making about her life.
 - Implement relevant objectives and activities in the **Individual Service Plan (ISP)**.
 - Go to school, if age appropriate.
 - Prepare for independent living.



Family

The parents have several responsibilities while their son or daughter is in foster care. Some of these include:

- Help the child or youth adjust by staying in contact with her as well as the foster family and agency.
- Attend all meetings, court hearings and participate in case planning.
- With the help of their attorney, learn about and exercise their legal rights and responsibilities.
- Identify their own strengths, needs, and sources of support.
- Identify relatives and other people who can be a resource to them and/or their child.
- Work toward reunification, by changing the conditions or behaviors that caused the child to be placed in foster care and by meeting the objectives in the FSP.
- Provide continuity by visiting on a regular basis.
- Showing support for their relationship with the foster family.
- Ask for help when it is needed.

Social Workers

DHS is responsible for ensuring that each youth remains safe and well cared for while in foster care, that the parents receive the supports and services they need as they work towards reunification, developing and implementing a permanency plan for the child or youth and seeing that all legal requirements and timelines are met. DHS will work with the foster care agency (also known as a provider agency) to achieve these goals. While many of the social work roles and responsibilities are shared by these two agencies, there are specific times when each agency will have lead responsibility.

Specific DHS responsibilities include:

- Assess needs of child and family.
- Schedule, arrange and convene family service planning (FSP) meetings.
- Invite and encourage everyone's participation in FSP planning and court hearings.
- Monitor everyone's progress towards meeting FSP objectives.
- Coordinate the efforts of all team members.
- Keep records for each child and family served.
- Ensure that all medical and educational needs are met.
- Ensure that the child and family, including her siblings, have regular visits.
- Ensure that payments for board, clothing and other needs are made.
- Work with law department to prepare all required documents for court hearings.
- Attend court hearings and recommend permanency plan to Family Court.
- Work with the Provider agency to develop Aftercare plans to stabilize children and youth after they leave foster care.
- Ensure that older youth are equipped with the skills they will need to live as adults – including post-secondary education, job readiness, employment opportunities, health care management, housing and basic life skills. This also includes discussing independent living services and options directly with the youth.



Specific Foster care (Provider) agency responsibilities include:

- Oversee day-to-day care of the child while in the **foster home.**
- Ensure that foster parents have child/youth development training appropriate to the ages of children and youth placed in their home.
- Meet regularly with child, family and foster family.
- Develop Individual Service Plans (ISP) for each child or youth in care.
- Preparing children, youth, parents and foster families for **FSP and other meetings.**
- Engaging children, youth and family members in discussions about permanence.
- Arranging transportation and other logistics for visits, medical appointments, school and other needs.
- Be accessible and available at all times to be reached by family, foster family, children and youth – this includes ensuring that all parties have received 24-hour contact information in writing.
- With the help of the legal advocates, ensure that the family, foster family and child are prepared for all court hearings. This includes providing, in writing, the name and contact information for the youth's attorney to both the youth and the foster parents. If you do not know the name of your foster child's attorney, ask your social worker.
- Work with all team members to transition the child or youth from foster care to return home, adoption or PLC or adult life.

- Work with DHS to develop aftercare plan to stabilize children and youth after they leave foster care.
- Share responsibility with DHS in providing and/or arranging for independent living services for older youth. This includes ensuring that foster parents are trained and equipped to support youth in practicing life skills in the home such as menu planning and food preparation, purchase and care of clothing (washing, ironing, etc), handling and managing money, arranging for transportation, time management, managing their own health care, including sexual and reproductive health care needs.

Other Community Partners

There are many community partners who participate in supporting children and youth in foster care and their families. Medical providers, schools, other helping agencies, employers, the extended family and communities of faith all have responsibilities for ensuring that children and youth in Philadelphia are well cared for, educated and supported in the context of their family and culture. In general, each of these community partners is responsible for:

- Informing the child welfare agencies about the services and supports they are able to provide.
- Responding to phone calls or other inquiries from children, youth and families, including foster families, about their services and requirements.
- Participating as they are able in family service planning meetings.
- Providing continuity and support during transitions when children and youth move into or out of foster care.



Child Welfare System and Family Court

Understanding Family Court

The Family Division, sometimes referred to as Family Court, is one of the three major divisions of the Philadelphia Court of Common Pleas. The Family Division is made up of two branches, the Juvenile Division and the Domestic Relations Division.

Court hearings related to children and youth in foster care take place in the Juvenile Division and are referred to as **dependency cases**. There are several important times during a child's stay in foster care when the case comes before a judge in Family Court. These are illustrated on the Child's Journey chart on pages 18–19.

Foster parents **and** children of all ages are entitled, by law, to receive notice of all court hearings. While judges have the responsibility to make decisions about children and youth, they can only make good decisions if they receive good information. As a foster parent, the information you can provide about the child in your home is essential for good decisions to be made. Therefore, it is very important for you to stay informed about court hearings and ensure that your voice is heard throughout the process. You can also play an important role in making sure that the children's and youth's voices are heard at every step along the way. If you have questions about the court proceedings or schedule of hearings, you can talk to your agency social worker, the child's attorney, or call the Court Operations office at 215-686-4119.

Attorneys, Legal Advocates

While children and youth are in foster care, they are entitled to an attorney who will ensure that their legal rights are attended to and that their voice is heard in legal proceedings. Parents also have attorneys to represent them throughout the legal process. The DHS agency attorney (city solicitor) will ensure that all court documents and petitions are filed in a timely manner and that the case is progressing according to the mandated timelines.

Foster parents do not typically have or need attorneys. They are not considered a legal party to the case, and do not have the legal right to the appointment of an attorney. In the event that a foster parent feels a need to talk to an attorney, the Pennsylvania Law Referral Service can assist in locating an attorney in your area. They can be reached at 1-800-692-7375.

All attorneys are bound by rules of ethics to work responsibly with their clients – whether the client is the parent, a child or adolescent, the agency or the foster parent. These responsibilities include:

- Keeping their client informed of their rights and the steps of the legal process.
- Returning phone calls and responding to questions or concerns.
- Meeting with their client on a regular basis.
- Preparing their client for all court events.
- Coming to court prepared to provide the best representation to their client.
- Participating in other case-related activities and meetings.
- Ensuring that the case proceeds in a timely manner and meets all legal requirements.

It is important for a foster parent to know who each child's attorney is, and to support her relationship with the attorney. If a child does not have an attorney, is not happy or comfortable with her attorney or has an attorney that is not fulfilling the responsibilities listed above, it is important for the foster parent to bring these concerns to the provider agency caseworker and in some cases, advocate for a new attorney to be provided.

**Detention Hearing:**

The hearing at which the court determines whether emergency placement was necessary and to allow the child to remain in out-of-home care until the next hearing. In Philadelphia, this hearing must be held within 72 hours of a child's removal from her home.

Petition:

A legal document filed by the Department which contains the allegations put forward by the Department to prove the necessity of court intervention and out-of-home placement.

Adjudication or Adjudicatory hearing:

A fact-finding hearing where the judge reviews the allegations presented in the petition.

Family Court Judge

It is the judge's responsibility to make decisions regarding the case according to the facts and the law. To do this, the judge will:

- Maintain an orderly courtroom and treat everyone with respect.
- Ensure that all parties – including youth – have been properly notified of all court hearings and that efforts have been made to facilitate their participation – including transportation and other necessary arrangements.
- Schedule hearings so that mandated timelines can be met.
- Schedule hearings so that youth and family members can attend.
- Ensure that all parties entitled to legal representation are appropriately represented.
- Learn about the case.
- Listen and ask questions.
- Ensure that all parties are heard.
- Make placement and permanency decisions in accordance with the law.
- Issue court orders that make legal decisions clear to all.

Types of Court Hearings

As illustrated on the Journey chart on pages 17–18, there are five major types of court hearings in dependency cases. These are:

- **Detention Hearing**, held within 72 hours after the removal from the home (unless removal was by voluntary placement).
- **Adjudicatory Hearing**, also known as the Fact-Finding hearing, held within 10 days after the Detention Hearing or within 30 days of the voluntary placement.
- **Permanency Hearings**, held every six months until the child or youth is in a permanent home and the case is closed.
- **Termination of Parental Rights**, hearings to free the child or youth for adoption.
- Hearings to complete a youth's legal move to a new, permanent, legal family:
 - Adoption finalization which takes place only after parental rights have been terminated.
 - PLC hearing which does not require termination of parental rights. The PLC hearing establishes the new permanent home and identifies what visitation, if any, a youth will have with parents.

The hearings at which the foster parent can have the greatest opportunity for input are typically the permanency hearings.

Permanency Hearing:

A court hearing to consider a child or youth's need for secure and permanent placement in a timely manner. The hearing must be held within six months of a child's placement in foster care, and revisited every six months thereafter until permanence is achieved.

Termination of Parental Rights (TPR):

If family reunification has been ruled out and adoption is a reasonable possibility for the child, the Department will petition (request) for termination of parents' rights to the child. If the court terminates parental rights it means the child is free for adoption. It also means that the parents have no legal rights pertaining to the youth anymore.



Participating in the Court Process

Remember, you are an important part of the professional team. Your input at every decision point is essential to ensuring that the best interests of the child will be

met. It is also normal to feel nervous about participating in court. Being prepared will help you to feel less nervous. Here are some tips to help you be an effective participant in the court process:

Tips for Participating in Court

- Stay informed about court dates and times. Speak up and ask for information if you do not feel you are getting what you need.
- Ask the provider agency social worker and attorneys involved with the case to explain the purpose of each hearing to you and to help you understand your role.
- Work with the child's social worker and attorney to help prepare her for what to expect and how to participate in court hearings, including who will be present, what the purpose of the hearing is, what will happen and be said during court (so the youth does not feel blindsided) and what will happen afterwards. Be available to respond to the child's questions, but be sure to have accurate information.
- Always arrive at least 15-30 minutes early for court hearings to allow time to get through security and find the correct courtroom.
- Bring the child or children whose hearing you are attending, but make child care arrangements for other children in your care.
- Dress professionally and appropriately.
- Bring copies of records with you. This can include notes you have made about the child's progress while in your care, a log of doctor's appointments, school records, and notes related to visits with the family.
- Keep in mind that any written materials you bring may be requested and copied by all attorneys for the official record.
- When you speak, speak slowly, clearly and use clear and professional language. Give all of your answers out loud, do not simply nod or shake your head. Refer to the judge as "Your Honor."
- Be as clear and complete as possible when responding to questions or offering information about the child so that the judge will have a full picture upon which to make a decision.
- Prepare yourself by reviewing the list of questions on the next page.
- When you are asked to give sworn testimony, make sure you have discussed this with the attorney and you understand what this means.
- If your religious beliefs prevent you from taking an oath, inform the attorneys and social worker ahead of time so that an alternate pledge can be arranged.
- Talk to other foster parents about their experiences in court.
- Remember that all information about the case is confidential.
- Relax – remember, you are an important part of the team.



Common Questions You Might be Asked in Court

Here is a list of questions that could be asked of foster parents in court proceedings. Coming to court prepared to respond to these questions will help you feel less nervous and also to be a more effective member of the professional team.

- How long have you been a foster parent, and how many children have you cared for?
- How long have you known this particular child? Did you have a relationship with this child before you became her foster parent?
- Do you have any special training or experience related to caring for children?
- What was the physical and emotional condition of this child when she first came into your home?
- What changes have you noticed in the child's behavior, emotional state or physical condition since being in your home?
- Describe the child's typical day.
- Describe your relationship with the child's parents.
- Have you observed the child interacting with her parents? Can you describe the interaction? You may be asked to give specific dates or details for these observations.
- Describe the nature of the child's contact with the parents – such as dates and length of visits, phone calls, gifts, etc
- How does the child react and/or behave before and after contact with her parents?
- How is the child doing in school?
- How is the child's health? When was the last time the child went to the doctor?
- What other activities (such as sports, recreation, music, church, social) is the child involved in?
- What concerns do you have?
- If reunification does not happen for this child, are you interested in making a permanent commitment to the child through adoption or PLC?
- What other supports or services do you or the child need?



Roles and Responsibilities of Foster Parents

As noted throughout this handbook, when children or youth cannot safely remain at home with their families, they are most often placed temporarily in the homes of relatives - kin - or licensed foster parents. You, the “resource families,” as you have come to be called, have some of the most challenging and emotionally draining roles in the entire child welfare system.

You must be prepared to welcome a new child into your home at any hour of the day or night, manage a wide array of behaviors she presents, and cope with agency regulations, policies and paperwork. You are also expected to provide mentoring, support and aid to families.

In your home, you will serve as parent, counselor, healer, mentor, role-model and disciplinarian. Beyond your doors, you will be expected to attend meetings and classes at the agency, school and medical appointments, case reviews and court hearings.

Your Role is Important

Foster families need to acknowledge and truly believe that you are critical members of the child welfare system with important knowledge, skills and information. You should expect to be treated as peers and professionals. Those of you who have been providing foster care for many years may have noticed significant changes in the expectations placed upon you in recent years. For example, in the past you may not have been expected to have a significant role working with families, whereas now, you are often called upon to be role models, mentors and coaches, helping families acquire the skills needed for their children to be safely returned to them. In the past, it may have been acceptable for children to remain in foster care for long periods of time—even into adulthood. This is no longer acceptable and when children cannot be reunited with their families in a timely way, foster parents will be the first approached about being a permanent resource for the child.

Kinship Care: Relatives Face Special Challenges

When a child’s situation requires DHS to place her outside of her home, it is DHS policy to first consider relatives or other individuals that have an existing significant relationship with the child and/or her parents, provided they are able to meet foster home requirements. This first placement option with relatives is called “Kinship Care.”

Relatives caring for children and youth face many of the challenges all foster parents face, and several that are unique. Unlike foster families who are not related to the youth they care for, you may not have been seeking this role at this time in your life. However, you have embraced the opportunity and challenge to be there in a time of need for your family. Meeting the needs of the children you love while responding to the requirements of the agency and courts is no easy task.

**ChildLine:**

Pennsylvania's toll-free telephone number — 1-800-932-0313 — to report suspected abuse or neglect of a child. A "ChildLine clearance" documents that a person — such as a prospective foster parent — has not been found to have abused a child in Pennsylvania and this clearance is required for foster parent approval.

Children may be placed in the home of a kinship caregiver on an emergency basis, after a satisfactory initial assessment is completed of the caregiver and the home. This includes State Police and **ChildLine** clearances and an on-site home evaluation. Within 60 days, the kinship home must be in full compliance with all foster care requirements or the child(ren) must be moved to a home that does meet these standards. While you are a kinship caregiver, although you are related to the child(ren) in your care, legal custody rests with DHS and therefore you are still subject to all of the same requirements and regulations that apply to all foster homes. As a kinship caregiver you will be eligible to receive financial assistance and agency support. A DHS caseworker and a worker from a private kinship agency will be assigned to work closely with you, the child or youth, and the child's parents in meeting the needs of the child while in your care.

Kinship care, like all foster care, is intended to be temporary and last only until the family can address the issues that brought the child or youth into DHS custody. The goal is for the child to be reunited with her parents as soon as is safely possible. The length of time you could care for a child while these issues are being resolved could be as short as a few weeks, or as long as several months. When reunification is not possible, a permanent family must be identified and the child must be settled into that permanent home as quickly as possible. As a kinship caregiver, you could be considered as the child's permanent family through either adoption or permanent legal guardianship, which have been described on page 13.

Understanding your Responsibilities

As a foster parent, you have three major sets of responsibilities:

- Meet the day-to-day needs of the children and youth in your home.
- Participate as a full partner in the child's team to plan for and achieve safety and timely permanency.
- Preparing and supporting children and youth as they transition from your home to another home, whether that is the home of their family, another relative, another foster home, a residential treatment facility, an adoptive home or a permanent legal custodian.

As you strive to fulfill each of these roles, it is also important that you take care of yourself. Make sure you care for your own health and well-being, seeking support along the way from friends, family members, support groups, other professionals and your own community of faith.



Meeting Day-to-Day Needs of Children and Youth in Your Home

Legal Responsibilities

As a foster parent, you must meet and comply with certain legal and regulatory requirements. Some of these responsibilities include:

- Obtain your foster care approval and participate in the annual evaluations to renew your approval. This evaluation will be conducted by your foster care agency. The agency will ensure that you have provided all legal and medical clearances and that your home meets the safety and space standards required for children and youth in foster care. In particular, you must pass Child-line (child abuse) and criminal clearances. It is important to remain in close communication with your foster care agency throughout this process and to complete all necessary paperwork and keep all appointments. The agency social worker is there to help you – if you have questions about any step of the process, do not hesitate to ask.
- Review, adhere to and sign policy statements related to the discipline of children and youth in foster care, **confidentiality**, furnishing and use of tobacco, firearms and other policies as required by Pennsylvania State Regulations and Philadelphia regulations and policies. Again, communication is essential. Many of these documents are written in legal language and may be confusing. Do not be afraid to ask for

an explanation or clarification before signing any documents. Review them from time to time to be sure that you and others in your household are complying with the requirements.

- Attend, participate in and successfully complete all training requirements for foster families. Your foster care agency can explain these requirements to you as well as options for when and how you complete them. Do not let this requirement become a barrier to you. Training can be offered in different ways and at different times and locations, so be sure to discuss your particular needs, concerns and requests with your agency.
- Make sure that your home (and vehicle if you have one) continue to meet all of the standards necessary for meeting the safety needs of children at each age and developmental stage. See Appendix One, Safety Checklist for individual items.
- Keep the foster care agency informed of any changes in your circumstances such as job or housing changes, addition of new family members including older children returning home from college or other settings, significant health changes or legal convictions of yourself or any member of your household. State regulations say that you may not have more than six children under the age of 18 living in your home.

Confidentiality:
Protection of information related to a child's identity, life and circumstances, and that of her family, from inappropriate disclosure to other parties. A release of information may be signed to give permission for professionals and others to have access to that information if appropriate.



Your agency can request a waiver, to exceed this limit, from the Department of Public Welfare for good reason. This includes all children, birth, foster and adopted.

- **Maintain the privacy and confidentiality of the child and her family.** The child, her family, the foster care agency and others on the team will share important information with you about their lives and circumstances. As a foster parent, you are required to keep all of this information confidential. You may not discuss the child's case or family background with your neighbors, friends, relatives or others. ***It is important to know that this confidentiality requirement is part of state and federal law. Violating the child's or family's right to confidentiality could result in legal action against you.*** If you have any questions about what information you can appropriately share with teachers, doctors, or others involved with the child, be sure to check with the agency social worker before you proceed.

Financial Matters

Foster parents are responsible for providing all of the child's daily living needs, including food, shelter, clothing, transportation and other normal expenses. There are several financial resources that you should know about to help you meet these needs. Many of these financial resources are included on the following page. ***Remember, always discuss any questions or concerns you have about your financial needs, as you provide care to children and youth in your home, with your agency social worker.***



Financial Resources and Considerations for Foster Parents

Contact information, including phone numbers and websites, for all of the agencies mentioned here are included in the resource directory at the end of this handbook.

■ **Foster Care Payment:** The foster care payment is provided to you for the care of the child. Provider agencies usually issue checks on a monthly basis. The amount is based on the level of care appropriate and approved for a particular child or youth.

■ **Clothing Allowance and other Special Allowances:** Private Agencies handle clothing purchases and special allowances differently. Ask your social worker for their policy.

■ **Medical Coverage for Children in Foster Care:** All children in Philadelphia foster care receive medical coverage through Medical Assistance. You should receive the child's Medical Assistance card and information when they are placed in your home. Be sure to follow up if you do not receive this information immediately when the child is placed in your home. When possible, maintaining the child in the same HMO and Primary Care Physician is beneficial to the child and family.

■ **Mental/Behavioral Health Services:** Services including mental health, mental retardation and drug and alcohol treatment are provided to children and youth in foster care in Philadelphia through Community Behavioral Health Services (CBH) and through similar providers in other areas. CBH assists DHS in accessing appropriate services for chil-

dren and youth as they enter care, which means a child should already be connected to such services before entering your home unless you are receiving an emergency placement. Foster parents should work with the provider agency worker to arrange behavioral health evaluations, assessments, treatment services and options, and medications. The provider agency worker has primary responsibility for working with youth and foster parents to ensure that the behavioral health needs of children are addressed in a timely and developmentally appropriate manner.

■ **Transportation Reimbursement:** Routine transportation costs are the responsibility of the foster parent and are factored into the monthly foster care payment. If you expect to incur extraordinary or special transportation costs, seek approval and make arrangements for reimbursement through your provider agency worker.

■ **Child Care:** Children should be eligible for State subsidies to assist with child care expenses. Also, Head Start and **Early Intervention (EI)** programs are available for young children in foster care. Your provider agency social worker can help you explore these options. Also the Philly SOS website can provide information about child care options at www.phillysos.org.

Early Intervention (EI):

A program which provides a range of services to young children (up to age five) to help them overcome developmental delays. Children in foster care are eligible for early intervention services. If you suspect a child has delays, talk to your agency caseworker about early intervention services, or call ChildLink at 215-731-2110.



- **WIC:** Children up to age five in foster care are typically eligible for benefits through the Special Supplemental Food Program for Women, Infants and Children (WIC). This program provides supplemental foods, infant formulas, nutrition education and some types of health care.
- **Food Stamps:** Your household may be eligible for Food Stamps in addition to your Foster Care reimbursement. Food stamp benefits are provided through the United States Department of Agriculture, and current policy gives foster parents the option of including foster children and foster care payments or not, when making food stamp determinations. Be sure to discuss these provisions with your food stamp caseworker when you apply or modify your application in case your decision has an impact on the benefits you or other family members receive.
- **School Lunch Program:** All children in foster care are eligible for free or reduced lunch rates. There is a space on the school lunch application to indicate that the child is a child in foster care. Be sure to mark this box when completing the child's school lunch program application.
- **Early Intervention and Other Programs for Children with Disabilities:** There are a variety of programs and services outside of the child welfare system for children with special needs. If you are concerned about an infant, toddler or young child who may have a developmental delay (i.e., is not able to do things other children near the same age can do), discuss this with your social worker and have them call ChildLink (215-731-2110) to schedule a screening. ChildLink is the single point of contact for Philadelphia children between birth and age five. If you are especially concerned about an infant or toddler under 33 months with serious medical or social-emotional problems, and the impact of these conditions on the child's development, contact the Starting Young Program at CHOP/Children's Seashore House (215-590-7750) as these infants and toddlers are at the highest risk. The Special Kids Network is an excellent resource to help you learn about health, educational, recreational and other programs for children with special needs in Pennsylvania as well.
- **Independent Living Services for Adolescents:** Teenagers in your care may benefit from extra help and support in gaining the skills they will need for living as young adults once they leave foster care. The Achieving Independence Center can help with employment, college and vocational school applications and other needs. Eligible youth must be between 16 and 21 years of age and be in or have been in out-of-home placement at the age of 16. The Achieving Independence Center can be reached at 215-574-9194.
- **Financial Aid Resources for College or Vo-Tech Programs:** High school or GED graduates can access a variety of funds for tuition and fees at approved schools and training programs. All youth seeking financial assistance must complete a Free Application for Student Financial Aid (FASFA) and indicate their status as ward of the court, which the forms use to describe their foster care status. Foster parent financial information should not be reported on the FASFA. A number of grants and scholarships are available which are specific to youth in out-of-home care. Financial concerns should not be a deterrent for youth wishing to pursue post high school education or training, particularly if a youth enrolls as a commuter student at a state funded institution of higher learning. Any questions regarding student financial aid can be directed to Educational Support Services at the Achieving Independence Center.
- **Vocational Rehabilitation Services:** Youth with special needs approaching completion of high school are eligible for services through the Office of Vocational Rehabilitation (OVR). These services include job readiness, training, placement and support.

Foster Children are under-represented in early intervention programs, in spite of their greater likelihood of needing them. Urge your social worker to refer your child to these programs.



This is not an exhaustive list. There are many other resources in the community to support children, youth and families. Children and youth in foster care are eligible for many of these services. They may range from after-school programs and summer camps, to respite care or help with heating bills and housing to youth employment or college financial aid.

When you seek out resources, not only will the child benefit while in foster care, but you are beginning to create the foundation of support she will need when she returns home or transitions into a permanent adoptive or PLC family. Talk to other foster parents, check out the resources suggested here, and always be alert and aware for community services and opportunities that may benefit the child in your care.

Starting out as a Foster Parent

Once you have been approved for foster care and completed the pre-service training you will be ready to welcome children and youth into your home.

Congratulations!

When the agency calls and has a child or adolescent to place with you, you will need a lot of important information to help you care for her and meet her needs.

Foster parents often say that they wish they had asked more questions before accepting a child or youth into their home. While sometimes there are opportunities for the child to visit you before moving in, this is not always possible.

Remember, all information you learn must be kept confidential.

Even if you are providing kinship care to a child or youth that is related to you, you may not know everything you need to know about the child's needs, including medical care and schooling. It is appropriate and important for you to speak up and request the same information that unrelated foster parents would request when providing care for a child.

It is also important to remember that many times children or youth enter foster care as a result of an emergency. In these situations, the agency may not have had the opportunity to obtain all of the information prior to making a placement. There are times when a small child is found alone (called "abandonment") and the agency may not even know her name or exact age. However, the provider agency, DHS and the court will work to obtain the information. You should continue to ask questions until you are confident you have all information you need to effectively care for the child. Remember, children and youth themselves will often be able to fill in some of the gaps.

Finally, it is important to remember that you always have the right to say "No" to the placement of a particular child or youth in your home. Speak up if you feel concerned about your ability to provide for the child's safety and well-being, while ensuring the safety and well-being of other children, youth and family members in your home. You have the right to say "No" to a child placement.

The following checklist provides some of the questions you may wish to ask about any child coming into your home.



Pre-Placement Checklist

Basic Information:

- Child/youth's name, age, gender.
- Child/youth's race, culture, language.
- Are there special dietary restrictions?
- Child/youth's religion – will child need access to special religious programs?
- What will make this child/youth feel most at home (food preferences, music, special blanket, stuffed animal or routines).
- What is most likely to comfort the child when upset or stressed?
- Child/youth's talents, hobbies, interests.
- Who is the child/youth's doctor and does the child/youth have any additional specialists?
- When was the child/youth's last doctor appointment?
- Are all immunizations current? Are there any health or religious concerns related to receiving immunizations?
- What about dental and eye appointments?
- Does the child/youth wear glasses and are they with her now?
- Is the child/youth developing appropriately for her age? If not, what concerns are there?
- What are the child/youth's eating, sleeping and toileting habits?
- Has the youth been hospitalized in the past? Did the youth have any surgeries?

Family Information:

- Does the child/youth have any siblings?
- Where are they and how can this child/youth stay in contact with siblings?
- What are the expectations regarding visits – who will visit, how often, where will visits be?
- Are both parents involved with the child/youth, if not, why not?
- Are there issues between the parents I need to understand?
- Are there other relatives involved with the child/youth?
- Do either of the parents have a history of violence?
- Do parents have any special needs?

Health and Development:

- Does the child/youth have any allergies?
- Is the child/youth on any medications? If yes, for what and what are the instructions? Do you have an immediate and adequate supply?
- Does the child/youth require any special medical devices?
- Are there special food or dietary needs?

Information Specific to Infants:

- What formula is the infant on? Has she started taking any other foods? What are her preferred feeding routines?
- Was there a positive toxicology screen or other conditions present at birth for this child?
- Were there any problems with the delivery or birth?
- What was the child's birth weight?
- Is the child eligible for WIC?
- Has the child received a developmental assessment and is she developing normally? If not, is she receiving special services to assist in overcoming developmental delays?

Information Specific to Adolescents:

- Does this youth currently have a job? If not, is after-school or summer employment a goal or expectation?
- Does she have a driver's license? If so, what are the requirements around allowing her to drive?



Pre-Placement Checklist

- Is she receiving any independent living services?
- Is she sexually active? If so, is she using birth control? Does she understand safe sex practices and understand the difference between birth control and safe sex?
- Is this youth a parent? If so, is she parenting the child and if not, who is? If the youth is not raising her own child, what arrangements exist for visitation and other involvement with the child? What is her relationship with her child's other parent?
- Does she smoke cigarettes?
- Are there any issues with alcohol or drugs?
- Does the child/youth have special education needs? If yes, is an **Individual Education Plan (IEP)** in place? May I have a copy of the IEP?
- What are names and contact information for important teachers, guidance counselors, coaches?
- Are there any other educational or school related issues I need to be aware of?
- Is the child/youth involved in any extracurricular activities and if so, how can we arrange for these to continue?
- If in high school, is this youth preparing for post-secondary education – vocational school, college, etc? Are there pending deadlines related to school applications, SATs or other tests, or financial aid that I need to be aware of?

Emotional/Psychological Needs:

- Is the child/youth receiving counseling or therapy and will it continue?
- What are the most significant emotional challenges?
- Are there any special concerns about behavior I need to be aware of?
- Has this child/youth been physically or sexually abused or routinely gone without basic needs (food, clothing, shelter)?
- Does the child/youth have any particular fears (i.e. of the dark, water, dogs, etc)?
- Does bed wetting occur?

Educational Information:

- What grade is the child/youth in?
- What school will the child/youth attend?
- If the child/youth is changing schools, have the records, including immunizations, been transferred?

Agency Information:

- Social worker name and **all** contact information.
- How long has this social worker known this child/youth?
- Supervisor name and **all** contact information.
- After hours and crisis contact policy and information.
- Child/youth's attorney name and contact information.
- DHS social worker and **all** contact information.

Placement Information

- Is this the child/youth's first foster care placement?
- Why is the child/youth coming into foster care?
- If not the first placement, why is the child/youth moving at this time?

Individual Education Plan (IEP):

A written plan for children receiving special education services through the schools. The plan is developed with the participation of the child or youth, her parents, the school and other's familiar with the child's educational needs. The plan must be periodically reviewed and updated. It must include specific goals and objectives.



Pre-Placement Checklist

- What has the child/youth been told and/or what does she understand about why she is being moved?
- How long and/or how many times has the child/youth been in foster care?
- What has the child/youth's experience with foster care been like?
- May I speak to the previous foster parents?
- What is the current permanency plan for this child/youth?
- Does this child/youth have any special belongings or items of sentimental value?
- Does this child/youth have a lifebook?
- Has the child/youth written their own "profile" – information she wants shared with my family about herself?
- What information about our family has the child/youth requested?



Keeping Records

As a foster parent, one of your important roles is to keep the parents, the agency and the courts informed about the child's development, progress, needs, activities and challenges. Keeping clear records will make it easier to provide complete and accurate information when it is needed.

Some of the things you will want to keep records and notes about include:

- Achievements, successes and celebrations.
- School progress, grades, meetings and behaviors.
- Medical appointments, medications, injuries and illnesses.
- Court hearings and what happened at each hearing.
- Contacts with the family, including both parents, siblings and extended family.
- Contacts with the foster care agency and any other service provider.
- Unusual, new or changed behavior patterns or fears.
- Any other information you feel may be relevant.

Your time is precious and keeping records may seem like an added burden. Here are a few tips that may help make it easier to keep the information without demanding a lot of extra time:

- Keep a small notebook with you for jotting things down as they occur rather than waiting until you get a quiet time and space.
- Make notes directly into your appointment calendar.
- Keep a three-ring binder for each youth in your care, and use pocket-folder inserts to collect papers and forms from schools, doctors, therapists, etc.

Lifebooks are an important part of a foster child's life and can also help the foster parent to easily keep a child's records. See page 46 for more information.



Helping a Child Adjust to Your Home

When a child or youth comes into your home, she is adjusting to many changes and may also be coping with the effects of trauma related to abuse, neglect and separation from her parents and other family members. Beginning on page 52 we will discuss the foster parent's role in helping children and youth with feelings and behaviors related to loss, grief and anger. However, when they first enter your home, it is likely they may still be experiencing shock. They may also be overwhelmed by the sudden changes in their life and frightened at the prospect of coping with so many new people and situations. The better a foster parent understands the various emotional, verbal and behavioral approaches children and youth may exhibit during this transition, the less likely the child will have to be moved yet again. Here are some things you can do in the early days of a placement to help ease this adjustment period:

- Try to maintain as many of the routines the child is familiar with as possible. For example, maintaining eating, sleeping and other daily routines, allowing her to wear favorite clothing, or have photographs of loved ones at hand.
- Be sure the child or youth has a place to keep personal and private things.
- Be sure that the rules and expectations in your home are clear. One approach may be to post written rules in a common area (bulletin board, refrigerator) and to review them from time to time.
- Give the child opportunities to talk, without prying.
- Speak of the family using positive language and support and reinforce her relationship with family members.
- Expect and allow for regression in developmental tasks and behaviors. For example, a toddler that was toilet trained may revert to needing diapers; a pre-adolescent may begin sucking her thumb.
- Show personal interest in each child – try to draw out and encourage participation in her hobbies, favorite activities, television shows, music, games, books, and provide opportunities to do the things she enjoys and does well.
- Be conscious of how your own family routines may appear to the child, some behaviors can be misinterpreted by people that are new to your family.
- If a child has a history of sexual abuse, be particularly careful about displays of affection, or assistance with personal hygiene. Touching that would be perfectly innocent or normal in most circumstances can be frightening or misinterpreted to a child that has been sexually abused.
- Maintain ties to the child's culture, neighborhood, community, religion, friends/peers – including social activities and telephone contact - and other important linkages in her life.
- Help familiarize the child with your neighborhood and community.
- Include the child in family outings and activities and begin to include her photographs with other photo displays in your home.
- Start, contribute and keep a lifebook up to date.
- As soon as possible, demonstrate trust by allowing older, responsible youth to have a key to the house.
- Treat your foster child like other children in your home, do not distinguish.



Visits with Family

Visits with the child's family are important to their sense of stability and well-being while in foster care, and are a critical element to their successful reunification. State regulations require that foster children be permitted to visit their parents and/or family frequently. The frequency and other details will be discussed with your social worker and included in all written plans.

The schedule of visits may become more frequent in preparation for returning a child home. Visits may include the child's parents, other family members and siblings. A visiting plan is usually decided jointly by the DHS social worker, the child or youth's family, the private/provider agency social worker and other members of the child's team including the foster parent. Sometimes a Family Court judge will order a particular visitation schedule.

As a foster parent, you can play an important role during visits. Often, when everyone agrees that it will not jeopardize safety, you may be asked to host visits in your home.

You will be able to support and nurture the child and family as they work toward restoring their relationship. There may be times when this role is difficult for the foster parent, particularly if the child becomes upset or acts out before or after visits. These are natural reactions for many children, and it may be important for foster parents to seek guidance and support to help a child through these times.

However, these challenges are not valid reasons to discourage or discontinue visits. In fact, no one has the authority to discontinue visits except the judge.

In rare circumstances, for example, when there are safety concerns about a parent, the court may discontinue visits for a period of time.

Also, if the parent's legal rights to a child or youth have been terminated in Family Court, they no longer have legal rights to continue to see her.

Even in these circumstances, there may be other family members, such as siblings or grandparents, that the child needs or wants to stay in contact with.

As a foster parent, your role is to help the child maintain the important connections in her life.

Discipline

Corporal punishment of foster children is not permitted.

Corporal and other types of punishment which are not allowed can include, but are not limited to, any of the following types of punishments:

- Spanking, slapping or other forms of hitting with hands or any other instruments.
- Any form of punishment which inflicts pain.
- Use of restraints or isolating a child in a closet or other inappropriate space.
- Denial of meals or other basic needs.
- Verbal abuse or ridicule, or threats of removal from the home.
- Denial of planned visits, phone calls or other contact with family members.
- Assignment of excessive or inappropriate chores or work.
- Punishment for bed-wetting or actions relating to toilet training.
- Allowing children to discipline other children.
- Denial of any component of the child's family or individual service plan.

For helpful strategies around discipline and structure for youth, consult with your agency social worker.

**EPSDT:**

The Medicaid Early, Periodic Screening, Diagnosis and Treatment Program. This program requires regular check-ups and screenings for physical and mental development. Services related to the diagnosis and treatment of any abnormalities, delays or diseases discovered must also be provided. Please see a more detailed description in Appendix Two on page 60.

Becoming an Advocate

One of the best ways you can help yourself and the children or youth placed in your home is by developing advocacy skills. You are your own best advocate and you will have a special responsibility to become the child's primary advocate as well. You also have an important role in helping children and youth become effective self-advocates. One way to develop advocacy skills is to join with other foster parents. The resource directory in this handbook provides contact information for parent and grandparent support organizations in Philadelphia and beyond.

Other important advocacy strategies include:

- Always ask lots of questions and be as informed as possible about the youth in your care, their needs, the process and procedures you must follow and the services you and they are assessing.
- Build positive, professional relationships with the other members of the youth's team. Be respectful; be clear and pleasant when speaking to others. Learn names and communicate often with the other partners in the child's life.
- Be organized. Keep good records, keep a log of phone calls, keep copies for yourself of all materials, forms, documents, reports, etc.
- Be available, always return phone calls, and keep appointments. If you must miss an appointment, call ahead to reschedule. If an emergency prevents this, call as soon afterward as possible.
- Avoid an "us" versus "them" way of thinking. Always try to view yourself and others as part of the same team – the team that is working to achieve safety, timely permanency and a stable, healthy life for a youth.

- Be persistent – when seeking services, assessments or benefits you believe a child in your care needs and is entitled to, urge, insist and persist, don't easily settle for "no".
- Learn about your agency's and DHS' policies and procedures related to the youth's care and your rights and responsibilities.

You will especially need these advocacy skills as you work to ensure that all health care and educational needs are met.

- **Make sure that all available health information is provided to the health care providers.**
- **Participate by providing your observations and input about the child/youth's health care issues. This will assist the child/youth herself, her family and /or potential permanent caregivers.**
- **Make certain that the child/youth gets to all scheduled health care appointments.**

Health Care

Foster parents have an important role in helping children and youth to become healthy and to stay healthy. A 1995 Government Accounting Office report found that children in foster care are "sicker than homeless children and children living in the poorest neighborhoods." Children in foster care have the poorest physical and mental health in the nation.

The youth's parents have important information about her medical history. Whenever possible, they should continue to be involved in their child's health care, including attending medical appointments, along with the foster parent. This is an issue you may wish to discuss with your social worker.



Schedule of Health Care Visits

Pennsylvania state foster care regulations require that all children and youth in foster care receive a thorough physical exam within 60 days of placement into care. In addition, children over the age of three must also have a dental exam in that same period of time. After these initial exams, children must continue to have physical exams once per year and dental exams once every nine months. Infants up to 23 months must be seen by a doctor on a more frequent schedule – once every six weeks for the first six months of life, and once every three months from seven to 23 months. Of course, children in foster care must also be taken to the doctor whenever there is a need for treatment of an illness or injury. Adolescents in foster care should also have access to appropriate gynecological and reproductive health care services. All of these health visits must be documented for the case file.

In addition, children in foster care must receive special screenings called an **EPSDT screening (Early, Periodic Screening, Diagnosis and Treatment)**, that are required as part of the child’s **Medicaid** eligibility) on a regular basis, as well as the follow-up treatments indicated by any diagnoses resulting from the screening. For more details about this, please see the EPSDT fact sheet in the Appendix on page 60. Be sure to talk to both the agency social worker and doctor to ensure that the child is receiving all of these screenings and the appropriate treatment and care that result from the screenings.

In many cases, it is both appropriate and helpful to include the parents, prospective adoptive parents or prospective permanent legal guardians in medical appointments, especially as the time approaches to transition a child back home or to their new, permanent family. You should do this as often as possible, and engage your caseworker if

help is needed arranging transportation or other logistics to make this possible.

Early Intervention

It is important to be particularly aware of medical or psycho-social conditions affecting very young children which may require early intervention services. ChildLink and the Starting Young program at Children’s Hospital of Philadelphia provide assessments and services for children with these conditions:

Physical/Medical conditions include:

- History of admission to a Neonatal Intensive Care unit (NICU).
- Failure to thrive (FTT).
- Cerebral palsy.
- Progressive neurological disorder.
- Down or other syndromes typically associated with developmental delays.
- Other complex health care needs that may have required multiple and/or lengthy hospital stays.
- Technology dependent infants and toddlers.

Social-emotional conditions include:

- Appears to be emotionally withdrawn.
- Lethargic.
- Flat emotional presentation (never happy or angry).
- Caregivers report toddler has feeding problems, for example, shoves food in their mouths to point of choking, is never full, hoards food.
- Has frequent nightmares.
- Is fearful.
- Often irritable.
- Presents with sexualized behaviors.

Early intervention services are provided, in addition to health and social services, to help support children’s healthy development and school readiness, and prevent learning and behavioral health problems.

Medicaid:

A federal and state funded medical and health care assistance program to which all children in foster care are eligible. In the five County region, Medicaid is a managed care program called HealthChoices. Includes special assessments and services for children under the EPSDT program.

**Surrogate Parent:**

A person who is appointed by the Department of Education to make sure that a child or youth's special education needs are being met.

Transition Services for Adolescents

Finally, as adolescents approach adulthood, they will need help making the transition from pediatric medical care to adult medical care, including re-applying for Medicaid as an adult recipient when appropriate. They will also need training, encouragement and support as they begin to manage their own health care needs and learn about options for paying for their own health care once they are adults. This should include attention to both physical and mental health needs, reproductive health care services, dental and vision care, knowledge about health insurance and prescription medications. The Healthy and Ready to Work initiative (listed in the Resource Directory on page 77) has many materials and resources that can be helpful when working with children during this transition.

Educational Needs of Children and Youth in Foster Care

Educating children and youth in foster care is a shared responsibility between the family, the foster care agency, DHS, the foster family and the school. Studies have shown that children and youth in foster care have many unique challenges as they make their way through the school system. Children and youth in foster care, when compared with other children:

- Have higher rates of being held back a grade (retention).
- Score lower on standardized tests.
- Have higher rates of absences and tardiness.
- Have higher drop out rates.
- Have lower high school graduation rates.

In addition, between 30-40 percent of all children and youth in foster care receive special education services. For these reasons, helping the foster children in your home to become successful in school is one of your most important responsibilities.

Foster Parent Responsibilities Related to a Child's Education

Foster parents are responsible for ensuring that children and youth in foster care attend school every day, arrive on time, dress appropriately and have arrangements made for lunch. You are also responsible for regular communication with the school, providing appropriate school and homework supplies, assisting with homework and encouraging the child to focus and succeed in school.

The family retains the right and responsibility to sign all educational documents, including Individualized Educational Plans (IEPs). Youth themselves, particularly those over the age of 14, are also expected to participate in their development and implementation of their own IEPs. If the parents are not available, the school district is required to assign a person known as a “**surrogate parent**” for this purpose. The surrogate parent, in Pennsylvania, cannot be the foster parent. While this is the law, it is still important that foster parents remain active and involved in the educational experiences of the children and youth in their care.



Tips for Your Involvement in the Child's Education

The Education Law Center (ELC) and the Parents Involved Network, both listed in the Resource Directory of this handbook, can help you understand the educational system, special educational resources and the ways in which you can help your foster children be successful and happy in school. In particular, the ELC has published a booklet written specifically about the education of children and youth in foster care. Some specific tips include:

- Become active in the school by participating in the Parent Teacher or home-school association, attending parent nights and other events, getting to know all of the teachers, and other school personnel.
- Provide positive encouragement for school accomplishments. Post papers, offer praise, share progress with parents.
- Provide a comfortable, well-supplied and well-lit space for children and youth to complete homework assignments.
- Observe efforts to complete school assignments, and if you suspect special educational needs that are not being met, alert the provider agency social worker and work together to develop a plan to address these issues. Such a plan may include assessments, special education planning, tutoring, after-school or summer educational programs.
- Become knowledgeable about testing and other requirements for advancing from grade to grade, graduation requirements, and special education policies and procedures so that you can advocate for these services to be provided in a timely manner.
- Provide accurate and relevant information to the parent and teachers as it relates to school progress and educational needs.
- Include the youth's parents in activities at the school. This is part of the parent's learning process and will aid in the child's transition home if reunification occurs.
- If adoption or PLC is the permanence plan, when possible, include these potential parents in school activities during the period of transition to a new home.
- Become knowledgeable about post-secondary education options for older youth including college, vocational schools and school-to-work programs. Stay abreast of application and financial aid deadlines and help arrange campus tours, interviews and other important steps in this process. The Philadelphia Department of Human Services' Achieving Independence Center may be able to help. See the Resource Directory at the end of this handbook.



Preparing Other Kids in the Family for Becoming a Foster Family

Here are a few tips on preparing children already in the family for the arrival of new foster children into the home. The advice to other family members can be applied to children, as well.

- Start reading books together about foster care.
- Find out what fears your child may have about the new children coming into the home. For example, children may worry that you will place them into foster care, that they will lose their special time with you, or that they will have to give up their room. These are real issues that you can address with each child individually.
- Respect each child's need for some private space. If they cannot each have their own room, then make sure they each get some special private space such as a footlocker that locks or a shelf in a closet.
- Let them create their own versions of the lifebooks as discussed on page 46.

Preparing Your Relatives for Your Role as a Foster Parent

The following are some specific ideas for preparing your relatives for welcoming a foster child into the family.

- Be honest about your plans, your motivations and your expectations.
- Although it may be hard to do, consider asking for, and genuinely listening to, the advice of extended family members.
- Include extended family members, if possible, in your preparation for foster parenting.
- Often problems occur within families when the grandparents and other extended family members did not have time to process their own feelings, and were suddenly thrust into a new role as grandparents of a child not biologically related to them. Just as you need time to prepare, so do they. Don't assume a first reaction is a final one.
- Reading about the issues and seeing pictures of real foster families can help ease them into their new role.
- Encourage grandparents and others to attend foster parent support group meetings and conferences, picnics, or other gatherings where they will be able to see and interact with (or just sit back and quietly observe) other foster families.
- If you are part of a support group, consider sponsoring a "Grandparent's Night."
- Discuss foster care terminology and confidentiality.
- Remember – families have extended families too – include grandparents, and other relatives in your extended family circle.



What Children and Youth in Foster Care Want You to Know

Taken from interviews with youth in foster care, and partially adapted from a presentation by Youth Advocates of New Mexico, January 2002.

There is a lack of stability in our lives.

Some of our experiences are:

- Changing foster homes unexpectedly.
- Changing schools constantly.
- Always losing friends and needing to make new ones.
- Having to adapt to new communities.
- Having to adapt to new environments.
- Always getting new social workers.
- Always getting new therapists.

Here is what we recommend:

- If we have to move, tell us why.
- Don't let foster parents pack our stuff without our permission.
- Foster parents need better training, including listening to other foster youth. Foster youth could help train foster parents.
- Don't let foster families tell other people, even relatives, about our background or the things they read in our file.
- Don't read our files and think you know us.
- We need to be more involved in all the decisions affecting our lives.
- Inform us of our rights; about our case; of our court dates and the purpose of each hearing; who our attorney is and how to reach them.
- Communicate with us. There needs to be better communication between foster youth, foster parents, and social workers.
- Train teachers and counselors about foster care.
- Let me practice my religion, no matter what it is.
- Help us stay in touch with our family and siblings.
- Help us with our problems; don't just medicate us.
- Give us more positive encouragement; stress what can be done and help us do it.
- Treat us like you'd treat your own children.
- Treat us with respect, like we are of importance.
- Respect our cultural and family values.
- Don't expect us to be perfect.
- Encourage our goals no matter how idealistic they may seem.
- Don't assume anything is unrealistic.
- Foster our dreams.



Lifebooks

Many people enjoy looking at pictures from their childhood and family experiences through the years. Sharing pictures leads to sharing stories and through this process we gain a sense of connection to our roots. Without these pictures and stories, we might feel disconnected and lost. Children in foster care need links that help them to connect their past, present and future. A lifebook is one tool that can help provide these links.

A lifebook is like an expanded version of a child's photo album and history. It is an account of her life conveyed in words and pictures. It is both a privilege and a responsibility for foster parents to help create or build upon the lifebooks of the foster children in their homes.

Lifebooks give the child something unique that is part of her and that she can turn to when in need of reassurance or understanding and also serve as an ongoing, continuous record that links the various changes, moves and people that have been part of her life. The book provides graphic evidence of being cared for and says: "You and what you do are valuable."

A lifebook can also help a child prepare for the process of moving towards permanence. It provides a tool for open communication and sharing between the foster parent and child or youth which can also be shared with family and/or adoptive family members in the future.

What to Include in a Lifebook

If a child does not come into your home with a lifebook already started, you can begin one for her. Your provider agency social worker can help provide you with tools and ideas for getting it started. While each book will be different, reflecting the unique history of her life, there are some things that are often in most lifebooks. These include:

- Birth information.
- Child's "family tree" includes: names, addresses (if known) and physical descriptions of parents, some description of their personalities, special talents, educational background, information on siblings of the child, siblings of the parents, grandparents and other relatives.
- Placement record including names, addresses and dates of all foster and other placements the child has experienced.
- Educational history: All schools attended including dates and grades.
- Medical information, especially immunizations and any special medical history.
- Names and addresses of all social service agencies and caseworkers involved with the child and/or her family.
- Letters, mementos from parents or relatives.
- Birthday and holiday cards.
- Pictures of the child at various ages. Photos from and of family and/or foster families. Pictures of any other significant people in her life, including foster or extended family members.
- Photos of friends, houses lived in and schools attended over the years.
- Drawings or school work by the child over the years.
- Award certificates or certificates of participation or completion (i.e. Little League, Church Choir, etc.).

The lifebook materials can be collected and presented in a photo album, folder, notebook or even a special box, perhaps decorated by the child.



Your Role in Helping Children and Youth Make Transitions from Foster Care

Foster parents contribute to successful transitions of children and youth from foster care. Moving from a foster home is often emotionally difficult for the child or youth and they will need support to get through it. It can also be a difficult time for foster parents, their families and their friends. When a child is moving, you can help by:

- Talking with the child or youth about all the plans and specific steps involved in the move.
- Involving the child and her parents, prospective adoptive parents, kin or other caregivers in planning how the move will occur.
- Explaining the details of any court appearances during the transition time.
- Communicating with the agency caseworker, parents and caregivers about how the child or youth is handling the upcoming move.
- Planning a special way to celebrate the time the child was with the foster family.
- Updating the lifebook to include information and pictures of the foster home she is leaving.
- Preparing for grieving behaviors in the child or youth, as well as in other members of your family.
- Speaking positively about the family or placement to which the child is moving.



Your Role as a Foster Parent in Special Situations

All of the children and youth that come into your home will have their own unique needs and challenges. However, some children's special situations create additional challenges for you as a foster parent. In particular, these are children who:

- Have special medical or health care needs or disabilities.
- Have special emotional or behavioral needs or disabilities.
- Are racially or ethnically different from you.
- Have needs related to their sexual orientation.
- Are preparing for adulthood.

We will briefly explore your role as a foster parent in each of these special situations.

Parenting a Youth with Special Medical Needs or Disabilities

Children who have special health care needs include youth with a variety of actual or potentially disabling conditions. A recent study indicates that there are about 10 million children in the United States with a chronic health care condition and about 4 million of them have a health condition that interferes with normal childhood activity.

Special needs are nothing to be afraid of. When you are preparing for becoming a foster parent, the agency may ask you if you are willing to take a child with special health care needs or disabilities. Before responding, here are some things to think about:

- There are special needs that each one of us can easily handle, some that we can learn to handle, and some that we are not suited to handle. The key is figuring out which is which.
- The special needs you are suited to handling are those that can be found in your own home or family or workplace, conditions you are familiar with. Perhaps your brother had asthma as a child, or your sister needed a leg brace to walk. Perhaps your grandmother is deaf, or your next door neighbor's child is learning disabled. Make a list of all the medical conditions and disabilities you have some experience with. You might be surprised how long your list is.
- Next, borrow from the library a good medical encyclopedia. Read about some of the conditions you think you could learn to cope with and to incorporate into your family routine. Can your home, for example, be made wheelchair accessible? Your bathroom?



Common Conditions Children in Foster Care May Present:

You will hear many different medical and psychological terms as workers discuss the needs of specific children and youth with you. Look them up, read, ask your family doctor and other foster parents about them. The more you learn, the less intimidating the condition will sound.

A short list of the most common conditions and/or disabilities among children and youth in foster care include:

- Developmental delays or lags
- Fetal alcohol exposure
- Pre-natal drug exposure
- Down's Syndrome
- Cerebral Palsy
- Speech delays and disabilities
- Hearing and vision problems
- Allergies, asthma, and related difficulties
- Birth defects correctable with surgery
- Enuresis (bed-wetting) or encopresis (soiling)

When you have a child with special health care needs or disabilities in your home, you will need to become comfortable dealing with the medical community, as well as learning to care for the child in the home setting. Your role may also include teaching the child's parents how to care for these special needs in preparation for the child's return home. If the child is to be adopted by a family other than yours, or moved to the home of a permanent legal custodian, you may play a similar role, teaching and mentoring the new family in caring for this child's unique needs. Finally, as children grow older, they will need help learning how to manage their own health care needs.

Working with the Medical Community

When a child with special physical or medical needs comes into your home, you will want to ask some basic questions, including:

- How are the current health needs being met?
- Are all health needs identified?
- Who are the current providers and will the child have to change providers?
- Is the medical coverage in place and activated?
- To what extent is the child or youth active in caring for her own health needs?
- What services related to the special needs are already in place? Are there other services needed?
- Does the child or youth receive services through the Department of Public Health Special Needs Division? Or SSI? Will she be eligible for these services or supports when returning home or moving into a permanent family?



Advocating for the Child

Know how to find providers and access services in your community. Go on a “scavenger hunt” in your community and make a list of resources that help parents of children with special needs in your community. Consider parent-to-parent organizations (organizations run by parents which provide support, information and mentoring), as well as any that are disability specific, or those that are offered by city, county or state agencies, churches, schools, hospitals, etc.

On the Internet: There are many resources for parents of children with special needs on the Internet. A good place to start on the Internet is the website called Philly SOS, at www.phillysos.org. Statewide, the Pennsylvania Special Kids Network is another excellent resource, and a great national resource is called “Family Village.”

In addition to locating resources, you will need to develop your advocacy skills. Some of the steps include:

- Build relationships and develop professionalism. You want to build partnering relationships and communicate as peers with professional service providers. These relationships will be of great value over time.
- Be organized and accessible. Many foster parents believe it makes sense to keep logs or journals or notebooks with all of the medical and educational information related to the child and the providers involved. Several organizations, include Family Voices and Parent to Parent of Pennsylvania, have examples of these notebooks and may be able to help you develop your own. See Appendix 72 for additional information.

Caring for the Child in your Home

There are several special considerations when caring for a child or adolescent with special physical or medical needs in your home. Some of these include:

- Be sure you know how to use any special equipment she has and who to call in case of a malfunction or other equipment problems.
- Learn how to administer any medications she receives, and also learn who is allowed to administer them. For example, in most cases, you will not be able to allow another child, even a responsible older teenager, to give medications to a child.
- Be aware of how the medical condition affects nighttime care and sleep routines. Will someone need to check on the child during the night?
- Be aware of any food or dietary restrictions the child has and be sure that anyone who may offer meals or snacks to her understands these issues.
- Discuss the child’s special needs with her and other members of the family and help them develop responses to questions they might receive at school, church or in the community.



Supporting a Youth Living with Special Needs

Children and youth may be fearful of or have concerns or questions about doctors or hospitals and may need preparation and support for coping with medical appointments and procedures. This may be particularly true for children with special needs. You can work with the caseworker, parents and/or therapists to help prepare a youth for each doctor or hospital visit. Children’s most common fears:

- Separation from parents, siblings, and home environment while receiving medical care.
- Pain.
- The doctor’s mannerisms may be scary.
- The unknown.
- Guilt-“I caused my illness.”

In addition, adolescents may have concerns such as:

- Being talked down to or treated disrespectfully by medical professionals.
- Loss of privacy.
- Missing school, work or extracurricular activities for medical reasons.
- Impact of medical challenges on developing sexuality and relationships.
- Managing medical needs when on a job, traveling away from home or at college.

There are many ways foster parents can help youth through these fears, including:

- Explain purpose of all visits and/or interventions.
- Address any guilty feelings the child may have - use statements - “This is not caused by anything you did or forgot to do.”
- Acquaint the youth with others who have same or similar conditions.
- Tell the youth what to expect – if age appropriate and helpful, considering using role play, doll play, or books.

- Involve the youth in the process ahead of time by gathering information to bring to doctor, writing out questions to ask doctor, visiting a new or different facility, taking a tour of medical facilities, etc.
- Teach the youth specific self-care and health care management skills so she can have confidence when away from home.
- Include the youth respectfully in all conversations and decision making when meeting with doctors and other medical providers.
- Teach the youth in your care how to access health insurance, make appointments, locate specialists and obtain prescriptions.

Older Youth with Special Needs

When a youth with special needs approaches his or her late teens, there are services within the adult world that may become available. If you are caring for a youth with special needs who is 14 or older, there are some special things to be aware of:

- The child’s IEP (Individual Education Plan) must address “transitional” needs, that is the special preparation this youth may need for becoming independent and self-sufficient in the future.
- The Office of Vocational and Rehabilitation Services can become a resource for the youth in planning for college, vocational school or work.
- The youth should begin to take an active role in caring for her own health care needs, including knowing how to administer her own medications, care for equipment and even schedule appointments.
- The “Healthy and Ready to Work” program (see resource directory) has many helpful tools for youth with special needs.



Parenting a Youth with Special Emotional or Behavioral Health Needs

Many of the same issues, questions and challenges related to caring for a youth with special medical or physical needs will also apply to caring for a child or youth with special emotional or behavioral health care needs. There are some common emotional or behavioral challenges that a youth in foster care may have, including:

- ADHD- Attention Deficit Hyperactivity Disorder.
- AD- Attachment Disorder.
- ODD- Oppositional-Defiant Disorder.
- Depression, Mood disorders.
- PTSD- Post-traumatic Stress Disorder (from abuse).
- Acting-out associated with previous sexual abuse.
- Chronic lying, stealing, or violence.
- Risk factors for other mental illnesses.

These are just a few of the types of special needs that are often “invisible” - meaning that the youth with these special needs will not “look” different than other children and youth - they are not in wheelchairs, nor do they use tubes for feeding. They have no or only subtle immediate visible cues to the fact that they have any special needs at all.

Factors which can cause or contribute to these needs:

- A history of abuse – physical, sexual or verbal/psychological abuse.
- Attachment disorders.
- Severe grief reactions to the separation from or loss of family.
- Psychiatric/chemical disorders.
- A history of neglect – routinely or consistently being deprived of basic needs.
- Emotional deprivation.

Every youth comes into a “new” family with a certain amount of baggage: rejection, loss, grief, identity issues, etc. As she “settles” into the foster family, some of these issues will be best worked through within the family over time, while others will require additional, outside help.

How can you know when such help is needed? While some children and youth may come into your home with previously identified special emotional or behavioral needs, in other cases, the foster parent may be the first person to become aware of and identify these needs. In these instances, the foster parent may be the first to identify the need for help or therapeutic intervention.

With such help, problems can be worked through and resolved in a healthy manner. Without such help, children and youth grow up under the burden of this “baggage” and may be subject to a higher risk-status of developing such lifelong problems as substance abuse, severe emotional challenges or even sociopathic or criminal behavior. These latter are certainly rare and the goal of mentioning them here is not to scare foster parents, but rather to remind us that preventive steps we take now can reap significant benefits for her future.



Red Flags

What follows is a list of possible “red flags” that may indicate a need for outside resources. Please keep in mind that all youth are likely to display some of these indicators at various times. The need for intervention is more likely if the child or youth displays several at once, or some over longer periods of time.

Things that Happened to the Child/Youth:

- Severe illness or forced separation from primary caregivers in the first three years of life.
- Neglect of physical needs, especially during the first two years of life, physical abuse at any time, but especially during the first two years.
- Sexual encounters of any kind during childhood.
- Child witnessed traumatic events, domestic violence, alcoholic or drug-addicted parents, a parental death, a sibling death, a destructive fire, etc.
- Child was forced to participate in a church or group that practices frightening rituals, animal sacrifices, etc.
- Child was left alone for long periods.
- Child was locked up.

Behaviors a Youth May Exhibit:

- Indiscriminately (physically) affectionate.
- Refusal or fear of appropriate affection with parents.
- Excessive clinging on, need for physical affection or attention.
- Pre-occupation with bodily functions, especially vomit, bleeding, urination and defecation or sexual functions.
- Exhibiting sexually aggressive behaviors, coercing others into sexual activity.
- Destructive to self, others, animals, material things.
- Lack of impulse controls, short attention span, hyperactivity.
- Difficulty and/or obsession with food, overeating, bingeing, refusal to eat, abnormal eating patterns, etc.
- Preoccupation with images of death, violence, and gory, graphic details.
- Inability to discriminate between lies and realities and/or telling of crazy, obvious or outrageous lies.
- Experiencing hallucinations, delusions, hearing voices or other bizarre behaviors.
- Extreme difficulty with forming peer friendships.
- Frequent bursts of seemingly unexplained anger.
- Expressing thoughts, feelings or behaviors related to suicide.
- Expressing thoughts, feelings or behaviors related to causing serious injury or death to others.

If you notice that a youth in your care has several of these red flags, or even just one that seems to be particularly intense or concerning, talk with the agency caseworker about obtaining a thorough behavioral health assessment or evaluation for her. Then, work with the youth herself, her caseworker and therapist to create and implement a developmentally appropriate and individualized intervention plan.



Parenting a Youth Who is Racially or Ethnically Different From You

As a foster parent, you may be called upon to parent a child or youth who is racially or ethnically different from you. While in many ways, day to day life with this youth will be no different than with any other, there are some specific questions related to race and ethnicity that we should consider when parenting across racial or ethnic lines. We are all living in a society that is often deeply divided by issues of race, and we need to be aware of the impact of these social messages on our own views and on the children and youth we care for. As a foster parent, you will want to help each youth in your home feel comfortable with and proud of her own heritage, while also being tolerant and accepting of others.

How will transracial trans-ethnic parenting change your family?

Here are some questions to consider:

1. What does becoming a transracial or trans-ethnic family mean to you?
2. How does your extended family feel about persons of color?
3. Describe your current personal links and connections with specific communities – racial, ethnic, or religious communities. Include your network of friends, neighbors, in your workplace, social life, church, etc.
4. How will you expand upon these links and connections to meet the needs of children and youth in your care?
5. What do you anticipate being the greatest challenge a youth who is racially or ethnically different from you will face in your home? In your neighborhood? How can you help her to cope with these challenges?
6. What resources do you anticipate needing to be better equipped to parent a youth not of your race or ethnicity? What provisions have you made to locate and obtain these resources?
7. What benefits and advantages do you enjoy in your community due to your race or culture that a child or youth of a different race or culture may not enjoy?
8. What stereotypes or prejudices are you aware of that you personally struggle with? How did these come about? What have you done to “check out” the basis for these stereotypes? How do these prejudices affect your life and decision making?
9. Would you have dated a person outside of your own race or culture? Would you have married a person outside of your race or culture? Why or why not?



Development of Identity and Self Esteem in Children

Parenting a child or youth whose racial and/or ethnic background is different than one or both foster parents presents a variety of issues at different stages of development. This brief outline illustrates some of the key issues that arise at various developmental stages as they relate to racial identity and building of self-esteem:

Pre-School Years: The people that the child looks up to and spends the most time with look different from her. It will be natural for her to want to resemble those people she loves. Comments such as “When I grow up, I will have blond hair like yours” are not uncommon.

- Provide methods where you and the child can look alike perhaps by some special item of clothing, purse, shoes, or even hair style.
- Provide dolls and books that represent people from diverse backgrounds.

School-Age Years: The child will need help understanding her heritage and background. She needs to be able to begin to develop a response to the question “Who Am I?”

- Celebrate all cultures within the family.
- Point out ways that your individual backgrounds are similar as well as different.
- Acknowledge the prejudices the child faces. Share in the feelings prejudice produces. Do not brush these feelings aside.
- Teach problem solving skills and techniques.
- Provide regular opportunities for the child to be among people who do look like, or talk like she does – consider school, church, recreational activities, etc.

Philadelphia is a city of many diverse people. As a result, the Philadelphia foster care system reflects this diversity of races, cultures and ethnicities. Foster parents are urged to seek advanced training to help them explore this complex issue.

Adolescence: This is the intense time of figuring out “Who Am I?” Curiosity about racial identity and background may become stronger, particularly if she has not had the opportunity to know one parent (often father) or the extended family representing one side of their heritage.

Dating issues arise. Look at your community and circle of friends - how many of the people you associate with would wholeheartedly accept your son or daughter dating theirs?

Teens may develop a new or renewed interest in their native land, language, or become involved with a very culturally specific group, change the way they dress, the name they wish to be called, etc.

It is especially critical to provide adolescents with mentors, role models and other opportunities to be among people with the same racial or ethnic background as their own. Ask your agency worker how this might be best accomplished.



Parenting a Youth with Issues Related to Sexual/Gender Orientation

No one really knows how many lesbian, gay, bisexual, transgender or questioning (LGBTQ) youth are in the foster care system, although studies indicate that these youth may make up approximately 10 percent of all youth in foster care in urban areas such as Philadelphia. A survey conducted by the Urban Justice Center in 2001 reports that as many as 78% of these youth endure further harassment or abuse related to their sexual orientation after being placed in foster care. As a result, these youth are at a high risk for serious emotional challenges as well as for running away.

While many LGBTQ youth enter foster care for reasons of neglect or abuse similar to other youth in foster care, many enter care specifically because of their sexual orientation issues. Some are forced to leave their homes as a result of conflict over sexual identity or behavior. Others enter the system as a result of problems in school stemming from harassment and discrimination faced there.

As a foster parent, it is important to ensure that all children and youth in your home are both physically and emotionally safe and protected from harassment and discrimination.

Understanding Sexual Orientation

Sexual orientation refers to a person's sense of self, identity and sexual attraction to members of other, the same or both sexes. Research indicates that there is a continuum of sexual orientation, with some individuals exclusively attracted to members of the opposite sex, some exclusively attracted to members of the same sex and some in between, attracted to members of both sexes.

Learning about, exploring and awakening to sexual feelings are all a normal part of adolescent development. It is also normal for youth to question their own sexual identity and orientation during this period of development and perhaps to experiment with different sexual behaviors. In addition, youth who have experienced abuse or neglect may have specific sexual questions, confusion or fears. It is important to be supportive and understanding of youth who are going through this often scary developmental stage. Youth who are questioning their sexual identity, or beginning to recognize feelings of attraction to members of the same sex, may need to be provided with caring and competent therapists who can help them to feel safe and protected as they seek answers and explore issues related to their sexuality.

It is important to understand that neither heterosexuality nor homosexuality is "contagious." Sexual orientation is not learned or imposed upon youth by exposure, nor are LGBTQ youth any more likely than heterosexual youth to "prey upon" or act out inappropriately with other children. Neither can sexual orientation be "unlearned" and attempts to do so can be damaging to youth. See the LGBTQ Resources in the Resource Directory on page 74.



Providing the Support LGBTQ Youth Will Need

There are several things you can do as a foster parent to ensure that these youth receive the understanding and support they need for healthy and positive development. Some of these include:

- Recognize that you may be already parenting LGBTQ youth.
- Be aware of your own personal feelings or beliefs that might conflict with your responsibilities to LGBTQ youth in your home.
- Educate yourself and others about LGBTQ youth.
- Let the youth in your home know that you are comfortable with people who are LGBTQ.
- Display visible signs such as posters, stickers or books that demonstrate an acceptance of LGBTQ people.
- Eliminate anti-LGBTQ slurs. Use gender neutral language when talking to youth. For example, instead of asking a teenaged boy whether he has a “girlfriend,” ask if he has “someone special in his life.”
- If a youth is letting you know that they are LGBTQ, don’t ignore it. Talk to them about it.
- Protect LGBTQ youth from bias and harassment.
- Ensure that all youth in your home, including LGBTQ youth, have access to appropriate reproductive and sexual health care services and caring professionals who can answer questions about a range of sexual health issues ranging from sexually transmitted diseases, to living with HIV/AIDS, to reporting and coping with sexual harassment, attacks or rape.
- Help an LGBTQ youth find resources and support in the community – The Statewide Pennsylvania Rights Coalition (SPARC – contact information in the resource section on page 75) is a good place to begin.
- Consider joining a support group for parents of LGBTQ youth like Philadelphia Family Pride, found in the Resource Directory, so that you will be supported in your own efforts to parent the youth in your home.

Parenting a Youth as She Prepares for Adulthood

For most parents, preparing their children for independence and adulthood is a lifelong task, beginning in very early childhood. Each time a parent teaches a child to master a life skill, such as tying shoes, or toilet training, that child is a step closer to successful life as an independent adult one day. As children grow into adolescents, this preparation for adulthood takes on a new sense of importance, and parents begin to teach their teens about managing a checkbook, getting and keeping a job, planning a menu and shopping for groceries, etc. Even when youth move away from their parents’ home for college, the military, marriage or their first independent apartment, in most cases, they still have access to their parents and other family members for advice, help and even financial support when needed.

Yet, for children and youth in foster care, the acquisition of life skills in this “normal” sequence does not always happen, and when they leave care at the age of 18, they often do not have access to the safety net of a supportive and financially stable family to assist them in these ways. Therefore, it is of special importance that foster parents of adolescents pay particular attention to their need to learn and master the skills they will need to successfully manage their lives as independent adults.

Some of the skills a foster parent should encourage a youth to develop, and provide opportunities within the home to practice, include:

- Budgeting and money management, including handling their own money, establishing credit and learning to save for future needs.
- Menu and nutrition planning, grocery shopping and food preparation.
- Seeking, obtaining and holding onto a job.
- Managing their own health care, including making appointments, locating services, taking medications.
- Preventing unintended pregnancies and preparing for healthy sexual relationships.
- Seeking and obtaining an apartment.
- Care of clothing and personal items.



- Managing their own transportation needs, including using public transportation, driver's education and exploration of obtaining a driver's license (discuss with the youth's caseworker for legal and insurance issues).
- Planning for post-secondary education, including meeting pre-entry requirements, testing, application deadlines, campus visits and interviews, and financial aid.
- Managing adult relationships, including knowledge of safety, personal boundaries and other relationship skills and issues.
- Crisis management – knowing how to seek resources and who to call in an emergency.

In Philadelphia, the Achieving Independence Center (found in the Resource Directory on page 77) provides support for the development of many of these skills for youth in foster care. Foster parents should advocate for youth in their home to receive the full range of independent living services for which they are eligible.

Some youth may have additional special needs during this transitional time in their life. For example, you may be asked to provide a foster home to an adolescent who is already parenting a young child. Your role, in addition to that mentioned above, may include assisting in child care, and modeling parenting skills. Or you may be the foster parent of an adolescent with significant developmental disabilities, in which case, the Office of Vocational Rehabilitation Services (found in the Resource Directory on page 77) can provide support beyond those provided by the Achieving Independence Center.

In all of these instances, the most important element is to engage and involve the youth herself in the development of skills and the utilization of available services and supports.



Appendix One

Safety Checklist

- The home has working smoke detectors.
- The family practices fire drills.
- There are no fire hazards, all electrical cords are in good condition, electrical outlets are plugged with safety caps.
- Matches are not accessible to children.
- A fire extinguisher is working and easily accessible.
- Radiators, hot water pipes, stove-top and fireplaces have covers or barriers that prevent children from getting burned.
- Toilets flush and plumbing is in working order.
- A first aid kit is accessible and well stocked.
- Emergency phone numbers are visibly posted.
- All exits are accessible and free of clutter.
- Stairways have guards or railings, are sturdy and well lit.
- Windows, including screens, are fastened securely to prevent children from falling out.
- All medicines are clearly labeled and stored in a locked facility.
- Knives, scissors and other sharp objects are kept out of children's reach.
- All firearms should be equipped with a trigger-lock and stored, uncocked, unloaded, in a locked place that is inaccessible to any youth in the home. Keys to the locked container are also stored in a place that is inaccessible to children and youth in the home. Firearms should not be stored with valuables.
- Tools, especially power tools, are stored safely and are not accessible to children.
- TVs, VCRs, computers and other equipment are secured on stands to prevent tipping or collapse.
- Cleaning agents are stored in original containers and kept out of reach of children.
- Infant cribs, playpens and changing tables meet current safety standards.
- There are no poisonous plants in the house.
- The yard is fenced or otherwise safe for small children.
- Equipment and garden tools such as lawnmowers are inaccessible to small children.
- There are no pets that can harm a child.
- The play area is free of sharp or otherwise dangerous objects.
- If yard includes a trampoline or swimming pool, there are barriers that prevent access to unsupervised children.
- All play equipment including swings, slides, climbing toys are rust free and in good repair.
- Car seats that meet current safety standards and weight and age requirements.



Appendix Two

MEDICAID and EPSDT Fact Sheet

The **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)** service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) legislation and includes periodic screening, vision, dental, and hearing services. In addition, section 1905(r)(5) of the Social Security Act (the Act) requires that any medically necessary health care service listed at section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population.

The EPSDT program consist of two mutually supportive, operational components:

(1) assuring the availability and accessibility of required health care resources; and (2) helping Medicaid recipients and their parents or guardians effectively use these resources. These components enable Medicaid agencies to manage a comprehensive child health program of prevention and treatment, to seek out eligibles and inform them of the benefits of prevention and the health services and assistance available and to help them and their families use health resources, including their own talents and knowledge, effectively and efficiently. It also enables them to assess the child's health needs through initial and periodic examinations and evaluations, and also to assure that the health problems found are diagnosed and treated early, before they become more complex and their treatment more costly.

Periodicity Schedule

Periodicity schedules for Periodic Screening, Vision, and Hearing services must be provided at intervals that meet reasonable standards of medical practice. States must consult with recognized medical organizations involved in child health care in developing reasonable standards.

Dental services must be provided at intervals determined to meet reasonable standards of dental practice. States must consult with recognized dental organizations involved in child health care to establish those intervals. A direct dental referral is required for every child in accordance with each states periodicity schedule and at other intervals as medically necessary. The periodicity schedule for other EPSDT services may not govern the schedule for dental services. It is expected that older children may require dental services more frequently than physical examinations.

The EPSDT benefit, in accordance with section 1905(r) of the Act, must include the following services:

Screening Services -- Screening services must include all of the following services:

- **Comprehensive health and developmental history** -- Including assessment of both physical and mental health development.
- **Comprehensive unclothed physical exam.**
- **Appropriate immunizations** -- according to the schedule established by the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines.
- **Laboratory tests** -- Identify as statewide screening requirements the minimum laboratory tests or analyses to be performed by medical providers for particular age or population groups.
- **Health Education** -- Health education is a required component of screening services and includes anticipatory guidance. At the outset, the physical and/or dental screening provides the initial context for providing health education. Health education and counseling to both parents (or guardians) and children is required and is designed to assist in understanding what to expect in terms of the child's development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.



- **Vision Services** -- At a minimum, include diagnosis and treatment for defects in vision, including eyeglasses. Vision services must be provided according to a distinct periodicity schedule developed by the state and at other intervals as medically necessary.
- **Dental Services** -- At a minimum, include relief of pain and infections, restoration of teeth and maintenance of dental health. Dental services may not be limited to emergency services. Although an oral screening may be part of a physical examination, it does not substitute for examination through direct referral to a dentist. A direct dental referral is required for every child in accordance with the periodicity schedule developed by the state and at other intervals as medically necessary. The law as amended by OBRA 1989 requires that dental services (including initial direct referral to a dentist) conform to the state periodicity schedule which must be established after consultation with recognized dental organizations involved in child health care.
- **Hearing Services** -- At a minimum, include diagnosis and treatment for defects in hearing, including hearing aids.
- **Other Necessary Health Care** -- Provide other necessary health care, diagnosis services, treatment, and other measure described in section 1905(a) of the Act to correct or ameliorate defects, and physical and mental illnesses and conditions discovered by the screening services.
- **Diagnosis** -- When a screening examination indicates the need for further evaluation of an individual's health, provide diagnostic services. The referral should be made without delay and follow-up to make sure that the recipient receives a complete diagnostic evaluation. If the recipient is receiving care from a continuing care provider, diagnosis may be part of the screening and examination process. States should develop quality assurance procedures to assure comprehensive care for the individual.

- **Treatment** -- Health care must be made available for treatment or other measures to correct or ameliorate defects and physical and mental illnesses or conditions discovered by the screening services. All children are considered at risk and must be screened for lead poisoning.
- **Lead Poisoning Prevention** -- All children are considered at risk and must be screened for lead poisoning. Screening for lead poisoning is a required component of an EPSDT screen. Current CMS policy requires a screening blood lead test for all Medicaid-eligible children at 12- and 24-months of age. In addition, children over the age of 24 months, up to 72 months of age, should receive a screening blood lead test if there is no record of a previous test. Any additional diagnostic and treatment services determined to be medically necessary must also be provided to a child diagnosed with an elevated blood lead level.

State Medicaid Agency required activities:

- States must inform all Medicaid-eligible persons under age 21 that EPSDT services are available.
- States must set distinct periodicity schedules for screening, dental, vision, and hearing services.
- States must report EPSDT performance information annually (CMS Form-416).

Centers for Medicare & Medicaid Services
 7500 Security Boulevard,
 Baltimore MD 21244-1850
<http://www.cms.hhs.gov/medicaid/epsdt>



Appendix Three

What Are the Comparisons Between Adoption and Permanent Legal Custodianship (PLC)?

Adoption and PLC allow caregivers to make a lifelong commitment to children who cannot live with their parents (birth parents or other parents with whom the child was living when removed). Although there may be some differences between the two commitments, DHS encourages adoptive parents AND permanent legal custodians to take these commitments seriously, with the understanding that they are entering into a lifelong relationship with the child/ren.

DHS also encourages all caregivers to review and understand the similarities and differences between PLC and adoption before making a final decision. Even if PLC appears to be the right decision, State law requires DHS and the Family Court to rule out adoption as an option and understand the reasons why it is not in the best interests for child/ren in care. Thus, it is very important for caregivers to discuss these options thoroughly with caseworkers, attorneys, child/ren, and other family members before making a final decision about what is best for them.

| | Adoption | Permanent Legal Custodianship (PLC) |
|--|---|--|
| LEGAL STATUS Parents rights | <p>Parents voluntarily give up their rights or the court has terminated rights involuntarily. Adoption is a permanent, lifelong, legal relationship.</p> <p>Parents do not have right to make any future decisions regarding the care, custody and supervision of the child.</p> <p>Parents can not ask the court for consideration to regain custody of the child.</p> | <p>Parent/s keep certain rights. These rights include: visitation, consent to adoption, financial support, and the right to claim the body of a deceased child.</p> <p>PLC can still be established for children where parental rights have already been given up or terminated if adoption is ruled out.</p> <p>Parents can ask (“petition”) the Domestic Relations Court to regain custody of the child if parental rights have not been terminated.</p> |
| Caregiver Rights or Custodian | <p>The adoptive parent/s is given all the rights and responsibilities that once belonged to the birth parent/s.</p> <p>When the adoptive parents are married, both spouses must adopt. If spouses are separated, the spouse not adopting must consent to his/her spouse adopting as a single parent.</p> | <p>Custodian is given legal and physical responsibility for the child and assumes the rights of care, custody, and supervision of the child.</p> <p>When married, either one or both spouses may be named custodian.</p> <p>If the parent/s’ parental rights are terminated the custodian may legally adopt the child but without DHS’ help.</p> |



| | Adoption | Permanent Legal Custodianship (PLC) |
|---------------------------------------|--|---|
| Legal Documentation | <p>The final Decree of Adoption finalizes the adoption.</p> <p>The Adoption Subsidy Agreement is made between DHS and the adoptive parent/s and includes all relevant information about the subsidies.</p> | <p>The PLC Court Order finalizes the PLC and includes information about visitation.</p> <p>The PLC Subsidy Agreement is made between DHS and the caregiver and includes all relevant information about the PLC, including subsidy.</p> |
| Decision Making for Children | <p>All decisions are made by the adoptive parent/s.</p> | <p>Major decisions regarding school, medical treatment, and consent for most other major life decisions are made by the custodian.</p> <p>Parent/s keep important rights, e.g., visitation and consent to adoption when parental rights have not been given up or terminated.</p> |
| Relationship with the Parent/s | <p>The adoptive parent/s have the right to determine if the child will have any relationship with the parent/s.</p> | <p>If the parent/s' rights have not been terminated, they have the right to visit the child unless a court orders no visits. The Court when issuing PLC will specify how the visitation will occur and how often. Parent/s also have the right to ask ("petition") the court to have the child returned to them. (Although this is not likely to be successful)</p> |



Adoption

Permanent Legal Custodianship (PLC)

Financial Assistance

The adoptive parent/s, whether receiving a subsidy or not, are responsible for financial support of the child. Subsidies are available for the adoption of DHS children who meet certain eligibility requirements at the same rate as the foster care payments. Almost all DHS children meet these eligibility requirements.

Parents have no financial responsibility for the care of the child.

A custodian, whether receiving a subsidy or not, is responsible for the financial support of the child. Subsidies are available for children who meet certain eligibility requirements at the same rate as the foster care payments. The custodian is responsible for financial support of the child until the child reaches age 18 or the court ends the PLC.

If the parents' rights have not been terminated they can be held responsible for contributing to the financial support of the child.

Duration of subsidy

The adoption subsidy lasts until the child is 18. Adoption assistance payments are the same as the monthly foster care board payment received while the child was in foster care.

The PLC subsidy lasts until the child is 18 but the relationship is life long.

PLC monthly payments are the same as the foster care payment received while the child was in foster care.

**Amount of subsidy
Annual re-determination**

DHS must conduct a review every year ("annual determination") that there have been no changes, in the family's situation that would affect eligibility of the adoption subsidy i.e. whether or not the child is still living with the adoptive parents.

DHS must conduct a review every year ("annual determination") that there have been no changes in the family's situation that would affect eligibility of the PLC subsidy, i.e. whether or not the child is still living with the custodian or whether the child is now receiving some additional income, such as SSI.

Eligibility for Medicaid

Children receiving an adoption subsidy are automatically eligible to receive Pennsylvania Medical Assistance. In addition, if the family moves to another state and the child was IV-E eligible (federal funding) while a foster child, the child will be eligible for medical assistance in the new state.

Children receiving a PLC subsidy are automatically eligible to receive Pennsylvania Medical Assistance.

Eligibility for Other DHS Services

Adoption is a permanent commitment to the child. Families needing services or support to care for the child would contact specialized agencies in their community or the DHS prevention division.

PLC is a permanent commitment to the child. Families needing services or support to care for the child would contact specialized agencies in their community or the DHS prevention division.



| | Adoption | Permanent Legal Custodianship (PLC) |
|--|---|---|
| Child's Legal Name | The adoptive parent/s' determine the child's legal name. | The child retains his/her own legal last name. |
| Inheritance | An adopted child has all of the same rights as birth children when the adoptive parent/s does not have a will. Otherwise, inheritance rights are established through a valid will as they are for birth children. | The child has no rights of inheritance from the permanent legal custodian unless the child has been included in the permanent legal custodian's will. |
| Consent of the Child | A child who is 12 years of age or older must consent to his/her own adoption. | There is no legal requirement that the child of any age consents to the PLC, however, the wishes of the child must be taken into consideration. |
| Death of a Caregiver or Termination of Adoption/PLC | A child adopted with adoption assistance remains eligible for adoption assistance when he/she is orphaned due to the death of his/her adoptive parent/s or when a court terminates the adoptive parent/s parental rights. He or she can continue to receive adoption assistance if adopted by someone else. | PLC is not transferable to another. If another potential permanent legal custodian needs subsidies to support the child, the child must be declared dependent and in DHS custody for at least six months before a new permanent legal custodian can be appointed and new subsidies received. |
| Returning a Child to DHS | An adoptive child would have to be found by the court to be abused, neglected or dependent in order to have DHS again assume legal responsibility for the child. | A child living with a custodian would have to be found by the court to be abused, neglected or dependent in order for DHS to again assume legal responsibility for the child. |
| Court Roles | The Adoption branch of the Family Court is responsible for finalizing the Adoption. Once the Adoption is finalized, there is no right to request a modification. | The Dependency Court is responsible for establishing the PLC Order. After the order is established, the case is transferred to the Domestic Relations (DR) Court. The DR court must hear any petition to modify or terminate the PLC Order. If the custodian wishes to adopt the child, the case is heard in the Adoption branch of Family Court. |



Appendix Four

GLOSSARY OF TERMS

While not all-inclusive, this glossary provides definitions of many of the terms used in this handbook and many common terms foster parents may encounter.

Abuse, or Child Abuse: An injury or pattern of injuries to a child that is non-accidental and the result of acts or omissions of a child's caretaker. Types of abuse include physical abuse, sexual abuse and denial of critical care including medical or psychiatric care.

Access Card: In Philadelphia, this is another name for the Medicaid program, which provides access to medical care for children in foster care.

Adoption: The creation of a new, permanent legal family for a child or youth. The adoption process involves the termination of the parents' rights and the creation of parental rights in a new caregiver(s). Adoptive families may or may not be related to the child or youth before the adoption.

Adoption Assistance or Subsidy: Financial assistance available to families who adopt children from foster care. This assistance is designed to help the family meet the regular and special needs of the young person. It is important to discuss this with your agency social worker if adoption is being considered as a child's permanency plan.

Achieving Independence Center: Philadelphia's "one-stop" center for the provision of many services, including Independent Living services for youth in foster care who are approaching adulthood. Contact information is provided in the Resource Directory on page 77.

Advocate, or Child Advocate: In this handbook, this term is used to describe the attorney assigned to represent the child or youth in all legal matters and court proceedings related to her case.

Adjudication or Adjudicatory Hearing: A hearing to determine if the allegations in a petition presented to the court are true.

Agency: An organization which has met certain standards and is allowed by law to provide services to children and families. In Philadelphia, private agencies, also called "provider agencies" share many responsibilities with DHS for the care, protection and supervision of children and youth in foster care.

Aging Out: When a youth leaves foster care because they have reached a certain age (18 in most cases in Philadelphia) without obtaining permanence through returning home, adoption or PLC.

Another Planned Permanent Living Arrangement (APPLA): An alternative permitted under ASFA which allows a youth to have a goal permanence that is not return home, adoption or PLC. This is not as legally or emotionally secure as the three principle permanency options and least likely to be encouraged or supported by DHS and/or the court.

Appeals: Someone asks for a hearing to change the court's decision. Any court decision is subject to an appeal.

Adoption and Safe Families Act (ASFA): A federal law, passed in 1997, which has many provisions related to the safety, permanence and well-being of children in foster care, including timelines states must follow, with some exceptions, related to termination of the parents' rights and securing permanent homes for children.

Biological Parents or Birth Parents: The child/youth's family of origin: the person(s) who gave birth or fathered the child.



Caretaker: A person responsible for the day-to-day care of a child or youth.

Case Assessment and Case plan: A plan that DHS and the provider agency, along with the youth and family, and their legal advocates, develops and updates every six months. It includes the services provided to the youth and family, and makes clear the expectations and progress made toward reaching the goal of permanent placement of the youth.

Child: In this handbook, the terms “child”, “children” and “youth” are all used to describe individuals between birth and the age of 18. The term “child” is frequently used to describe younger children (birth to age 12) and the term “youth” is frequently used to describe adolescents (ages 12 to 18).

Child Protective Services (CPS): The portion of DHS charged with investigating abuse or neglect allegations and providing ongoing social services to families where abuse and neglect of youth has been reported.

ChildLine: Pennsylvania’s toll-free telephone number – 1-800-932-0313 – to report suspected abuse or neglect of a child. A “Childline clearance” documents that a person – such as a prospective foster parent – has not been found guilty of abusing a child in Pennsylvania and this clearance is required for foster parent approval.

Community Based Prevention Services (CBPS): Services provided to children, youth and their families through a network of community-based programs, which prevent the need for DHS involvement or for removal of a child or youth into foster care.

Concurrent Planning: A process that allows for DHS and the child’s permanency planning team to work on two or more permanency plans at the same time. For example, while primarily focusing on reunifying a child with her parents, the team may also begin to consider and plan for adoption or PLC if reunification is not successful within desired and/or legally required time frames.

Confidentiality: Protection of information related to a child’s identity, life and circumstances, and that of her family, from inappropriate disclosure to other parties. A release of information may be signed to give permission for professionals and others to have access to that information if appropriate.

Continuance: When a court hearing is not completed, it can be “continued” to another date. For example, this may occur when someone whose presence is needed does not come to court, or when the judge does not have sufficient information to act on the case.

Court Appointed Special Advocate (CASA): An adult volunteer, assigned by the court to serve as an arm of the court to independently investigate the best interests of the child and act as a liaison in court proceedings. The CASA and the youth should talk on an ongoing basis.

Custodian: A person or agency designated by the court with the rights and duties to provide for all of the child or youth’s needs for protection, food, clothing, housing, education and medical care.

Dependency Case: This is the term used to describe the court case related to a child in foster care.

Detention Hearing: The hearing at which the court determines whether it is necessary to place or keep a child in out-of-home care. In Philadelphia, this hearing must be held within 72 hours of a child’s removal from her home.

DHS: Abbreviation for Department of Human Services, the over-seeing agency for foster care in Philadelphia.

Disposition: This is the decision about where a child or youth should live (such as in state custody), as well as what the parents, DHS and the youth must do to address the problems that brought the youth into care.

Early Intervention (EI): A program which provides a range of services to young children (up to age 5) to help them overcome developmental delays. Children in foster care are eligible for early intervention services when needed. If you suspect a child has delays, talk to your agency caseworker about early intervention services, or call ChildLink at 215-985-2500.



Emancipation: A youth who is legally declared an adult (by a court) prior to age 18. A youth in foster care who emancipates is no longer a ward of the court (or in foster care).

EPSDT: The Medicaid Early, Periodic Screening, Diagnosis and Treatment Program. This program requires regular check-ups and screenings for physical and mental development. Services related to the diagnosis and treatment of any abnormalities, delays or diseases discovered must also be provided. Please see a more detailed description in Appendix Two on page 60.

Family Court: In Philadelphia, this is the court that hears most cases related to children and youth in foster care. The Family Division, also referred to as Family Court, is one of the three major divisions of the Philadelphia Court of Common Pleas. The Family Division is made up of two branches, the Juvenile Division and the Domestic Relations Division. Most of the court hearings related to children and youth in foster care take place in the Juvenile Division and are referred to as dependency cases.

Family Service Plan (FSP): A written plan, prepared by DHS with the child's family, which describes the family's strengths, needs, goals and services which will help the family address the problems that brought a child into foster care and move towards creating safe permanence for a child in a timely manner.

Family Team Meeting: A meeting which brings together a team of people, including the child or youth, her family, foster family, relatives, agency caseworkers, legal advocates and others who care about and/or have information about the child, to develop permanency plans for the child or youth.

Foster Care: Temporary care provided to children or youth who are removed from their family's custody and are placed in state custody. Foster care is 24-hour care with a person or agency who is approved by the state to provide this care and includes placement with relatives, foster families, group homes, shelters and other placements for children under the age of 18.

Foster Family or Foster Parent: A family, or parent, who has been approved by the state to provide temporary 24-hour care and protection to a child or youth who has been removed from her family generally for reasons of abuse or neglect. Foster families can be either relatives or non-relatives of the child being placed.

Foster Home: A temporary home where a youth may live while in the custody of the County.

GED: General Equivalency Diploma, a diploma that is equivalent to a high school diploma which demonstrates that a person has shown satisfactory competence through testing in a variety of subjects including literacy, math, social and natural sciences.

Group Home: A home that cares for several foster youth, often using social workers for supervision instead of foster parents.

Guardian ad Litem (GAL): A person appointed by the court to represent the best interests of the child or youth in any legal proceedings involving the youth. The GAL and the youth should talk on an ongoing basis.

Guardian, or Guardianship: A person who is not the parent of the child or youth, but has been appointed by the court to have responsibility for the youth including certain legal rights and duties.

Individual Education Plan (IEP): A written plan for children receiving special education services through the schools. The plan is developed with the participation of the child or youth, her parents, the school and others familiar with the child's educational needs. The plan must be periodically reviewed, updated, and must include specific goals and objectives.



Independent Living Program (ILP): Also known as the Chafee Foster Care Independence Program, this is a federally funded program providing services to foster youth to prepare them for adulthood, including development of life skills such as money management, job readiness, menu planning and preparation, etc. The federal program also provides funds for college scholarships, and in some cases may provide for room and board assistance for youth over the age of 18. Independent Living is not a permanency plan for a youth, but rather a set of services related to preparation for adulthood.

Individual Service Plan (ISP): A written document, developed by the youth and the provider agency, describing long range goals and short range objectives for child or youth.

Interstate Compact on Adoption and Medical Assistance (ICAMA): An agreement between states to ensure that children who are placed across state lines for adoption are able to receive medical care and medical coverage through Medicaid.

Interstate Compact on the Placement of Children (ICPC): An agreement among states to ensure protection and services to children and youth when they are placed across state lines for foster care, adoption or living with a relative. Both states (“sending state” - the state the child currently lives in, and “receiving state” – the state the child is going to) must complete required paperwork to demonstrate that the legal protections and requirements of the ICPC have been met before a child can be moved across state lines.

Judge: The judge decides what is best for the youth. The judge issues court orders, reads reports, hears arguments and decides whether the youth should be placed or continued in the custody of the state as well as making final decisions on permanency plans.

Kinship or Kinship Care: 24-hour care for children and youth provided by relatives such as grandparents, aunts, uncles or even older (adult) siblings. This may also be called relative care. In Philadelphia, kinship caregivers are required to be approved by the same standards as non-relative foster parents when providing care for a child in DHS custody.

Lifeblog: A scrapbook which records pictures and special events to help a child or youth develop a sense of identity and history. It typically includes pictures and stories about people, events and places which are important to the child’s history and life.

Mandated Reporter: A person designated by law who must report suspected abuse or neglect of a minor child. In Philadelphia, foster parents, teachers and social workers are mandatory reporters, to name a few.

Maintenance Payment: The monthly payment issued to foster parents for the child’s care and covers basic costs such as food, clothing, shelter, school supplies, grooming, transportation, and recreation.

Medicaid: A federal and state funded medical and health care assistance program to which all children in foster care are eligible. In the five County region, Medicaid is a managed care program called HealthChoices. Includes special assessments and services for children under the EPSDT program.

Neglect: The failure of the person responsible for the care of a child to provide adequate food, shelter, clothing, medical care or supervision necessary for the child’s health and welfare.

Notice of Hearings: Everyone involved in a youth’s case must be served with a notice telling them when and where there’s going to be a court hearing. People required to receive notice include the youth, parents, foster parents, the agency with custody, and legal advocates assigned to all parties. A foster parent has a right to notice, but is not considered a “party” to the case and therefore, does not have an assigned legal advocate.



Permanency Hearing: A court hearing to consider a child or youth's need for secure and permanent placement in a timely manner. The hearing must be held within 12 months of a child's placement in foster care, and revisited thereafter until permanence is achieved.

Permanency Planning: Planning for a child or youth to have a permanent legal home and family. The preferred permanency options are reunification, adoption and PLC. Other legally available permanence options include placement with a fit and willing relative or "Another planned permanent living arrangement/APPLA" although these last two are not as desirable as they do not provide the same level of emotional and legal security as the first three.

Permanent Legal Custodianship (PLC): makes another person, often a family member, the permanent legal guardian and is intended to be a permanent arrangement, but, unlike adoption, does not involve termination of the parents' rights. Under PLC, the parents may retain certain rights, such as visitation, that they would not have under adoption. The guardian receives a stipend equal to a foster care payment.

Respite Care: Temporary care for a child or youth, intended to give either the youth or caregiver (or both) a break.

Reunification: Services that can bring a youth back to the family from which she was removed by working on the problems that caused the separation of the child or youth from the family. Most often, reunification involves the child's birth family, but in cases where a child was removed from an adoptive family or PLC or other legal guardian, reunification can also occur.

Services to Children in their Own Homes (SCOH): A home based family program designed to stabilize a family and prevent placement in foster care when a child can be safely cared for in her own home.

Sibling or Sibling Group: A sibling is the brother or sister of a youth. A sibling group is a group of two or more siblings. DHS' policy is to keep siblings together when in foster care, and for the purpose of permanency planning.

Special Needs Child: Within foster care, this term usually refers to a child who is over the age of five, a member of a minority racial group, a member of a sibling group, and/or a child with a physical, mental or emotional disability. Children with special needs are generally eligible for special services and also for adoption assistance if they are adopted from foster care.

Social Worker: A person who works with youth and their families to provide services and support, with the goal helping the youth achieve permanency. Children and youth in Philadelphia typically have both a provider agency caseworker and a DHS caseworker involved with their case. These workers are sometimes called social workers as well.

Supplemental Security Income (SSI): Funding provided through the Social Security Administration (SSA) to eligible children and adults with disabilities.

Surrogate Parent: A person who is appointed by the Department of Education to make sure that a child or youth's special education needs are being met.

Statewide Adoption Network (SWAN): Pennsylvania's program for expediting and supporting the adoption of children in foster care.

Termination of Parental Rights (TPR): If family reunification has been ruled out and adoption is a possibility for the child, the Department may petition (request) for termination of the parents' rights to the child. If the court terminates parental rights it means the child is free for adoption. It also means that the parents have no legal rights pertaining to the youth anymore.



Appendix Five

Bill of Rights for Children in Foster Care

Today, many states and youth organizations are developing documents known as a “Bill of Rights” for children in foster care. While this may seem like a new idea, it is not. In fact, according to the National Foster Parent Association, one of the original such documents was ratified in Philadelphia in 1973. This is a reprint of that version of the Bill of Rights for Children in Foster Care:

Even more than for other children, society has a responsibility along with parents for the well-being of children in foster care. Citizens are responsible for acting to insure their welfare. Every child in foster care is endowed with the rights inherently belonging to all children. In addition, because of the temporary or permanent separation from and loss of parents and other family members, the child requires special safeguards, resources, and care.

EVERY CHILD IN FOSTER CARE HAS THE INHERENT RIGHT:

....to be cherished by a family of his own, either his family helped by readily available services and supports to reassume his care, or an adoptive family or by plan, a continuing foster family.

....to be nurtured by foster parents who have been selected to meet his individual needs, and who are provided services and supports, including specialized education, so that they can grow in their ability to enable the child to reach his potential.

....to receive sensitive, continuing help in understanding and accepting the reasons for his own family's inability to take care of him, and in developing confidence in his own self worth.

....to receive continuing loving care and respect as a unique human being...a child growing in trust in himself and others.

....to grow up in freedom and dignity in a neighborhood of people who accept him with understanding, respect and friendship.

....to receive help in overcoming deprivation or whatever distortion in his emotional, physical, intellectual, social and spiritual growth may have resulted from his early experiences.

....to receive education, training, and career guidance to prepare for a useful and satisfying life.

....to receive preparation for citizenship and parenthood through interaction with foster parents and other adults who are consistent role models.

....to be represented by an attorney at law in administrative or judicial proceedings with access to fair hearings and court review of decisions, so that his best interests are safeguarded.

....to receive a high quality of child welfare services, including involvement of the natural parents and his own involvement in major decisions that affect his life.



Appendix Six

Philadelphia Foster Parent Resource Directory

Please note: This directory includes local, state and national resources that may be useful to foster and adoptive parents and relative caregivers in the Philadelphia area. As often as possible, the directory includes all of the following information:

- Name of organization and contact person
- Address
- Phone number
- Email address
- Website address
- Brief description

For some of the resources listed, not all of the categories of information are available. For example, some organizations only list their phone number and/or website information.

The directory is also broken into categories, but it is important to realize that some organizations serve multiple purposes, for example, *Together as Adoptive Parents* is listed in the Adoption category, but this organization also has information relevant to foster parents and relative caregivers.

Adoption

Adoption Center of Delaware Valley

1500 Walnut St
Suite 701
Philadelphia, PA 19102
215-735-9988
acdvdv@adopt.org
<http://www.acdv.org>

Information, referral and matching services for families in the Delaware valley area.

AdoptUSKids

8015 Corporate Dr
Suite C
Baltimore, MD 21236
1-888-200-4005
<http://www.adoptuskids.org>

National photolisting of children awaiting adoption in the U.S. plus adoption information.

NACAC

970 Raymond Ave
Suite 106
St Paul, MN 55114
651-644-3036
info@nacac.org
<http://www.nacac.org/>

National foster care and adoption information and advocacy.

Statewide Adoption Network (SWAN)

1-800-585-SWAN
<http://www.adoptpakids.org/>

Information about adoption and waiting children in Pennsylvania.

Together as Adoptive Parents

Phyllis Stevens
478 Moyers Road
Harleysville, PA 19438
215-256-0669
taplink@comcast.net
<http://www.taplink.org/>

Support for adoptive, foster and kinship families in Pennsylvania.



Advocacy

Child Welfare League of America (CWLA)

440 First Street, NW
3rd floor
Washington, DC 20001
202-638-2952
www.cwla.org

Information on all aspects of child welfare including many excellent books and materials related to foster care.

Philadelphia Citizens for Children & Youth (PCCY)

7 Ben Franklin Parkway
6th floor
Philadelphia, PA 19103
215-563-5848
info@pccy.org
www.pccy.org

Advocacy for all childrens' issues in Philadelphia area.

Court and Legal Resources

Community Legal Services (CLS)

1424 Chestnut Street
Philadelphia, PA 19102
215-981-3700
www.clsphila.org

Free legal services and/or representation to low income families in Philadelphia. Areas include housing, welfare, utilities, SSI and more. In Family Court, Community Legal Services represents birth parents.

Philadelphia Court Operations Office

1801 Vine Street
Philadelphia, PA 19103
215-686-4119

Provides information about Family Court cases.

Juvenile Law Center (JLC)

The Philadelphia Building
1315 Walnut Street, 4th floor
Philadelphia, PA 19107
215-625-0551
info@jlc.org
www.jlc.org

JLC provides info and advocacy on laws and issues affecting children in foster care and represents some children in Family Court.

Lawyer Referral Service, Philadelphia Bar Association

1 Reading Center
11th floor
Philadelphia, PA 19107
215-238-1701
info@pabar.org
www.pabar.org/lrsblurb.shtml

Will provide assistance for locating an attorney in your area.

National Center for Youth Law

405 - 14th Street
15th floor
Oakland, CA 94612
510-835-8098
info@youthlaw.org
www.youthlaw.org

Provides information on both juvenile justice and child welfare issues.

PA Legal Services

118 Locust Street
Harrisburg, PA 17101
1-800-322-7572
www.palegalservices.org

Provides information about legal services available throughout the state of PA.

Philadelphia Family Court

1801 Vine Street
Philadelphia, PA 19103
215-686-4007

Support Center for Child Advocates

1900 Cherry Street
Philadelphia, PA 19103
215-925-1913
www.advokid.org

Provides legal services and advocacy on behalf of youth in foster care, trains volunteer attorneys to provide legal services to abused or neglected children.



Education

Education Law Center (ELC)

1315 Walnut Street
Suite 400
Philadelphia, PA 19107
215-238-6970
www.elc-pa.org/

ELC provides free information service for families others about students' legal rights and other educational issues.

Prekindergarten Head Start

Stevens Administrative Center
room 301
13th & Spring Garden Streets
Philadelphia, PA 19123
215 351-7060
www.philsch.k12.pa.us/ll/headstart/head_start.html

Family focused health, nutrition, social and educational services designed to encourage each child and family to achieve their maximum potential.

Wrightslaw

webmaster@wrightslaw.com
www.wrightslaw.com

Information about special education law and advocacy for children with disabilities.

Foster Parenting

Fostering Families Today

1-888-924-6736
cvnpeck@bellsouth.net
www.fosteringfamilies.com

A quarterly magazine for foster families and professionals.

National Foster Parent Association

7512 Stanich Avenue #6
Gig Harbor, WA 98335
253 853-4000 or 1-800-557-5238
www.nfpainc.org

A national organization which provides support for foster parents, and local foster parent organizations, as well as national advocacy on behalf of children and families.

PA State Foster Parent Association

P.O. Box 60216
Harrisburg, PA 17106
1-800-951-5151
www.psfpa.com

Support, information and advocacy for Pennsylvania foster parents.

Income Support

Food Stamp Information

1-800-221-5689
www.fns.usda.gov/fsp/

This website provides information about eligibility for foodstamps, how and where to apply and more.

Supplemental Security Income (SSI)

1-800-772-1213
www.ssa.gov/notices/supplemental-security-income/

A Federal program providing financial assistance to people with disabilities.

WIC

1-800-WIC-WINS
www.dsf.health.state.pa.us/health/

Supplemental food for pregnant women, infants and young children.

Lesbian, Gay, Bisexual, Transgendered and Questioning Youth

The Attic Youth Center

255 South 16th Street
Philadelphia, PA 19102
215-545-4331
www.atticyouthcenter.org

Counseling, support groups, after-school programs, free HIV testing and social and educational programming.

Center for Lesbian and Gay Civil Rights

1211 Chestnut Street, suite 605
Philadelphia, PA 19107
215-731-1447
c4crinfo@center4civilrights.org
www.center4civilrights.org/index.htm

Advocacy and legal services for gay and lesbian people in Pennsylvania.



The COLOURS Organization, Inc.

1201 Chestnut Street, 15th floor
 Philadelphia, PA 19107
 215-496-0330
 www.coloursinc.org
Support groups and prevention case management centered on HIV/AIDS education and awareness for LGBTQ youth ages 24 and under.

PFLAG Philadelphia

P.O. Box 15711
 Philadelphia, PA 19103
 215-572-1833
 www.pflagphila.org
Promotes the health and well-being of gay, lesbian, bisexual, and transgendered persons, their families and friends through support, education and advocacy.

Mazzoni Center

1201 Chestnut Street, 3rd Floor
 Philadelphia, PA 19107
 215-563-0652
Free counseling for LGBTQ youth between ages of 12 and 23 through the Open Door Program. Provides counseling for parents with LGBTQ youth and referrals to psychiatric and other psychological services as necessary.

Philadelphia Family Pride

PO Box 25223
 Philadelphia, PA 19119
 215-844-3360
 phillyfamilypride@hotmail.com
 http://www.phillyfamilypride.org/pages/873637/index.htm
Support groups, parenting workshops and social activities for LGBTQ families in Philadelphia.

Statewide PA Rights Coalition (SPARC)

1300A North 3rd Street
 Harrisburg, PA 17102
 717-920-9537
 webadmin@sparc-pa.org
 www.sparc-pa.org
A Pennsylvania statewide network advocating for civil rights for lesbian, gay, bisexual and transgender (LGBT) individuals.

Mental Health

Community Behavioral Health (CBH)

801 Market Street
 7th floor
 Philadelphia, PA 19107
 215-413-3100
 www.phila-bhs.org
Manages behavioral health care for Philadelphia residents receiving Medicaid, which includes most foster children.

Mental Health Association of Southeastern Pennsylvania

1211 Chestnut Street
 Philadelphia, PA 19107
 215-751-1800
 mha@mhasp.org
 www.mhasp.org
Support and advocacy for families facing mental health challenges.

Parents Involved Network

1211 Chestnut Street
 Philadelphia, PA 19107
 215-751-1800
 pin@pinofpa.org
 www.pinofpa.org
Support for parents or caregivers of children with emotional disorders.

Other Community Resources

Philadelphia Department of Human Services (DHS)

1515 Arch Street
 Philadelphia, PA 19102
 215-683-4DHS (4347)
 www.phila.gov/dhs
DHS works to protect children from abuse, neglect, and delinquency and to ensure their safety and permanency in nurturing home environments. DHS works to strengthen and preserve families by enhancing community-based prevention services.

Philly SOS

www.phillysos.org
A searchable database on the internet with listings of a wide range of community based services and supports for parents and families in Philadelphia and surrounding areas.

**Grand Central c/o Sandra Cross**

1211 Chestnut Street
Suite 200
Philadelphia, PA 19107
215-557-1554
grandcentralinc@msn.com

Resources and support for grandparents and other relatives raising children.

Sexual Health**Planned Parenthood of Southeastern Pennsylvania**

1144 Locust Street
Philadelphia, PA 19107
215-351-5500
www.ppsp.org

Works to protect and enhance reproductive freedom, to increase access to reproductive health care services and information, and to promote sexual health.

Special Needs**ChildLink**

260 South Broad Street
18th floor
Philadelphia, PA 19102
215-731-2110
info@phmc.org
www.phmc.org (click on the Early Intervention Services for Infants and Toddlers link)

Provides information, evaluations, services and referrals for children from birth to age three who have developmental delays or disabilities, and their families living in Philadelphia.

Elwyn

111 Winding Way
Monroe Building, Suite 104
Philadelphia, PA 19131
215-578-3100
www.elwyn.org

Services for infants and toddlers who show evidence of or are at risk for lags in physical, cognitive, language, speech and psycho-social development. Individual or group educational and therapeutic services are offered at either the center or in the community depending on the identified needs of the child and family.

Family Village

1500 Highland Avenue
Waisman Center
Madison, WI 53705
familyvillage@waisman.wisc.edu
www.familyvillage.wisc.edu

Informational resources on disabilities, specific diagnoses, adaptive products and technology, education, worship, health issues and more.

Family Voices

3411 Candelaria NE
Suite M
Albuquerque, NM 87107
1-888- 835-5669
kidshealth@familyvoices.org
http://www.familyvoices.org/

Information and advocacy for parents and caregivers of children with special health care needs.

Parent to Parent of PA

717-540-4722
info@parenttoparent.org
www.parenttoparent.org

Connects families in similar situations with one another so that they may share experiences, offer practical information and/or support.

Special Kids Network

1-800-946-4550
www.dsf.health.state.pa.us/health

Comprehensive information and referral service for parents and caregivers of children in Pennsylvania with special needs.

Starting Young Program

The Children's Hospital of Philadelphia
Phone: 215-590-7723
Department of Psychology
3535 Market Street, Room 1460
Philadelphia, PA 19104

Evaluates children under 31 months who are referred by child welfare agencies. Children are assessed by a pediatrician, child psychologists, speech-language pathologist and physical therapist, who provide developmental evaluations. The assessment team works with child welfare social workers to develop a service plan for each child, and parents and caregivers are kept informed of all findings and recommendations.



Teens/Youth

Achieving Independence Center

701 Market Street C-18, Concourse Level
Philadelphia, PA 19106
215-574-9194

A "one-stop" center providing services to youth transitioning to independence. Youth in foster care age 16 and older are eligible for this program.

Healthy and Ready to Work

www.hrtw.org

Information and connections for helping teens with special needs transition into adulthood.

Office of Vocational Rehabilitation

444 North Third Street
Department of Labor
Philadelphia, PA 19123
215-560-1900
www.dpw.state.pa.us/omr/Employment/omrEmploymentDirectory.asp

Assists youth with special needs as they transition into vocational education or the workforce.

Transracial Resources

PACT: An Adoption Alliance

510-243-9460
info@pactadopt.org
www.pactadopt.org

Information for parenting children of color through foster care or adoption, transracial resources.

John F. Street
Mayor
City of Philadelphia

Julia Danzy
Director
Division of Social Services

Cheryl Ransom-Garner
Commissioner
Department of Human Services

Department of Human Services



We Make A Difference
In The Lives Of Philadelphia's
Children And Families

Division of Social Services
Department of Human Services

1515 Arch Street
Philadelphia, PA 19102
215-683-4DHS
www.phila.gov/dhs
www.phillysos.org