

	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL</b>			
	<b>Chapter:</b>	(14) Resource Development	<b>Effective Date:</b>	September 2015
	<b>Policy Title:</b>	Working with Caregivers		
	<b>Policy Number:</b>	14.16	<b>Previous Policy #:</b>	14.16

**CODES/REFERENCES**

O.C.G.A. § 15-11-109  
 O.C.G.A. § 15-11-111  
 Adoption and Safe Families Act of 1997 (ASFA) P.L. 105-89  
 Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183)

**REQUIREMENTS**

The Division of Family and Children Services (DFCS) shall actively involve caregivers as participants on the foster care team working toward the permanency plan for the child.

Caregivers shall apply the reasonable and prudent parenting standard (see policy [14.26 Resource Development: Reasonable and Prudent Parenting Standard](#)) when determining whether to allow children in foster care to participate in particular extracurricular, enrichment, cultural, and social activities. This includes activities such as clubs, school and community sports, school field trips, youth group activities, service organizations, birthday parties, sleepovers, outings with peers, drivers education, in-state vacations with the caregiver’s family or other families, summer and school break camps.

1. DFCS and/or the supervising agency approval are not required for decisions made by the caregiver regarding a child’s participation in childhood activities<sup>1</sup>.
2. Caregivers shall ensure that safe, responsible, appropriate supervision is provided for each child in their care.
3. Caregivers shall make reasonable and prudent decisions in assessing and approving such activities and the plan of supervision before the child’s participation in activities during which the youth will not be under the direct supervision or oversight of their approved foster care provider, DFCS staff, or DFCS authorized provider.
4. DFCS and Child Placing Agencies (CPA) must be informed prior to the occurrence of overnight activities exceeding two nights.
5. Caregivers shall keep records on children’s needs, activities, and significant decisions to share with DFCS/CPA during regular visits.
6. Caregivers shall not be subject to actions against their approval status for harm caused to a child in care who participates in an activity approved by the caregiver, provided that the caregiver has acted as a reasonable and prudent parent.

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<sup>1</sup> A caregiver's decisions regarding a child’s participation in normalcy activities must not be contrary to a pre-existing court order or impact parent/child reunification activities such as visitation. For example, if court ordered visitation with the child's parents occurs on Sundays, a normalcy activity planned or approved by the caregiver would not take precedence over the visitation.

DFCS and the juvenile court must approve out-of-state and out-of-country travel.

DFCS shall maintain monthly contact, either face-to-face, by telephone, email, or other means, with each caregiver to conduct an ongoing assessment around functioning, safety, and well-being in the foster home, including:

1. Separate quality time with each foster parent;
2. Separate quality time with each child placed in the foster home;
3. Quality engagement with all other adult household members and children living in the home (either individually or in a group) to discuss family functioning, roles and responsibilities of household members and the children's SSCM, how fostering has impacted them as a family, their likes/dislikes, and any needs they may have;
4. Observation of family interactions; and
5. Review of caregiver records and discussion of each child's involvement in age or developmentally appropriate activities.

DFCS shall conduct quarterly home visits to include:

1. Separate quality time with each foster parent;
2. Separate quality time with each child placed in the foster home;
3. Quality engagement with all other adult household members and children living in the home (either individually or in a group) to discuss family functioning, roles and responsibilities of household members and the children's SSCM, how fostering has impacted them as a family, their likes/dislikes, and any needs they may have;
4. Observation of family interactions; and
5. Review of caregiver records and discussion of each child's involvement in age or developmentally appropriate activities.

DFCS shall complete annual re-evaluations, allowing for individual quality time with all adults and children residing in the home.

DFCS shall document the observation and/or engagement of each family member during home visits in the Foster Adoptive (FAD) stage under the Contacts/Summaries tab in the Statewide Automated Child Welfare Information System (Georgia SHINES).

DFCS shall recognize the initial child placement in a newly approved home as being a critical time for the caregiver and provide additional support.

DFCS shall provide approved caregivers a procedure for contacting the SSCM or other DFCS staff when an emergency arises in their home.

DFCS shall conduct an exit meeting with approved caregivers when the caregivers' home is voluntarily or involuntarily closed.

## **PROCEDURES**

**When performing case management duties, the SSCM will:**

1. Provide the caregivers with as much information as is available about children being placed in their home, including medical and educational information as well as a copy of the Family Plan and Written Transitional Living Plan (WTLP), if applicable.
2. Keep the caregivers informed of plans for the children and of birth family information

that affects the children placed in their home.

3. Provide the caregivers with procedures for Agency contact (DFCS and other agency staff) should emergencies arise in the foster home.
4. Discuss a plan with the caregivers for handling emergency situations (i.e., contacting 911, seeking emergency medical services, etc.).
5. Give the caregivers timely written notice of periodic reviews or hearings to be held in regard to children in their home. Caregivers may attend reviews and hearings and share information regarding the children (see policy [3.8 Legal: Caregiver Right to Be Notified or Heard](#)).
6. Discuss the caregiver's application of the reasonable and prudent parenting standard when determining whether to allow children in foster care to participate in extracurricular, enrichment, cultural, and social activities; and that children in the care of the caregiver are given opportunities to engage in age or developmentally appropriate activities.
7. Encourage partnership parenting between foster parents and birth parents when it is appropriate and safe. This includes discussing with the caregiver the input of the child's parent as to the types of activities they would like their child to participate in. Whenever possible, include the birth parents in the decision making.

**When making decisions regarding the selection and use of an approved home, the Resource Development (RD) Case Manager will:**

1. Make a mutual decision with the RD supervisor and the caregiver regarding the suitability of a placement.
2. Select a placement for a child by matching the characteristics and needs of the child with the strengths and protective capacities of the caregiver.
3. Discuss the child's behavior and possible reactions to placement with the caregiver.
4. Discuss the permanency plan for the child and expectations surrounding visitation with the birth family.
5. Provide the caregiver with as much information available about the child being considered for placement.

**When making the initial placement in a newly approved home, the RD Case Manager and the SSCM will:**

1. Provide additional support to the caregivers.
2. Provide answers to frequently asked questions.
3. Maintain frequent contact as the caregivers settle into their role.

**County DFCS will:**

1. Provide all approved caregivers with telephone numbers for contacting the SSCM or other DFCS staff when an emergency occurs during or after regular office hours.
2. Respond immediately or as indicated by agency protocol. Emergency situations include, but are not limited to, the following:
  - a. The child leaves the home without permission or runs away;
  - b. The child becomes seriously ill or is seriously injured and requires immediate medical attention;

**NOTE:** Caregivers are instructed to take the child to the emergency room if the child's regular physician cannot be reached for advice. DFCS or a birth parent, if applicable, will need to complete any authorization or consent forms.

- c. The child gets into serious trouble with school, law enforcement, etc.;
- d. The child's birth parent(s), relative, or other unauthorized person attempts to remove the child from the foster home;
- e. There is a serious illness or significant change in the foster home; and/or
- f. The child is victimized or abused in any way (e.g., physically, sexually, etc.).

**Social Services Supervisors (SSS) will:**

1. Ensure children in care are given opportunities to engage in age or developmentally appropriate activities.
2. During monthly staffings, discuss the visits with the SSCM and RD Case Manager to ensure quality observation and engagement is occurring at each visit.
3. Review documentation in the Contact Detail to ensure documentation supports what occurred during visits and includes the description of the types of activities in which children are engaged.
4. Provide coaching to the SSCM and RD Case Manager, as needed, regarding conducting and documenting a quality visit.

<b>PRACTICE GUIDANCE</b>
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The foster family has the most contact with children in care and can offer valuable information about the children's needs and behaviors. As a member of the foster care team, foster parents make an important contribution to the Agency's goals.

**Partnership Parent**

Birth parents may be allowed to have parent-child visitation in the home of the caregivers. Caregivers often have life experiences, parenting knowledge, and skills that may benefit birth parents. Caregivers should be encouraged to share these with birth parents to assist them in meeting the needs of their children in the future. In some instances, caregivers could serve as a resource to the birth family after reunification, helping to ensure the safety and well-being of the children.

**Purposeful Contacts**

Although it may not always be possible, face-to-face contact is the preferred method for making contacts. Case Managers should make both announced and unannounced visits. Face-to-face interaction allows one to engage people on a more intimate level. It also allows one to observe body language and how others respond to certain questions or statements. It helps Case Managers discern when there are challenges in our relationship with caregivers. Below are some of the topics that should be discussed during contacts with the caregivers:

1. Health and safety issues;
2. Behavioral issues;
3. Educational issues;
4. Ongoing opportunities children have had to engage in age or developmental appropriate activities;
5. Needed supports, training, or services;
6. Changes within the foster home (i.e., household members, health, etc.);
7. Progress toward goals of the Family Plan;
8. Children's permanency plans; and
9. Caregiver issues or concerns.

All contacts should be documented in Georgia SHINES, including any significant issues or concerns regarding the children or the quality of care being provided by the caregivers. Some key principles around good practice to keep in mind when assessing the functioning of approved caregivers include:

1. **Recognizing the family providing care as a system:** Each member of the family, including the child in foster care, has a role and responsibilities within the family. If any one person is unable to fulfill their responsibilities, then the whole family is impacted.
2. **Engagement and relationship-building:** Purposeful visits are not only about engaging and building a relationship with the child in foster care, but also about engaging and building a relationship with the family who is caring for the child.
3. **Involvement of families and youth:** Because each member of a family has a role and responsibilities, it is essential to obtain input from all family members when assessing family functioning. When family members are engaged, it will reaffirm their importance in ensuring the success of the family system.
4. **Recognizing all children are individuals:** Any child (whether biological, adopted, or in foster care) residing in the home will adjust differently to the changing circumstances associated with foster care. It is important to recognize the individuality of each child and the impact foster care has on their lives.
5. **Cultural awareness:** Each family has its own culture. Therefore, when a child in foster care enters a pre-existing family, his/her culture is merging with another culture. Culture impacts family rituals and traditions. As family functioning is assessed, we must be respectful of all cultures involved and how they impact the functioning of the family.
6. **Empathy, authenticity, and transparency:** During any contact with children in foster care or those family members in the home where they reside, we should be mindful of these three words: empathy, authenticity, and transparency. When engaging children in foster care, their caregivers, and anyone else in the home, we must be able to identify with their thoughts and feelings, even though we may not always agree. We also must be genuine and open in our communication with all family members and recognize that we have some accountability regarding the success or failure of each foster care placement. Purposeful visits are also a time for caregivers to hold us accountable for what we may or may not be doing on behalf of the child in care and/or on behalf of their family who has partnered with us.
7. **Remaining focused on safety, permanency, and well-being throughout the process.**

### **Selection of a Home**

Placement decisions should be based on the best interest of the child and the potential of the caregivers to work with the Agency and the birth parent. The Agency must also consider the location of the home in relation to the child's family home, school, and other community connections.

### **Initial Placement**

The caregiver's relationship with DFCS and his/her perception of being supported by DFCS are strongly influenced by the initial placement experience. The transition from pre-service training to in-service situations can be a nervous and unsettling experience for caregivers. A recently approved family needs more frequent contacts by the RD and SSCM to help them adjust to the initial placement. The caregivers should be encouraged to communicate openly

about their foster parent experience and the effects on the foster family. The caregivers may have questions or need clarification about information previously discussed during IMPACT Family Centered Practice training. This is also a good time to help the caregivers take advantage of ongoing training. In-service training should be initiated within 60 days of the home approval date to assist with continuing development and group support.

### **Emergencies in Foster Homes**

Caregivers should always have an updated listing of contact numbers for SSCMs and county leadership. There should never be an emergency situation involving a child in DFCS custody in which the caregivers are unable to contact anyone at the County DFCS. The County DFCS should designate someone to be responsible for updating and distributing the contact list to ensure caregivers always have the most current and accurate contact information. Some find it helpful to distribute contact lists at caregiver meetings or circulate them with monthly newsletters.

<b>FORMS AND TOOLS</b>
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