This module, called Caring for Children in Foster Care, is broken into two parts. In this module you will hear from former foster youth about their experiences in foster care, and you will learn about different aspects of caring for the children in your home. Some of what you will learn about in this module is really just about parenting, but with considerations for the unique background and experiences of children in foster care.

In the first part of this module, you’ll learn about things to think about before a child is placed in your home, how being in placement affects children, how to help children adjust to being in a foster home, stages of grief and loss, and about red flags to watch for in children's development.

Remember that you have the notepad document to keep notes as you go!
Voice of Foster Youth:

“WE ARE NOT BROKEN! Don’t think that we need fixing. We just need understanding of the situation that we are in. We need for someone to understand that we are going through a lot and needed a little extra “empathy.” Be PATIENT and don’t prove us right and abandon us like our “biological families” or other foster parents have. We are not trash! Treat us as though we are kids/teenagers who have been through a lot and help us meet our potential and have a sense of ‘normalcy.’”
Voice of birth parent:

“It hurts, I was always crying everyday that my child wasn't there with me and it's like when I was seeing my friends with their kids and my child wasn't there with me I always stayed emotional all of the time just wanting her be there and being separated from your child is like you lost your best, best friend and that's a hurting feeling, you know to see your child separate from you, that hurts, I cried every day, I was hurt.”
The first part of this module will include information about:

- **Placement Considerations**, or things to think about before and after a child is placed in your home;
- **Grief, Loss, and Separation**, including how children and foster parents process grief; and
- **Child Development** and how trauma affects development.
In Module 1 you learned about some of the reasons that children enter foster care, including neglect, abuse, and delinquency, but as you can see, there are lots of other reasons that children are placed in foster care.

Understanding the reason that the children in your home were placed into foster care will help to find the most appropriate placement for the child. Having this information will help you best care for the child. Children placed into foster care may not always know why they were removed from their homes, and if they ask you these questions, you must be able and willing to answer their questions honestly and appropriate to their age and understanding. Talk with the child’s caseworker if you struggle with how to respond to these questions.
The reality when considering if and when to accept children into your home is that you won’t be a perfect match to every child that is placed with you. In Module 2, you learned about questions to ask before a child is placed with you so that you can make an informed decision on whether or not this would be an appropriate placement for that child and your family.

It is important for you to be honest with your licensing worker, caseworkers, and yourself about the types of children that you will feel comfortable accepting for placement. Remember that the caseworker will give you as much information as they have about a child before placing a child with you, but that this information may be incomplete initially.

You will have the final say on whether or not you will accept a child for placement. It is perfectly okay to decline a placement! It is better to decline than to accept a child that you do not feel comfortable caring for.

Some reasons to decline a placement would be:
If you do not feel you could meet the child’s identified needs.
If your own children or other foster children would then have to share a bedroom and you are uncomfortable with certain children sharing rooms.
If another child in your home is having a difficult time and you do not have the time or resources to care for another child.
You have just gotten placement of another child who needs time and attention while settling in to your home.
Your family is going through a stressful time and would be unable to provide quality care to a child.

If you have concerns about accepting a child, talk with the child’s caseworker or your licensing worker. While it may be difficult to decline a placement, if you do not feel that you can adequately care for a child, you should not accept the child for placement. It is okay for you to say no!

**Be honest** with your licensing worker, caseworkers, and yourself...

- Can’t meet child’s needs
- Uncomfortable with certain children sharing rooms
- Another child having difficult time
- Don’t have time or resources
- Another child settling into home
- Stressed and unable to provide quality care
In the previous module, you learned about questions to ask a caseworker before accepting a child for placement in your home. Sometimes it is also possible to have the child come for a pre-placement visit to see if your family a good match for the child and to help address the concerns the child may have about the transition. Pre-placement visits are not always possible, but when they do occur, they can range from a couple of hours to a full weekend. Involving a child’s parents in these visits will assist you in building positive relationships with them.

Some foster parents create a foster family book or info sheet to share with children who may be placed in their home. These books usually include pictures of your family, your home, your pets, and your neighborhood, and gives information about things your family likes to do together. This helps children become more familiar with your home and family before they are placed with you. You can find a Resource Family Profile in the Appendix of your Foster Parent Handbook, which answers questions that a child or their family may have about you or your home.

Be creative! Just like you want to know about the child, they want to know about you, your family, your home, and the community.
Imagine that starting tonight, you have to go live at someone else’s house. What would you miss the most?
No problem! We have kids at our house who are your brothers’ and sisters’ ages. You’ll love them!
Oh, perfect! We have a dog too, so you can play with our dog now!
Awesome! You’ll have your own bed at our house, and we have cool new sheets for your bed. They’re soft and don’t smell like smoke, so that’s even better than at your house!
Well, I’m a great cook, so this isn’t a problem! You’ll love the food I make for you!
You’re probably thinking that all of those things might sound nice, but you’re also probably thinking, “But I want my stuff!” This is exactly how children feel when they enter foster care or move to a new placement. While the things that you are offering them might be newer or nicer than their things, they can’t replace what these children are missing. For many of these children, the items that they bring along with them are all of the things that they have in this world. It is understandable that you want to provide them with nice things, but you must also respect the attachment they have to their belongings, even if you don’t understand it.

These children have little control over their lives when placed, but the objects they bring with them are tangible things they can control.

Children also have attachments to their family members, and these connections must be honored and promoted (as long as they are safe and appropriate). Interaction with family members is the best way for children to maintain the connections they have with these family members, especially siblings. A common concern voiced by former foster youth is that they wish they had been able to spend more time with their siblings. Family interaction is required for children in foster care and cannot be taken away as a consequence. If you have concerns about family interaction for children in your care, talk with the child’s caseworker. Family interaction will be discussed in more detail in Module 4.
Children come into foster care and move to each new placement with their personal belongings, but they also bring along an “invisible suitcase” full of their feelings about themselves, about their caregivers, and about the world based on their unique histories. Given that many children in foster care have trauma in their histories, these suitcases are usually full of negative beliefs about themselves and about their caregivers.

The invisible suitcase is full of thoughts about themselves like: I’m worthless, I am always going to get hurt, and I have no power or control; and thoughts about you like: you don’t care about me, you won’t be there for me, and you will reject me.

You did not create this invisible suitcase and you are not responsible for what is in it. What you are responsible for is being able to understand that it is there and that the contents of each child’s suitcase will shape their behavior. When a child is acting out, consider that their behavior is a response to their past experiences and that there is a reason for it.

If you think back to the video that you saw in the Introduction Module, you’ll remember that the child in the video talked about things he might do to act out in your home (like fighting with your children or breaking things), but that he also said that if you stick with him, one day he will thank you (in his own way). Even if children are not completely aware of their own invisible suitcase, they will (either consciously or unconsciously) try to push you away in order to confirm that they’re right about you (that you’ll reject them and won’t care about them).

As you build a relationship with the children in your care, they will be more willing to discuss their histories with you. This will help both of you to see what is in their invisible suitcase and will help to dispel their negative beliefs and expectations.
Please listen to the following case scenario that illustrates the idea of the invisible suitcase.

Foster parent, Ann (calling caseworker, Chris): I just don’t know what to do! Every time Jamie comes back from a home visit, he punches the walls and yells and screams for hours!
Chris: Well, is he telling you what’s wrong? Did his parents say if anything went wrong during the visit?
Ann: No! He won’t say a thing and his parents said the visit was fine!

Jamie (in background): You want to know why? I look forward to my visits with my family all week, and then they go so fast and then I have to come back here. I don’t like having to come back here and leave my family. I like you, Ann, but I love my family and wish I could go home.
When a child is first placed in your home, it is very important to do what you can to help them feel comfortable. You can ask the child and their parents what will help them to settle in. Some ideas for helping a child feel comfortable are:

Talk to the child about their likes and dislikes
Use favorite sheets or a blanket from home when making their bed
Put up pictures of their family in their bedroom and around the house
Make a child’s favorite meal for their first dinner at your home
Talk with the child about how they would like to be introduced. As you’ve heard from former foster youth, this is a sensitive issue for children in foster care.
Ask other foster parents about ideas of things they do when children are placed in their home

Having a child placed in your home will require a period of adjustment for everyone in the home. The most important thing that you can do during this period is to provide a stable, consistent environment – and be patient! During this adjustment time, keep an eye on all of the children in the home to ensure that all of them are receiving attention from you and adjusting well.

Every new placement is an adjustment for everyone.
A caseworker calls you and asks you to consider 5-year-old Iris for placement. Iris has been physically abused by her mother and acts out regularly. She is being removed from her current foster home for being aggressive toward other children who are younger than her. You have some reservations about this placement and you feel that you’ll probably not accept her for placement. Which of the following options are appropriate reasons for not accepting Iris for placement in your home?
Voice of foster parents:
“So I guess I would have told people, that look you really need to have a strong support system and you need to be able to ask for help and you need to be able to ask for all kinds of help, I mean just logistics even with transportation or baby sitting or you know whatever.”

“One of the questions that I wish somebody would have shared with me when we started to foster were how connected you get with the children and how painful it is when they do return but that it is important that they return home if they can because that's where their links are and if they don't return home they're going to have a loss it's just part of what going to happen, they have a loss coming to us and they'll have a loss if they don't go home so I would really have wished somebody would have been honest with me about how much I was going to care about the children and how painful that process would be.”
When children enter foster care or move to new placements, they experience a sense of loss, and must grieve that loss each time. As a foster parent, you and your family will also probably experience grief and loss when children leave your home.

Everyone handles grief and loss differently. A child’s developmental level will affect how they handle their grief and separations from loved ones. Depending on developmental level, children dealing with grief can display depressive symptoms and other reactions such as:

- Irritability
- Anxiety
- Anger
- Suicidal thoughts
- Eating problems
- Nightmares, sleep problems, or fatigue
- Hyperactivity

...among the others listed here.

As they deal with grief, children in foster care experience many emotional conflicts. Many children struggle with divided loyalty, as they care for both their birth family and their foster family. Children often feel that caring about their foster family diminishes their love for their birth family. Each time a child experiences a new loss, there is potential for a reactivation of a previous loss. It is not uncommon for a new placement to trigger feelings of a loss in the past, such as the death of a grandparent or losing friends when they started at a new school.
Introduction:

When we have a loss in our lives, we all go through the grieving process, which contains five stages. We don’t all go through these stages in the same way or the same order, and there is no set time period for each stage. It will be helpful for you to recognize the different stages and understand the purpose of each stage of grief both to help the children in your care but also to help yourself process your own grief as children leave your home.

Denial:

The Denial Stage helps us to survive a loss and puts us in a state of shock and denial. When we’re in this stage, we feel numb and overwhelmed and try to find ways to simply get through the day. While in the Denial Stage, we begin to process the loss and begin to heal. As we process, all of those feelings that we’ve been denying start to bubble up.

Anger:

This stage is necessary to continue processing the pain and continuing to heal. Feeling angry can sometimes be scary or make us feel out of control, but feeling anger can also be productive to help us process our grief. The anger that we feel about our loss can end up being directed at various people in our lives and give us some structure at a time where we feel lost.

Bargaining:

In this stage, we try to change the past to prevent the loss. We say things like, “What if I never get mad again” or “What if I help someone everyday” to try to change the fact that we experienced a loss. We get consumed with questions like “What if” & “If only” to try to return to how things used to be. With this bargaining, we feel guilty and stuck in the past.

Depression:

The Depression Stage is not necessarily about being diagnosed with depression and isn’t about mental illness. This stage is about feeling empty after a loss, which is a normal and appropriate response. Often in this stage, we withdraw from others and feel very isolated.

Acceptance:

The Acceptance Stage isn’t about feeling like everything is okay after a loss, it is about accepting the fact that the loss happened and learning to live with it. This stage is about adjusting to life after a loss and paying attention to our feelings instead of denying them. In this stage, we begin to get involved in our own lives and the lives of our loved ones again.
Voice of foster youth:
“I felt lost, not wanted, always asking why I needed some answers, I always ask questions, where's my mom, where's my dad, where's my grandma, when are they coming back to get me. Why are people treating me this way, I always asked questions with parents, my foster parents, my social workers, my therapists, my judges and whoever else and that's why I acted a certain way.”
You’ve now seen that grief and loss will often trigger negative reactions or behaviors, and that these can be normal in the grieving process. Sometimes, however, these behaviors are signs of more significant mental health or emotional disturbance. Signs of emotional disturbance can include behaviors that are exaggerated, last for a long period of time, or are consistently inappropriate with the child’s developmental level or the situation. Some examples include a teenager having a temper tantrum; a child panicking and running away from an otherwise normal situation; or a child reporting hearing voices.

If a child in your care displays unusual behavior or behaviors that you have not seen before, talk with the child’s caseworker.
Suicidal thoughts, also called suicidal ideation, must be taken very seriously. If a child in your care tells you that they have had thoughts about hurting or killing themselves, **you must act** on this information **immediately**. You must report this information to the child’s caseworker’s agency immediately. This means that if you cannot reach the child’s caseworker, you must report this information to another worker in the agency. Talk with your child’s caseworker at the time of placement to create a crisis response plan and to identify who to contact in the event that you cannot reach the caseworker or if it’s after hours.

It is important that you are able to discuss these thoughts with the children in your care. These are difficult conversations to have and can be scary for both you and the child. Talk to your licensing worker about how you might handle these conversations, and about attending additional training on suicide.

Sometimes children who are having suicidal thoughts are not able to discuss them, so you’ll need to be aware of any changes in mood or behavior of children in your home, as these may be indicators of suicide risk. Things to look for include:

- Sudden changes in personality
- Giving away their belongings
- Significant weight gain or loss
- Changes in sleeping patterns
- Depression
- Extreme boredom
- Talking about wanting to die
- Neglecting personal appearance
- Running away or truancy
- Family trauma
- Withdrawal
- Recklessness
- Trying to be perfect

In addition to these warning signs, other risk factors to look for include:

- Unexpected pregnancy
- Breaking up with a boyfriend or girlfriend
- Stressful family situations or a loss of a loved one
- Failing in school
- Problems with the law or in school
- Serious illness or injury
- Previous history of suicide attempt or intent

If you see the behaviors or risk factors on these lists, this does not necessarily mean that the child or youth is suicidal, but these are things to watch for. If you have concerns about the safety or well-being of a child or youth in your home, discuss them with the child’s caseworker **immediately**.
As stated in previous slides, each new placement is a loss for children in foster care, and requires them to start over in a new place with new faces, new environments, new routines, and new expectations. Imagine what it feels like to start at a new school: you don’t know many people, you’re not sure where to go, you don’t know the routines, and you feel like everyone else knows each other and you’re all alone. How would you feel? Scared? Nervous? Did you feel afraid of how people would treat you? Now imagine going through that experience over and over, as children in foster care sometimes do.

If you had to move to a new placement often, do you think you would face each new transition with a positive attitude? Would you be excited to meet the new foster parents and other children in the home? Or would you get more and more frustrated each time and feel pretty hopeless?

Not every child in foster care moves multiple times, but for those that do, each transition has a negative impact on their development. There is more information on this impact in upcoming slides.
Check Your Understanding - Grief, Loss, & Separation

Please match each of the following statements with the stage of grief it represents.

What if I had bought Jon that rap CD he wanted? I bet he wouldn't have told his worker he wanted to switch foster homes.

I don't want to talk to anyone, I don't want to see anyone. I just want to be alone.

I still wish that Henry was living with us, but I'm glad that he got to go home.

I don't know why I keep yelling at my partner. He hasn't done anything wrong, but I keep getting upset with him.

Nothing's wrong, I'm fine. I'm not even upset that Sydney didn't get to stay.

Properties

- On passing, 'Finish' button:
  - Goes to Next Slide
  - Goes to Next Slide

- On failing, 'Finish' button:
  - Goes to Next Slide
  - At any time

- Allow user to leave quiz:
  - At any time
  - Unlimited times

- User may view slides after quiz:
  - At any time

- User may attempt quiz:
  - At any time

- Unlimited times
Voices of foster parents:
“When we are accepting a new placement and a new child is coming into our home, I usually try to have the home real quiet when they first come – not everybody there so they have some time to get used to their surroundings and check things out. We do a tour of the house so they can see where everything is, where their room is going to be, we talk about whether they’re going to school or not and how they’ll address us when they go to school – whether it’s ‘mom’ and ‘dad’ or ‘foster mom and dad’ or by our names; then we take time to introduce them to the other children in our home so everybody gets to know each other and often times what we do is go out to McDonald’s for dinner because everyone likes McDonald’s and it breaks the ice, so to find something fun to do to take a little bit of the stress away.”

“The kids come into your house and they’re scared, and they don’t know you and what is going to be expected of them in this house, so I think it’s important to surround them with stuff that’s familiar to them (their smells and their clothes), and I think it’s really important to take them grocery shopping the first day so you can get them some food that they’ll going to find comfortable. Even if it’s not necessarily food that your family eats or what you try to feed your kid – there’s a big safety/security hump that you need to get over right away and it can really ease the transition. Kids love it when you talk about things they like and food, it’s so much more than food – it’s more than sustenance, it’s love and family connection and it’s a connection to their family, a connection to your family, a way we show love to each other in preparing and sharing food together. A lot of these kids come from a really different social background than I come from, so approaches to food are going to be different but the love of shared food and the shared family time of family meals is going to be very present.”

“The last time my older daughter who is also in care, we made a big welcome sign and had a special meal, I think I asked what she liked, just trying to ease them in gently and not bombard them with rules and our culture and our family too much, just kind of the basics.”

“Talking to birth parents about what the child likes, where do they like to sleep, what do they like to eat, what are their favorite clothes; they can be a great resource. And if I can’t talk with the birth parents I’ll talk with the caseworker or with the children to have some of that for the child, whether its videos or music or laundry soap, fabric softener are huge for a couple of reasons, one it makes the child feel like they’re at home, and when they go to visit their birth family they smell like their birth family so a very important thing that we do without even doing it so much, it’s not like a big activity, it’s just changing their laundry soap or fabric softener.”
Introduction:
Take a look at the Child Development Chart found in the Appendix of your Foster Parent Handbook. (Click to open the Handbook Appendix PDF)
As you review the chart, keep in mind that these milestones are ones that are most relevant for children in foster care and are not meant to be comprehensive. You can see how children’s development is affected by being abused or neglected and by being placed into out-of-home care.
Click on the buttons below to read some “red flags” that could indicate developmental delays for various ages.

Toddlers:
- No two-word phrases by 24 months
- Loss of speech or social skills
- Not walking by 18 months
- Not following simple directions by 24 months
- Frequent falling and difficulty with stairs
- Unable to communicate with short phrases
- Not participating in “pretend play”
- Little interest in other children
- Extreme difficulty separating from mother

Preschoolers:
- Loss of speech or social skills
- Asthma
- Difficulty paying attention to activities that interest other children their age
- Difficulty following simple instructions
- Acts in impulsive, potentially dangerous ways without considering consequences
- Seems to always be in a hurry
- Sudden emotional outbursts that seem inappropriate

School Age:
- Loss of speech or social skills
- Loss of interest in learning and memory
- Difficulties with interacting with other children.

The following are common for most children learning to read, but if the child is doing any of the following after age 7, talk with the child’s doctor:
- Confusing the order of letters in words.
- Guessing words from seeing the first letter.
- Loses their place on the page; struggles with each word.
- Reads very slowly and tires easily from reading.

Adolescents:
- Loss of speech or social skills
- Headaches or migraines
- Sleep problems
- Suicidal thoughts
- Depression
- Alcohol and drug abuse

Effects of Drugs:
Other red flags may be associated with things other than developmental delays, such as drug and alcohol use and addiction. These are not only problems for teens, as younger children are also exposed to drugs.

The following are some of these red flags look similar to ones for developmental issues, so talk with the child’s team if you recognize any of the following:
- Loss of interest in activities they once enjoyed
- Change in school achievement and involvement
- Unpredictable mood swings
- Withdrawing from friends not using drugs; more involved with peers using drugs
- Using about activities
- Lack of personal hygiene
- Sudden weight loss
- Bloodshot eyes
- Smelling like substances such as alcohol or marijuana

Final Notes:
If you have concerns about the development of a child in your home, discuss these issues with the child’s team so that a plan can be created.
As with the previous information, this is not a comprehensive list of developmental concerns.
To learn more about child development, talk with your licensing worker about additional training.
Think back on the information that you learned in the first part of this module. You’ve heard from youth and foster parents, and learned about how placement affects children, grief and loss, the “invisible suitcase,” adjusting to placement, emotional disturbance, and about transitions faced by children in foster care. Remember to write down questions that you have to discuss with your licensing worker about any of these topics.