

Rudd Adoption Research Program, Notes from Conference Breakout Groups 2014

Child Welfare Workers

Presenters Ruth McRoy and Leo Farley (notes by Tobias Gale)

- Adoptive Journey's Conference last week: mixed messages between high and low cortisol levels
- Number of times children move: at first no external problems, but over time (after multiple moves) problems increase
- What foster families need: education, support, services
- Best place for child? With foster family, birth family, or relatives?
- Children may not be as ready for connection/building relationships as foster or adoptive parents
- Adoptive parents sometimes receive training up to 3 years prior to having an adopted child, but no training sooner to placement or post-placement
- Lack of support services for foster/adoptive parents
- Visits from birth families member to pre-adoptive families create confusion for child
- Children not getting true permanency
- Need for ongoing education in regards to understandable training on the development of the brain
- Crisis in foster care: not enough homes, quality training, or # of placements
- Need for more integration of child and care provider
- Need to be minimizing the number of moved: what happens developmentally
 - Long term effects
- Providing support for foster families
- Building trust between families and case workers
- Disconnect between agencies and within agencies

- Discrepancies in funding
 - Lack of resources
- No consistency among offices
- child in new placement will have blow ups and parents need to be aware of what's going on.
- Workers need to provide info
 - It does not necessarily mean it is a bad match
- Implementation
- Is there a way to keep birth families together?
 - Prevention strategies
- How can we apply the info from this morning?
- Parent partnering: having healthy families show other families these skills?
- Policies for foster parents have changed: inconsistent
- A lot of foster homes are kinships that do not receive any training
- Community involvement: YMCA, DCC, support groups (allowing parents to get honest about struggles), websites/services to provide connections
- Family is the source of healing
- Anything to offer affirmation to parents
 - Video clips from this morning only shared what they did right rather than what they did wrong (this is helpful)
- Support back in place for families with children who have severe emotional disabilities
- Need videos on how to talk with older children and how to handle difficult situations
- Need for foster parent/teacher communication and intervention
- Need for collaborative work between research and practice/policy
- Building relationships with universities
 - Booklet of research findings
- Handout for continuing education, case-by-case basis
- Having foster/adoptive parents write it
- Need agencies that offer training for waiting families

- Can formalize an adoption after 18 years- this should be made more widely known/ increase awareness
- Best way to do this: PSAs, advertising, Facebook, continuing conversations with kids, include in training
- Change to IFC model: look at foster family as a unit rather than doing individual therapy
- Model that required only 1 appointment day per week
- Issues with medications: kids are being hospitalized for behavior and leave with medication prescriptions
 - Doctors add medication during visits with foster parents
 - Workers are not informed about reasons for medications or what they are
- Funding foster homes more, leaving for specialized foster care
 - Should not be looked at as a temporary job
- Foster children having negative impacts on biological children
- Need for clinical-parents relationships and coaching
- Foster parents cannot adopt because the finances, no matter how small, help
- Challenge in recruiting: finances
- Recruitment: reaching out to specific families