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 bing 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