

## Discussion Questions for Agency Professionals to Consider with Caregivers before Self-Assessment

### **Am I Prepared to Participate in Reunification Support for Children Entering Foster Care?**

- Do I understand how it benefits a child in care to have a relationship with his or her parents?  
How it might benefit my relationship with the child as well?
- Can I accept birth parents and understand the stress they feel?
- Do I have hopes to adopt that might make it hard for me to support the parent's efforts toward family reunification?
- Am I ready to meet with the parent(s) and caseworker in the office soon after the child enters foster care, within 48 hours of assignment of the case to my agency?
- Am I willing to work together as a team with the caseworker and parent and to meet with them as needed?
- Would I be able to offer encouragement and support to the child's parents?
- Once safety checks are complete and a relationship has been established, am I prepared to help parents remain involved with their children through sharing parenting tasks?
- Once I know the parents of the children in my care and feel safe with them, am I willing to participate in and document visits, supervised or unsupervised, in a family setting two or three times weekly?
- Can I appropriately limit my relationships with birth parents?
  - Respect, warmth, support
  - Not a therapist or decision maker
- Will I maintain confidentiality?
  - Can I resist sharing information with persons outside the agency?
  - Can I respect the privacy of parent/child interactions?
- Do I have the time, energy, flexibility and support system to do the job?
- Would this work be a problem for any child now in my care, including my own?
- Would I feel good about helping a family stay together?

*If the discussion reveals the caregiver to be ready and able to work with parents of children in his or her care toward reunification, proceed to the Caregiver Self-Assessment as Reunification Prepared.*

### Caregiver Self-Assessment as Reunification Prepared

I, \_\_\_\_\_, understand that families of children entering foster care need support in their efforts at reunification and that caregivers are an important part of the team offering that support. Yes  No  Initial \_\_\_\_\_

I understand that if I accept placement of children new to foster care I will be expected to work with the parents of the children toward reunification. Yes  No  Initial \_\_\_\_\_

As the caregiver for children new to foster care I will:

- Meet with the parents and caseworker soon after case assignment
  - Share information about the child with the parents
  - Help the parents remain involved with their children through sharing parenting activities
- Yes  No  Initial \_\_\_\_\_

Once I know the parents of new foster children and feel safe with them, I will:

- Participate in visits of parents and children in a family setting two or three times weekly. I understand that those visits may be supervised or unsupervised.
  - Document visits as requested by my agency.
- Yes  No  Initial \_\_\_\_\_

I have discussed reunification support and the "Discussion Questions to Consider with Caregivers" with my family development specialist, licensing worker or caseworker. I feel ready to do this work and do not expect it to create problems for any child now in my care.

Yes  No  Initial \_\_\_\_\_

*A caregiver who has agreed to all statements above has self-assessed as prepared to participate in reunification support for children entering foster care and is qualified to sign the statement below.*

### Caregiver Statement on Reunification Support

If a child entering the child welfare system is placed with me I will make a good faith effort to support reunification of that child with his or her family, as indicated by my agreement to all of the statements above.

\_\_\_\_\_  
Caregiver Name

\_\_\_\_\_  
Date

I have reviewed caregiver responsibilities in reunification work with the above-signed caregiver and agree that this caregiver is prepared to offer reunification support.

\_\_\_\_\_  
Family Development Specialist  
Licensing Worker/ Caseworker

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

Agency approval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date