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  Agency               Date
Licensing Worker/ Caseworker

Agency approval:

______________________________  ______________________
Signature               Position               Date