Strategic Training to Enhance Permanency Solutions

Developed by
Office of Foster Care and Adoption
University of Massachusetts Medical School

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ABOUT THE STEPS TEAM

Martha Henry, Ph.D., is the Director of the Office of Foster Care and Adoption at the University of Massachusetts Medical School. Dr. Henry received her master’s and doctoral degrees in developmental psychology from Clark University in Worcester, Massachusetts. Her training and background in developmental psychology inform her work developing and delivering adoption and foster care curricula and trainings for a variety of professionals in social service, health care, behavioral health, and education. She was the principle investigator for a federally-funded demonstration project to develop and deliver STEPS, a professional education program originally designed for Massachusetts child welfare supervisors to enhance their knowledge and skills supervising social workers managing adolescent cases in foster care. She also develops courses and seminars that introduce medical and nursing students to issues encountered by patients who have experienced adoption and/or foster care and the implications of those experiences on patient care and professional health care practice. She is the lead author of the recently published Adoption in the United States: A reference for families, professionals and students, which has a special focus on the medical and behavioral health needs of children who were adopted and is widely noted. Dr. Henry has appeared on National Public Radio, Cosmopolitan Magazine, Time Magazine and the Today Show. She has been involved throughout the design, data collection, analysis, and reporting phases of many research and evaluation projects conducted by the Office of Foster Care and Adoption.

Michael McManus, LICSW, is the Director of Training and Technical Assistance for the Office of Foster Care and Adoption at the University of Massachusetts Medical School. Mr. McManus received his master’s degree in Social Work from Springfield College in Springfield, Massachusetts. Prior to coming to UMass, he worked for the state’s child welfare agency at multiple levels. His background in social work and his experiences as a foster and adoptive parent inform his work developing adoption and foster care curricula and trainings for families and professionals in medicine, social service, and education. He co-instructs a course and seminars that introduce medical students to issues encountered by patients who have experienced adoption and/or foster care and the implications of those experiences on patient care and professional health care practice. Mr. McManus lead the team which re-designed the Massachusetts foster parent preparation program and the CANS (Child and Adolescent Needs and Strengths) implementation project conducted by the Office of Foster Care and Adoption. Mr. McManus is also an adjunct faculty member in the Sociology and Psychology departments at Becker College, as well as a seasoned clinician specializing in adolescent and family work.

Cassandra Perry, M.S., is a Medical Curriculum Specialist for the Office of Foster Care and Adoption at the University of Massachusetts Medical School. She received her master’s degree in genetic counseling from Brandeis University in Waltham, Massachusetts. During
her graduate education, she recognized the deficiency of adoption knowledge among professionals in the field and highlighted this need through her graduate thesis. Ms. Perry has worked to increase adoption knowledge among health professionals, particularly genetic counselors, and has been educating Brandeis University and Boston University genetic counseling students as well as the University of Massachusetts medical and nursing students about adoption for four years. Ms. Perry has published two articles on adoption of children with disabilities and the need for increased adoption awareness among health professionals. She has also been a featured speaker at local and national conferences hosted by the National Society of Genetic Counselors, Washington State Genetic Providers Group, Massachusetts General Hospital, and Adoption Journeys. Additionally, in her role at OFCA she has synthesized the current practices in health care provision for children in foster care in order to identify potential areas of education and collaborated in the revision of Massachusetts Approach to Partnerships in Parenting (MAPP), the pre-service training curriculum for foster and adoptive parents throughout Massachusetts.

Lisa McGlinchy, MPH, is a Health and Education Training Consultant for the Office for Foster Care and Adoption at the University of Massachusetts Commonwealth Medicine. She received her master’s degree in public health at University of Maryland, College Park, Maryland and her bachelor’s degree in psychology at LeMoyne College, Syracuse, New York. Ms. McGlinchy’s experience includes more than 15 years translating public health research into practical knowledge for families, behavioral health professionals, and youth serving organizations. A primary focus of her work has been on the development and evaluation of Positive Youth Development programming for adolescents and trainings for professionals who work directly with youth in Washington, DC and most recently in northeastern states. Utilizing principles and best practices in adult education, her work at OFCA includes managing training projects as well as designing face-to-face, online, and training-of-trainer (TOT) curricula including Child and Adolescent Needs and Strengths (CANS) face-to-face training and online supplemental modules, Special Olympics Massachusetts online training, and Massachusetts Approach to Partnerships in Parenting (MAPP) TOT. Ms. McGlinchy has presented on adolescent development, substance use among young adults, as well as best practices in training at national and local professional conferences hosted by American Public Health Association (APHA), National Prevention Network (NPN), the Institute for Community Research (ICR) and Adoption Journeys.
CONTENTS

Positive Youth Development in Practice

Enhance knowledge of developmental and cultural needs of children and adolescents and increase understanding of field and supervision strength-based practices.

Family, Community Ties, and Life Long Connections

Build an understanding of the significance of family ties, community resources, and social networks to support youth in developing relationship-building skills and lifelong familial and community connections.

Education and Workforce

Recognize the significance of educational continuity and deepen respect for the impact of education attainment on lifetime outcomes, while examining roles in problem-solving and advocating for youths’ educational and vocational skills attainment.

Physical and Mental Health

Increase understanding of the physical and mental health needs of children and adolescents in care and recognize the importance of physical and mental health for youths’ successful transition to adulthood.

Youth and the Legal System

Consider strength-based management approaches with children and adolescents involved in the juvenile justice system while communicating with youth about their understanding of the process.

Permanency: What could it look like?

Participants will have the opportunity to reflect upon the information and skills acquired and to share thoughts and practical strategies with colleagues about practice implementation.
Positive Youth Development in Practice

STEPS

- Positive Youth Development
- Community Ties and Life Long Connections
- Education and Workforce
- Physical and Mental Health Needs
- Youth and the Legal System
- Impact on Practice

Strategic Training to Enhance Permanency Solutions
Positive Youth Development

Definition of Positive Youth Development

- Positive youth development is a process that prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences, which help them to become socially, morally, emotionally, physically, and cognitively competent. It addresses the broader developmental needs of youth, in contrast to deficit-based models, which focus solely on youth problems (National Collaboration for Youth Members, 1998).

- Positive youth development strives to help young people develop the inner resources and skills they need to cope with pressures that might lead to unhealthy and antisocial behaviors. It aims to promote and prevent, not to treat or remediate. Prevention of undesirable behaviors is one outcome of positive youth development, but there are others including the production of self-reliant, self-confident adults who can become responsible members of society (Carnegie Council on Adolescent Development, 1992).

- Positive youth development is a strengths-based macro concept that directs the programs and services available in communities to all young people, rather than targeting only those with defined problems or in high-risk situations. Services and activities are voluntary. They provide formal and informal opportunities and experiences that support youth in making a successful transition to adulthood. This differs significantly from current systems that prioritize and fund problem-prevention and crisis-intervention services (Robertson, 1997).

- Positive youth development refers to an ongoing growth process in which all youth endeavor to meet their basic needs for safety, caring relationships, and connections to the larger community, while also striving to build academic, vocational, personal, and social skills (Quinn, 1999).

Adapted from Integrating a Youth Development Perspective into Transition Planning: A Curriculum for Child Welfare Workers developed by Boston University School of Social Work in collaboration with the Department of Social Services. Award number: 90CT0062.
Key Characteristics of a Positive Youth Development Approach

Asset Based: The assets and strengths of youth are emphasized rather than problems or deficits.

Collaborative: Youth are involved as collaborators in their own plan and development.

Community-oriented: Activities take place in the community with an emphasis on the development of strong linkages to community institutions.

Competence-building: Activities are aimed at mastering a wide variety of skills.

Connectedness: Social relationships and connections with community are central.

Cultural Membership: A key aspect of all developmental processes and activities for youth is their understanding of cultural membership and its relationship to identity.

Holistic: Positive youth development emphasizes all aspects of healthy personal growth, i.e., physical, social, moral, emotional, cognitive, etc.

Long-range: Focus is on long-term plan rather than short-term solutions.

Normative: The activities and outcomes of a positive youth development approach emphasize normative functions.

Promotive: Philosophy/activities of a positive youth development approach emphasize the promotion of healthy pro-social development.

Universal: Activities are not targeted to youth with problems but are generally universally available and desirable to all youth.

Adapted from Integrating a Youth Development Perspective into Transition Planning: A Curriculum for Child Welfare Workers developed by Boston University School of Social Work in collaboration with the Department of Social Services. Award number: 90CT0062.
References


Essential Elements of Positive Youth Development

Positive youth development has many discrete elements. An extensive literature review conducted by Building Partnership with Youth (2002) uncovered a comprehensive list of 21 elements that support positive youth development. The challenge for you as supervisors is to empower your staff to creatively utilize a unique balance of these elements to support each individual youth as they strive toward adulthood. Most of these elements will be necessary for youth to successfully rise to the challenges of adulthood. Some elements will be required in different amounts, depending on the needs of the individual youth, on his or her background, the future to which he or she aspires, and what foundation he or she has already built. The majority of the elements listed here are undeniably necessary for young people to confidently grow up to be self-sufficient adults in our contemporary world.

Twenty-One Elements that Support Positive Youth Development

- **Academic success**
  Encourage youth to love learning and to seek to achieve the skills and experience that will help them analyze and solve problems in any setting: academic or social.

- **Citizenship and contribution**
  Promote with youth the value of civic awareness and encourage in them a desire to contribute to and support their community and nation.

- **Close relationship with caring adults**
  Support youth as they build links with adults who can provide them with emotional support, and who are not necessarily professional youth workers.

- **Communication skills**
  Encourage youth to express their thoughts and ideas clearly; to say what they really mean, to ask what they really want to know, to develop skills for effective non-violent conflict resolution and interpersonal negotiation.

- **Community connection**
  Introduce youth to useful links to community resources, agencies, and institutions, such as schools, houses of worship, and civic or hobby organizations.

- **Creativity**
  Help youth explore and develop imaginative self-expression through drama, art, music, writing, hobbies, and reading.

- **Decision making/reasoning skills**
  Help youth learn to perceive and evaluate potential outcomes of their decisions and actions.
- **Emotional health and well-being**
  Support youth as they learn self-discipline, self-respect, and self-reliance; help them realize that it is not a weakness to ask for assistance with problems.

- **Facing challenges/taking initiative**
  Encourage youth. Provide them with opportunities to try new activities and take on challenging goals; support them as they evaluate the risks involved in those actions.

- **Family relationships**
  Help youth enhance their family relationships, both with foster families and with their birth families.

- **Leadership**
  Encourage and support youth in their quest for opportunities to lead and support others, whether they are younger, older, or peers.

- **Peer relationships and friendship**
  Help youth develop the skills to play well with others and meet the challenges of ongoing mutually supportive relationships—acknowledge with them that it is hard work to be a good friend.

- **Physical health and well-being**
  Support youth as they seek to establish and maintain healthy behaviors; encourage them to participate in physical activity, and to seek appropriate healthcare.

- **Respect for diversity**
  Help youth understand they need to show respect for others, and to not discriminate against those who are different from themselves; support youth as they develop an appreciation for the wonderful variety of differences amongst all people.

- **Sense of autonomy and independence**
  Support youth as they develop responsibility, self-control, and self-respect; encourage them to understand that ultimately they are in control of their own success.

- **Social justice and ethics**
  Help youth develop the skills they need to appropriately evaluate and react to a situation that might be something of an ethical dilemma; help them learn empathy, respect for cultural standards, a sense of right and wrong, and to understand moral and social justice.

- **Spirituality/philosophy of life**
  Encourage youth to find spiritual identity by considering the needs of their spirit with the help of internal reflection, meditation, or exploration of spiritual beliefs.
- **Taking an active role with adults**
  Emphasize to youth that they are partners in this process of growing to adulthood; encourage them to plan, implement, and evaluate their activities, and how those activities will help them achieve what they want out of life.

- **Understanding and valuing yourself**
  Help youth believe that they are good people who have the ability to make a positive contribution to their community and the world.

- **Vision for the future**
  Support youth as they develop confident, positive expectations of the future.

- **Workforce preparation**
  Support youth as they explore their career/vocational options; help them establish goals that will permit them to find satisfaction in their lives.

**SOURCE**

### Significant Aspects of Child Development: *Birth to Age 5*

#### Motor Milestones

| By age 1 month | Makes jerky, quivering arm thrusts  
|                | Brings hands within range of eyes and mouth  
|                | Moves head from side to side while lying on stomach  
|                | Keeps hands in tight fists |
| By age 3 months | Raises head and chest when lying on stomach  
|                 | Opens and shuts hands  
|                 | Pushes down on legs when feet are placed on firm surface  
|                 | Brings hand to mouth |
| By age 7 months | Rolls both ways (front to back, back to front)  
|                 | Sits with, and then without, support of hands  
|                 | Supports whole weight on his/her legs  
|                 | Reaches with one hand |
| By age 12 months | Crawls forward on belly by pulling with arms and pushing with legs  
|                 | Creeps on hands and knees supporting trunk on hands and knees  
|                 | Gets from sitting to crawling or prone (lying on stomach) position  
|                 | Pulls self up to stand |
| By age 2 years | Walks alone  
|                 | Pulls toys behind him/her while walking  
|                 | Begins to run  
|                 | Might use one hand more frequently than the other |
| By ages 3-4 years | Hops and stands on one foot up to five seconds  
|                 | Kicks ball forward  
|                 | Copies square shapes  
|                 | Uses scissors |


#### Social and Emotional Milestones

| By age 3 months | Begins to develop a social smile  
|                | Enjoys playing with other people and may cry when playing stops  
|                | Becomes more communicative and expressive with face and body  
|                | Imitates some movements and facial expressions |
| By age 7 months | Enjoys social play  
|                 | Interested in mirror images  
|                 | Responds to other people’s expressions of emotion and appears joyful often |
### Developmental Health Watch: Possible Delays

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Possible Delays</th>
</tr>
</thead>
</table>
| **By age 1 month** | - Sucks poorly and feeds slowly  
- Doesn’t blink when shown a bright light  
- Doesn’t focus and follow a nearby object moving side to side  
- Rarely moves arms and legs; seems stiff |
| **By age 3 months** | - Doesn’t seem to respond to loud sounds  
- Doesn’t notice own hands by two months  
- Doesn’t smile at the sounds of your voice by two months  
- Doesn’t follow moving objects with his/her eyes by two to three months |
| **By age 7 months** | - Seems very stiff, with tight muscles  
- Seems very floppy, like a rag doll  
- Reaches with one hand only  
- Refuses to cuddle |
| **By age 12 months** | - Does not crawl  
- Cannot stand when supported  
- Does not search for objects that are hidden while he/she watches  
- Says no single words (“mama” or “dada”) |
| **By age 2 years** | - Cannot walk by 18 months  
- Does not speak at least fifteen words by 18 months  
- Does not use two-word sentences by age 2  
- Does not follow simple instructions by age 2 |

### Sensory Milestones: Birth through 12 Months

<table>
<thead>
<tr>
<th>Age</th>
<th>Milestones</th>
</tr>
</thead>
</table>
| By ages 3-4 years | - Cannot throw a ball overhand  
                 | - Cannot jump in place  
                 | - Cannot stack four blocks  
                 | - Resists dressing, sleeping, using the toilet |


### Sensory Milestones: 8-22 Months

<table>
<thead>
<tr>
<th>Age</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 8-14 months</td>
<td>- Can process touch information more efficiently (e.g., will demonstrate reactions to touching different objects/surfaces in recognition of differences, as in touch of sandpaper and touch of plastic)</td>
</tr>
</tbody>
</table>

Sensory Processing Issues

Some children have difficulty with taking in information through their senses, due to neurological differences. Some children are hyper-sensitive to sound, sight, touch, or smell, or to all these senses. Not being able to “tune out” or turn down a sensory input like sound can interfere with learning, interactions, and other critical components of healthy development. For other children, the challenge is that they are hypo-sensitive, which means they don’t get enough input from sight, sound, smell, or touch. They may seek out brighter, louder, smellier, harder/softer stimulation, which again can interfere with learning and relationships. For other children, the challenge is with the feedback their body gets through its proprioceptive sense, having to do with balance and coordination. Here are some examples of typical sensory development and sensory processing issues for young children.

**Infants: Birth to 12 Months**

<table>
<thead>
<tr>
<th>Typical Development Sensory Processing</th>
<th>Processing Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant molds to adult holding him</td>
<td>Infant arches away from adult holding him, avoids cuddling, may prefer being held face out</td>
</tr>
<tr>
<td>Explores toys by putting them in his/her mouth</td>
<td>Avoids putting toys in mouth</td>
</tr>
<tr>
<td>After 6 months accepts solids and textured foods</td>
<td>Has difficulty with or rejects solid or textured foods</td>
</tr>
<tr>
<td>Plays with two hands in the mid-body, moves toys hand to hand</td>
<td>Only uses one hand to play with toys (after 8 months)</td>
</tr>
</tbody>
</table>

**Toddlers: 12-18 Months**

<table>
<thead>
<tr>
<th>Typical Development Sensory Processing</th>
<th>Processing Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enjoys touching textures <em>(Note: most toddlers do have a brief phase where they avoid messiness)</em></td>
<td>Avoids touching textures, messy play, messy finger foods, etc.</td>
</tr>
<tr>
<td>Accepts various clothing choices</td>
<td>Has difficulty with new clothes, socks with seams, tags. Won’t wear shoes OR always has to wear shoes on grass, sand, etc.</td>
</tr>
<tr>
<td>Typical Development Sensory Processing</td>
<td>Processing Issues</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Adjusts to various play settings: quiet indoors, active outdoors</td>
<td>Intense need for active movement: swinging, rocking jumping; OR avoids movement</td>
</tr>
<tr>
<td>Explores new play equipment with good balance and body control</td>
<td>Has difficulty getting on and off play equipment; may be clumsy; doesn't like feet off the ground</td>
</tr>
<tr>
<td>Tolerates loud sounds and other unusual stimulation</td>
<td>Is upset by loud noises, hearing distant sounds others don’t notice; Has unusual reactions to light, smells, and other sensory experiences</td>
</tr>
</tbody>
</table>

Significant Aspects of Adolescent Development

*Adolescence can be divided into three stages:*

- Early adolescence (ages 11-14)
- Middle adolescence (ages 15-17)
- Late adolescence (ages 18-21)

*For some young people, late adolescence may extend into their mid- to late twenties.*

Physical Development

Physical development in adolescence typically begins with the onset of puberty and its accompanying hormonal and growth changes. Teens experience rapid gains in growth and weight in combination with the development of secondary sexual characteristics. They also experience further development of their brains. Huebner (2000) reports that communication between neurons in adolescents’ brains may not be completely and reliably established until later in adolescence. These ongoing developmental changes in their brains may have an impact on their emotions, as well as their physical and mental abilities, and may even be an explanation for teens’ inconsistent responses in situations that appear to be similar.

All of these changes mean that teens need more sleep, may experience physical awkwardness, and may feel self-conscious, sensitive, and distressed that they are not developing in lock step with their peers (Huebner, 2000). Another challenge for teens may be that those who appear to be more physically mature are expected to be emotionally and intellectually mature, but in actuality may be simply average for their age. Likewise, teens that are small for their age, or younger in physical appearance, may be treated as if they are still children. Youths’ appearances may be deceptive; this can be frustrating for them, and for adults who work with them.

During adolescence, youth may engage in sexual activity and/or experiment with mood altering substances. Adolescence is a time when young people engage in risky behaviors because they believe that bad things are not likely to happen to them. *The Monitor on Psychology* (2001) reports that unhealthy behaviors are more successfully avoided when teens are encouraged to be involved in productive extra curricular activities, and when they are provided with opportunities for positive interpersonal relationships.
Cognitive Development

During adolescence, teen intellectual capacity expands. They become more able to think about thinking, a process known as meta-cognition (Heubner 2000). In addition to engaging in meta-cognition, teens also become more abstract thinkers, develop advanced reasoning skills with more logical thought processes, and become better able to imagine possible outcomes without having to actually experience the events in question.

Changes in their mental processes mean that teens also become more apt to either blurt out or hide their feelings about the things that they think about. They wonder whether anyone else has ever felt the way they are currently feeling. These aspects of their development also contribute to self-conscious behavior. They develop fixations on social causes, on justice or fairness, on what they perceive as their indestructibility, and on what everyone else might possibly be thinking about them.

Padilla-Walker & Carlo (2006) report that when teens believe that adult reprimands are out of proportion with respect to the severity of their behaviors they tend to tune adults out. While teens typically agree with adults’ perspectives regarding more serious moral behaviors, they feel that adults may be overreacting when they exact punishment for what they perceive to be arbitrary rules. This may relate to teens’ developing perceptions of fairness or justice.

During this time teens also develop self identity. They become more concerned about the future, who they will become, and what they want out of life.

Social/Emotional Development

The teen years are a time in which young people transition from the dependence of childhood to independence, or as Borgen and Amundson (1998) describe it, adolescence is “[t]he last step before becoming an adult.” At this stage in their lives youth are striving to become independently functioning adults, but they still need some support from caring, interested adults. Teens reach the point that they should be on their own but are unprepared for the reality of the experience. They need to have connections with adults who can provide them with emotional support and stability as they negotiate the trial and error process of attaining self sufficiency. Teens will struggle with their desire to be independent, especially when it conflicts with their need for assistance.

Teens need to feel that their needs and feelings are acceptable. They need to feel that they fit in and that other people accept them. At this time in their development, peers can have a significant impact on their behavior. They respond better to positive feedback from adults who support them. Teens’ sense of emotional responsibility develops best in an atmosphere
of honesty, trust and respect. They need opportunities to be independent and assertive. They need to know that there is someone they can talk to when they experience difficulties. It is critical for teens to have responsibilities so that they can develop feelings of competence.

As youth mature during the years from late childhood to early adulthood, they are presented with many different challenges. Even youth who have stable families experience the pitfalls described above. The plight of youth who have no stable family connections is even more challenging.

SOURCES


Family, Community Ties, and Life Long Connections

STRATEGIC TRAINING TO ENHANCE PERMANENCY SOLUTIONS
Choosing Words Wisely: Sensitive and Accurate Language

Language is a powerful tool for sharing and changing perspectives. The choice of one word or phrase over another can convey a different meaning or highlight different aspects of a situation that may actually be hurtful, rather than helpful, to the listener. Historically, language describing foster care, adoption, or children without parental care has highlighted the negative aspects of these experiences and has reinforced negative stereotypes. These descriptions may lead to implicit or explicit bias toward children and families in these situations.

Additionally, children in foster care have experienced significant loss, but they, like most children, typically develop some form of attachment with their birth parents. The use of hurtful language to describe their birth parents or their situation can be very confusing for children, and makes it difficult for them to balance their feelings with the information presented by others. Further, children often have memories of good times spent with their birth parents or families. Using appropriate and sensitive language allows children to make distinctions between what their parents were and were not able to do for them that resulted in their living in foster care or other forms of state custody.

One way to eliminate potential bias and to better help children in foster care understand their situation is to begin to model more sensitive and appropriate language. The table below provides some examples of hurtful language and alternate language choices, with an explanation of why the alternative is more appropriate.
<table>
<thead>
<tr>
<th><strong>Hurtful Choice</strong></th>
<th><strong>Wise Choice</strong></th>
<th><strong>Explanation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gave up</td>
<td>Chose or made an adoption plan</td>
<td>The decision to make an adoption plan is extremely difficult and thoughtful. Children who were sent on the orphan trains from New York to the west during the mid-1800s were “put up” for display on a platform so that prospective adoptive parents would be able to see them to better decide which child would meet their needs.</td>
</tr>
<tr>
<td>Given up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surrendered for adoption</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep the child/youth</td>
<td>Parent the child/youth</td>
<td>People who choose adoption are not discarding their children but are unable to parent them.</td>
</tr>
<tr>
<td>Real/Natural parents</td>
<td>Birth parents</td>
<td>There are no imaginary or unnatural parents.</td>
</tr>
<tr>
<td>Real/Natural child</td>
<td>Birth child</td>
<td>All children are real, natural, and legitimate. Lack of a genetic link does not make someone unnatural or illegitimate.</td>
</tr>
<tr>
<td>Illegitimate child</td>
<td>Child/youth born to unwed parents</td>
<td></td>
</tr>
<tr>
<td>Is adopted</td>
<td>Was adopted</td>
<td>Adoption is an event, not an enduring quality of a person. Adoption is not a diagnosis or a condition.</td>
</tr>
<tr>
<td>Adoptee</td>
<td>Person who was adopted</td>
<td></td>
</tr>
<tr>
<td>Own children</td>
<td>Birth children or children who were adopted</td>
<td>All parents consider their children their own regardless of how they became a family.</td>
</tr>
<tr>
<td>Foster child</td>
<td>Child or youth who is living with a foster family or who has experienced foster care</td>
<td>The emphasis should be on the child/youth and not the foster status.</td>
</tr>
<tr>
<td>Foster youth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mom and Dad</td>
<td>Parents</td>
<td>It is important for children to have their families validated. Mom/Dad assumptions can make children/adolescents who don’t have a mother or father or both, feel invisible. The better alternative includes different kinds of caretakers instead of assuming a mother/father pair (e.g., children/adolescents may live with single parents, grandparents, aunts, uncles, foster parents, two moms, or two dads).</td>
</tr>
<tr>
<td></td>
<td>Guardians</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Caretakers</td>
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<td>------------------------</td>
<td>-----------------------</td>
<td>----------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Girlfriend</strong></td>
<td><strong>Partner</strong></td>
<td>The assumption of heterosexuality excludes lesbian, gay, and</td>
</tr>
<tr>
<td><strong>Wife</strong></td>
<td><strong>Spouse</strong></td>
<td>bisexual people and the significance of their relationships.</td>
</tr>
<tr>
<td><strong>Boyfriend</strong></td>
<td><strong>Significant other</strong></td>
<td>Asking questions using neutral language opens the door to</td>
</tr>
<tr>
<td><strong>Husband</strong></td>
<td></td>
<td>better communication.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e.g., asking a woman, “Do you have a boyfriend?”</td>
</tr>
<tr>
<td><strong>Lifestyle</strong></td>
<td><strong>Identity</strong></td>
<td>Using the word lifestyle to describe someone who is gay,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>lesbian, bisexual, or transgender (GLBT) equates their</td>
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<td></td>
<td></td>
<td>sexual orientation and/or gender identity to a characteristic</td>
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<td></td>
<td></td>
<td>as minor and changeable as another part of someone’s daily</td>
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<tr>
<td></td>
<td></td>
<td>living routine (like drinking coffee or brushing one’s teeth).</td>
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<tr>
<td></td>
<td></td>
<td>GLBT identities are core elements of identity and are not</td>
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<tr>
<td></td>
<td></td>
<td>minor or mutable for most people.</td>
</tr>
<tr>
<td><strong>Neglectful parent</strong></td>
<td><strong>Parent who is unable to meet the needs of a child/youth</strong></td>
<td>Children/adolescents who have experienced foster care or</td>
</tr>
<tr>
<td><strong>Abusive parent</strong></td>
<td><strong>Parent who is unable to manage his/her own behavior</strong></td>
<td>adoption do not want or need to hear their birth parents</td>
</tr>
<tr>
<td><strong>Drug addict</strong></td>
<td><strong>Parent who abuses substances which impacts their decision making and ability to be responsive and responsible</strong></td>
<td>criticized. It is important for children/adolescents to</td>
</tr>
<tr>
<td><strong>Alcoholic parent</strong></td>
<td></td>
<td>understand what their parents were unable to do that</td>
</tr>
<tr>
<td><strong>Unfit parent</strong></td>
<td><strong>Parent who is unable to meet the needs of a child/youth</strong></td>
<td>brought them into state custody.</td>
</tr>
</tbody>
</table>

There are many reasons that parents are not able to adequately care for children. Children/adolescents would benefit from having a clear sense of those reasons.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Unwanted</strong></td>
<td>Unable to be parented by a</td>
<td>There can be a variety of reasons people are unable to parent their children. Desire is usually not a common reason and being described as “unwanted” is detrimental to a child/adolescent’s sense of self.</td>
</tr>
<tr>
<td></td>
<td>birth parent</td>
<td></td>
</tr>
<tr>
<td><strong>Taken away</strong></td>
<td>Placed in state custody</td>
<td>The state, guided by law, has decided to remove the child/adolescent from their home for specific reasons.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tracking down relatives</strong></td>
<td>Search for information or relatives</td>
<td>Tracking down people could imply that they are unwilling to be found. Conducting a search can take many forms and can mean searching for information, people or both.</td>
</tr>
<tr>
<td><strong>Reunion</strong></td>
<td>Making or keeping contact with a birth parent</td>
<td>Having contact with birth parents and relatives can take many forms and does not always lead to being reunited.</td>
</tr>
<tr>
<td><strong>Adopt a highway</strong></td>
<td>Sponsor a highway</td>
<td>Parents may be uncomfortable and these may be confusing or hurtful to children/adolescents. This use is for temporary relationships and fundraising purposes.</td>
</tr>
<tr>
<td><strong>Adopt a whale</strong></td>
<td>Sponsor a whale</td>
<td></td>
</tr>
<tr>
<td><strong>Adopt a playground</strong></td>
<td>Sponsor a playground</td>
<td></td>
</tr>
<tr>
<td><strong>Adopt a school</strong></td>
<td>Sponsor a school</td>
<td></td>
</tr>
</tbody>
</table>

Eco-maps: Significance and Purpose in Practice

What is an eco-map?

An eco-map is a graphic representation of a person’s connections to other people and/or systems in their life. An eco-map should express the strength and effect of each relationship. Typically, the person about whom the eco-map is created is shown as a circle in the center of the map. All of the human resources and systems in the person’s life are shown as individual circles around the circumference of the person. Each outer circle is connected to the inner circle by a line. Different types of relationships are represented by different types of lines.

Why are eco-maps important?

Eco-maps are important because, when fully completed, they serve as a tool to highlight different relationships and human resources in the person’s life. These resources and the information about each relationship then serve as a starting point to address the featured person’s needs. Eco-maps can change over time, so it can be helpful to revisit old eco-maps from time to time.

How do you create an eco-map?

The first step in creating an eco-map is making a commitment to the process. An eco-map can be extremely helpful and can offer answers to some difficult questions. However, it can also be a timely process which requires much patience. It is useful for those who work on eco-maps to recognize how important the work they are doing is; they should not be distracted or dissuaded by other people or circumstances.

An eco-map may use case histories as a resource; however, this is only one source of information. An eco-map must be created with input from the person for whom it is prepared. They may choose to ask significant people in their life for assistance. This help will most likely come in the form of others helping to jog the memory of the person that the eco-map is about for their life story either before, at, or after the time of creating.

When creating an eco-map the following domains should be included: family, neighborhood, service providers (past and present), neighbors, social groups, employment, education, religious/spiritual aids and other significant people. The process of identifying relationships and human resources should be exhaustive. This takes time.

When drawing an eco-map the strength of each relationship must be included. Each relationship should be judged as strong, tenuous or weak. This should be considered when identifying resources that are going to be put on the map. The strength and impact of
relationships is subjective. It is important to maintain a consistent measure while constructing the eco-map.

**Note:** If the person at the center of the eco-map cannot identify any resources in a particular domain, that domain should still be included on the map. It can be helpful to include domains that do not have a connection to the individual as there may be an opportunity to create a new relationship.

Once all of the domains and the strengths of their relationships with the person at the center have been identified, you should draw the map.

With the name of the person the map is about in a circle at the center of the map, begin to make circles representing the people and resources identified at varying distances from the center. The closeness of the relationship to the featured person and the closeness of proximity to the center circle should be represented as such. People close to the featured person should have their circle close to the person’s circle. People whose relationship is more distant should be drawn farther away from the featured person’s circle.

Once all of the circles are drawn on the page, you should connect all of the surrounding circles to the center circle. The lines to make these connections should correspond with the strength of the relationship between the two people. A bold or double line depicts a strong relationship, a dotted line represents a tenuous relationship, and a thin or single line represents a weak relationship. If there is not a current relationship there should not be a line.

Now that all of the lines are drawn, each line needs to be revisited. You must add an arrow head to each line. The arrow should be pointing in the direction of the flow of resources. If the featured person at the center is helping or offering assistance to the person in the orbiting circle the arrow should point out towards that person. If the person in the orbiting circle is helping the featured person, then the arrow should point in towards the person at the center. If any of these relationships is particularly stressful, this should be depicted by a superimposed zigzag line over the initial line.
Example of an Eco-map

SOURCES

Sample Questions for Creating an Eco-Map

It is often necessary for professionals to obtain information about people in a person’s existing support system, as well as additional people who may be willing to become members of it. At times, this information can be difficult to get, especially in times of crisis or stress. The questions below are intended to assist those who need to help people identify possible sources of support. This tool is not a questionnaire and should not be used as such. However, this list of questions may be utilized as a resource for professionals searching for the right questions to ask in order to obtain the information that they need in order to help the individual with whom they are working. These questions should be expanded on and followed up on as appropriate.

- Who was your favorite teacher?
- Who used to baby-sit/take care of you?
- Did you sleep over people’s houses? Where?
- Who did you spend holidays and school breaks with?
- Who came to your birthday parties or other family celebrations?
- Did you go to church? Were you in the youth group? Did you go to religion class?
- Do you remember any of the staff from former programs or services?
- Have you ever played organized sports? Who were your coaches?
- Have you ever gone to the YMCA, Boys/Girls Club?
- Do you have any grandparents, aunts, uncles, godparents, current or former neighbors?
- Do you remember any of your parents’ friends?
- Do you have any friends from work?
- Did you ever go on vacation or day trips with anyone?
- Did you baby-sit? For who?
- Did you have a good relationship with any of your past girlfriends’/boyfriends’ parents?
- Have you done volunteer work?
- Do you remember any of your old school bus drivers?
- Did you ever know anyone who worked at a local store or restaurant?
- Do you remember anyone from child care?
- Do you remember any staff from former residential programs?
- Do you remember or keep in touch with any previous foster parents?
- Were you ever in the girl scouts/boy scouts?
- Did you have a childhood fantasy? Who was in it?
- Tell me about your favorite memory.
Education and Workforce
Children in Foster Care and the School System

In the United States, there are currently 420,000 school-aged children in foster care. These children are at a significant educational disadvantage, as many of them do not have access to the opportunities and support for further education to which children who are in a permanent home environment have access. Educational implications and possible improvement efforts are highlighted below.

Educational Findings for Children in Out-of-Home Care

- Frequent absenteeism and tardiness
- Multiple school changes
- Frequent detention and suspension from school
- Often not functioning at grade level in reading and mathematics
- Typically significantly lower scores in standardized testing
- Frequent history of repeating grades
- Do not typically enroll in college preparatory courses
- High percentage of youth do not complete high school

Reasons to Help Keep Youth in School

Approximately 20,000 youth in the United States exit the foster care system each year upon turning 18 years of age.

- High percentage lack health insurance, despite having more serious health needs than children who were not in foster care
- One-quarter become homeless within the first 18 months after exiting foster care
- Few pursue further educational programs
- More than half possess little to no job experience
- Four years after exiting foster care, fewer than half of youth were employed

Reasons for School Failure

- Multiple school and family placements
  1. Time required to recover from disruption
  2. Often not fully evaluated for academic ability or offered appropriate services due to short school stays
  3. Frequently miss time in school due to multiple moves
- Social behavior and skills are not acquired through involvement in extracurricular activities because of lack of permanency
- Educational level and ability of foster parents may not allow them to adequately help children with school work
- High percentage exposed prenatally to alcohol and other substances
- Attitudes and predispositions of educators may result in a lack of encouragement

**Foster Youth with Disabilities**

- Special education classes typically serve three times as many children in foster care as they do children in a permanent home environment
- Approximately 50% possess emotional or behavioral disturbances due to history of abuse, neglect, and trauma
  1. Need access to mental health services
  2. High rates of suspension, leading to additional days out of school
- Fewer children receive Section 504 services due to the lack of consistent advocacy

Section 504 protects against discrimination of individuals with disabilities, ensuring equal access to education for children with disabilities. Section 504 allows for modifications and amendments to general curricula in order to accommodate all individuals.

**The Role of Teachers and Other School Personnel**

The following is a list of actions that may lead to educational improvement for children in foster care.

- Partner with child’s social worker and other team members
- Obtain youth’s history and background
- Provide home schooling as a temporary option to reduce the amount of time out of school
- Support youth in accessing resources and in self-advocating
- Promote the development of necessary social skills
- Work with the youth’s caregivers and know who to contact
- Include social workers in meetings
- Act as an advocate for the youth’s needs
- Ensure that homework assignments are fully understood or that help is available to those who may need it
- Modify sensitive assignments to include children in foster care (i.e. family trees)
- Anticipate possible relationship difficulties, and help youth to establish relationships with peers and adults
- Be aware of the possibility of educational delays and limitations
- Help caregivers and youth to access needed resources and services
- Refer caregivers to support groups and helpful websites

**Support for Transition**

Educators can help prepare children in foster care for successful independent living.

- Provide a basic education and encourage every opportunity for youth to graduate from high school or obtain a GED
- Promote and identify extra-curricular activities and after-school programs
- Help youth and caregivers become familiar with support agencies and organizations (i.e. vocational assistance)
- Support youth in finding part-time employment while in school
- Assist youth in identifying an advocate
- Engage social workers in transition planning

**SOURCE**

Best Practices for Improving Educational Outcomes for Children Involved with Rhode Island Department of Children, Youth and Families (DCYF)

1. Ensure and provide placement stability.
   - Minimize the number of moves/placements; access family/placement supports to stabilize placement
   - Be familiar with and access all available school support services for youths and families
   - Make placement moves at natural end points: end of school year, summer, vacations, end of term
   - Be familiar with the eligibility requirements of the McKinney-Vento Homeless Education Assistance Improvements Act

2. Know the enrollment requirements/procedures of your local school districts prior to enrolling a child, and make sure that records have been sent or brought directly to new school district. At a minimum, all schools require for enrollment:
   - Current health and immunization record
   - Birth certificate, passport, green card, or I-94 card
   - Proof of physical exam, vision screening, and lead test results
   - Birth certificate
   - Transcripts, including achievement testing and NECAP (New England Common Assessment Program) results
   - Special education documents, if applicable (IEPs, assessments/evaluations)
   - If a language other than English is the primary language at home, your child will need a language assessment, available by appointment.
   - Discipline records
   - First grade students need to supply proof of registration in an accredited kindergarten program.

   Most schools also require:
   - Proof of residence of foster parent
   - Copy of the court’s order of Mittimus

3. Ensure that social worker and/or foster parent know:
   - Current education information (e.g., current grade, regular or special education, child’s placement type if applicable)
   - Education decision-maker
   - Custody status
It is important that this information be communicated quickly and clearly to the new school.

4. Ensure that all current education information is entered into the child’s case record, in addition to any database kept by DCYF.

5. Ensure that schools have appropriate, relevant clinical/behavioral information about students in order to provide a safe, supportive academic program for the student and to ensure the safety of other students.
   - Must inform schools of risks and behavioral history of student in order for school to know best how to intervene and support student

6. Ensure social worker’s attendance and participation at IEP Team meetings. Review educational issues and strategize placement discussion prior to IEP meeting. Help worker make case for recommended need for level and kind of education service.
   - Social worker knows the student best and can communicate the student’s abilities, aptitudes and challenges.
   - Social worker can advocate for appropriate services and present clinical treatment perspective.

7. Ensure the maintenance of on-going, consistent, positive communication with local school officials (e.g., principals, guidance counselors, teachers, special education staff).
   - Institute monthly meetings with key school personnel to jointly review status of current shared youth, and to ensure youth have access to all appropriate support services.
   - Important information should be communicated in writing to the school, such as custody changes, hospitalizations, other changes in placement.
   - Offer and provide mutual, collaborative trainings with school districts on DCYF policies, procedures, practice changes.
   - Help schools focus on developing transition plans for older youth and identifying resources and skill training options.

8. Ensure the maintenance of on-going, positive relationships with the child’s education decision-maker (parent, foster parent, kinship or educational surrogate parent).
   - Encourage and ensure that the educational decision-maker attends school functions and meetings.
   - Develop transition plans with education decision-makers to help empower them and students.
   • Ensure youth’s participation in all school decision-making meetings.
   • Encourage and ensure access to self-determination skill development regarding school, work, housing, decision-making.

10. Help youth identify and develop a meaningful relationship with an adult mentor to provide direction and support for post-secondary choices and decisions, and to expose youth to range of community opportunities.
Guidelines for Working with Schools

Enrollment

- **DO** contact the current school district for information and documentation about transferring to the new school district to speed up transfer. If possible, have the worker carry the file directly to the new school.

- **Call** the new school and schedule an appointment. The appointment will ensure that time is set aside to speak with you and to answer any questions you may have.

- **DON’T** let a student stay out of school due to delay in obtaining records. The student should be able to be enrolled within 5 days of moving into the new community. Refer to the education information in the DCYF Foster Parent Handbook: [http://www.dcyf.ri.gov/docs/fster_parent_handbk.pdf](http://www.dcyf.ri.gov/docs/fster_parent_handbk.pdf)

- **DON’T** show up at the new school without records or knowledge of youth’s current education status. **DON’T** have the foster parent turn to the student at school and ask what grade he or she is in. Make sure the foster parent has as much information as you have about the child’s current education status.

- **If you** have any questions or need additional information, contact the Educational Services Division of DCYF at 401-528-3576. Children in the care of DCYF who are eligible for special education services, or are suspected of requiring such services, may be eligible for the appointment of an educational surrogate parent. Referrals to the Department of Education are coordinated through the Children’s Behavioral Health and Education Division. This division also monitors the delivery of educational services provided under the federal Individuals with Disabilities Education Act (IDEA), Part B and Title I to students in state-operated or state-supported community residences.

Special Education

- **DO** use the term “special education evaluation” or “Team evaluation” when requesting an evaluation from the school district.

- **DO** become familiar with special education eligibility regulations and range of disabilities in order to make a credible referral for a special education evaluation, instead of saying, “My student has behavioral problems, is dangerous, or depressed.” Describe behavior, how it impacts involvement in school, and specify if it is evidenced in other spheres of activity (e.g., at home, with peers).

- **DON’T** walk into a special education (IEP) Team meeting unprepared. Be ready to make a case regarding why the youth needs the level of service that you are recommending (e.g., a residential placement, which is the most restrictive placement on the special education continuum).
• DO attend your students’ IEP meetings. While in the meeting, DO voice your opinion and suggest recommendations. If you do not understand some of the terms used by school personnel, or you feel intimidated, DO ask for explanations. You are an important member of the team and need to be present and heard.

• DON’T leave an IEP meeting without knowing what everyone has agreed to regarding the child’s plan, and what the next steps are. If you are confused, before the meeting is over, ask for clarification of decisions made, “What have we all agreed to and what are the next steps?”

• The Rhode Island Department of Education offers a program called the IEP Resource Network, which is designed to help families, students, and school personnel develop individualized programs for students with disabilities that meet the same high standards established for all students. The initiative strives to increase access to the general curriculum for students with disabilities, to ensure the participation of students with disabilities in accountability and assessment efforts, and to provide technical assistance on IEP development.

  If you have any questions, please contact:

  RIDE, 255 Westminster Street
  Providence, RI 02903
  Phone (401) 222-8996   Fax (401) 222-6030
  IEP Network Website: http://www.ritap.org/iep

General

• DO know the range of in-school, after school, and support services that a district offers in order to ensure that your students have access to all available services.

• DO keep the school informed of any changes in the student’s placement, custody status, or behavioral/clinical issues that might impact school stability or academic performance. School personnel are our partners, and we need to keep them involved in and updated on our youth.

• For students in middle school and high school, DO make sure that the school district, along with DCYF, begins to focus on post-secondary educational, vocational training, and occupational opportunities. A life plan needs to be developed for each child to ensure educational/economic success after high school and when placement in foster care ends.

• The Rhode Island Parent Information Network provides information, support, and training to help all Rhode Islanders become their own best advocate at school, in healthcare, and in all areas of life: http://www.ripin.org
Strategies for Improving Practice in the Child Welfare System to Support Educational Continuity and School Stability for Children in Out-of-Home Care

Guiding Principles

- Promoting educational continuity and school placement stability is central to improving educational outcomes and fostering a positive school experience.

- Children deserve access to the highest quality education, including access to assessments and services delivered by knowledgeable and skilled professionals.

- Children have strengths and resiliency, high expectations, and a desire to learn and to be successful.

- Children are connected to families and larger support systems. As such, engaging families and their support systems as partners in supporting their educational experience is vital.

- Understanding and communicating the developmental, cultural, and environmental context of a child and family are necessary to fully support a positive educational experience.

- Collaboration among multiple agencies and service systems (child welfare, legal system, mental health agencies, schools), the community, and children and families is necessary to support a positive educational experience.

SOURCE

Based on information in the application packet – Breakthrough Series Collaborative: Improving Educational Continuity and School Stability for Children in Out-of-Home Care, Casey Family Programs, 2006.
Preparing Youth for College

How do I set up a long range plan?
Step by step, you can help youth make informed decisions about their education, do well academically, learn about colleges, and find the best possible opportunities for a college education. Here are two checklists that are designed to help you support youth, year by year, to prepare for college -- both academically and financially.

College Preparation Checklist for Students

Pre-High School
- Take challenging classes in English, mathematics, science, history, geography, the arts, and a foreign language.
- Develop strong study skills.
- Start thinking about which high school classes will best prepare you for college.
- If you have an opportunity to choose among high schools or among different programs within one high school, investigate the options and determine which ones will help you
  - further your academic and career interests
  - open doors to many future options
- Start saving for college if you haven't already.
- Investigate different ways to save money - buying a U.S. Savings Bond or opening a savings account in a bank, investing in mutual funds, etc.
- Find a mentor who will support your positive goals and help you find answers to your questions about planning for your future.

High School: 9th Grade
- Take challenging courses in English, mathematics, science, history, geography, a foreign language, government, civics, economics, and the arts.
- Get to know your career counselor or guidance counselor, and what other college resources are available through your school.
- Talk to adults in a variety of professions to determine what they like and dislike about their jobs and what kind of education is needed for each kind of job.
- Continue to save for college.

High School: 10th Grade
- Take challenging courses in English, mathematics, science, history, geography, a foreign language, government, civics, economics, and the arts.
☐ Continue to talk to adults in a variety of professions to determine what they like and dislike about their jobs, and what kind of education is needed for each kind of job.

☐ Become involved in school- or community-based extracurricular (before or after school) activities that interest you and enable you to explore career interests.

☐ Meet with your career counselor or guidance counselor to discuss colleges and their requirements.

☐ Take the Preliminary Scholastic Assessment Test/National Merit Scholarship Qualifying Test (PSAT/NMSQT). You must register early. If you have difficulty paying the registration fee, see your guidance counselor about getting a fee waiver.

☐ Take advantage of opportunities to visit colleges and talk to students.

☐ Continue to save for college.

High School: 11th Grade

☐ Take challenging classes in English, mathematics, science, history, geography, a foreign language, government, civics, economics, and the arts.

☐ Meet with your career counselor or guidance counselor to discuss colleges and their requirements.

☐ Continue your involvement in school- or community-based extracurricular activities.

☐ Decide which colleges most interest you. Write these schools to request information and an application for admission. Be sure to ask about special admissions requirements, financial aid, and deadlines.

☐ Talk to college representatives at college fairs.

☐ Take advantage of opportunities to visit colleges and talk to students.

☐ Think about people to ask to write recommendations for you – teachers, counselors, employers, etc.

☐ Investigate the availability of financial aid from federal, state, local, and private sources. Call the Student Aid Hotline at the U.S. Department of Education (1-800-4FED-AID) for a student guide to Federal financial aid. Talk to your guidance counselor for more information.

☐ If you are interested, learn more about AmeriCorps by calling 1-800-942-2677 or TDD 1-800-833-3722. Via the Internet, go to www.americorps.org.

☐ Investigate the availability of scholarships provided by organizations such as corporations, labor unions, professional associations, religious organizations, and credit unions.
☐ If applicable, go to the library and look for directories of scholarships for women, minorities, youth in foster care, and disabled students.

☐ Register for and take the Scholastic Assessment Test (SAT), the ACT, SAT Subject Tests, or any other exams required for admission to colleges you might want to attend. If you have difficulty paying the registration fee, see your guidance counselor about getting a fee waiver.

☐ Continue to save for college.

**High School: 12th Grade**

☐ Take challenging classes in English, mathematics, science, history, geography, a foreign language, government, civics, economics, the arts, and advanced technologies.

☐ Meet with your counselor early in the year to discuss your plans.

☐ Complete all necessary financial aid forms. Make sure that you fill out at least one form that can be used for federal aid, such as the Free Application for Federal Student Aid (FAFSA) from the U.S. Department of Education. Call 1-800-4FED-AID; TDD 1-800-730-8913 or visit the FAFSA web site at: www.fafsa.ed.gov.

☐ Write to colleges to request information and applications for admission. Be sure to ask about financial aid, admissions requirements, and deadlines.

☐ If possible, visit the colleges that most interest you.

☐ Register for and take the Scholastic Assessment Test (SAT), American College Test (ACT), SAT Subject Tests, or any other exams required for admission to the colleges to which you are applying. If you have difficulty paying the registration fee, see your guidance counselor about getting a fee waiver.

☐ Prepare your application carefully. Follow the instructions, and PAY CLOSE ATTENTION TO DEADLINES! Be sure to ask your counselor and teachers at least two weeks before your application deadlines to submit the necessary documents to colleges (your transcript, letters of recommendation, etc.).
Financial Preparation Checklist for Social Workers

**Pre-High School**

☐ Start encouraging youth to save money for his or her college education.

☐ Help youth investigate different ways to save money - buying U.S. Savings Bonds or opening a savings account in a bank, etc.

**High School: 9th Grade**

☐ Continue to encourage youth to save for college.

**High School: 10th Grade**

☐ Continue to encourage youth to save for college.

**High School: 11th Grade**

☐ Help youth investigate the availability of financial aid from federal, state, local, and private sources. Call the Student Aid Hotline at the U.S. Department of Education (1-800-4FED-AID) for a student guide to federal financial aid. Have youth talk to his or her guidance counselor for more information.

☐ Help youth investigate the availability of scholarships provided by organizations such as corporations, labor unions, professional associations, religious organizations, and credit unions.

☐ If applicable, go to the library with youth and look for directories on scholarships for women, minorities, youth in foster care, and disabled students.

**High School: 12th Grade**

☐ Make sure youth completes all necessary financial aid forms, including the Free Application for Federal Student Aid (FAFSA) from the U.S. Department of Education. Call 1-800-4FED-AID; TDD 1-800-730-8913 or visit the FAFSA web site at: www.fafsa.ed.gov.

☐ Continue to save for college.

SOURCE
Key Educational Information for Department of Human Resources Staff

- All children between the ages of 6 and 16 are required to attend school.
- The majority of children will attend local public schools.
- All children have a right to be educated in the least restrictive environment.
- The schools are our partners; we must keep them informed about our children and maintain good relationships with them.

Enrollment

- Be knowledgeable about the enrollment procedures of the communities you work with.
- At a minimum, all schools require:
  1. health/immunization record
  2. all transcripts from previous schools
  3. discipline records
  4. special education records, including Individual Education Plans (IEP) and assessments if the child is receiving special education services
- Work with the schools to be sure they are aware of any moves or changes.
- School should not delay nor require special meetings to enroll a child in a new school system because s/he is a child in foster care.
- In Rhode Island, as required by IDEA Part B, school systems should identify and evaluate children between the ages of 3 and 21 who have been identified as potentially eligible for special education and related services. This means that many young children living in foster care, who experience developmental delays at 4 to 5 times the rate of developmental delay found among children in the general population are eligible to be evaluated for special education services.
- More information specific to policies of the Rhode Island Department of Elementary and Secondary Education can be found at: http://www.ride.ri.gov

Discipline

- Discipline procedures are different for regular education and special education students; generally, special education students have more protections because of federal and state laws.
• Every school is required to publish and distribute to all parents/students a Student Handbook that includes their discipline procedures. Be familiar with its contents and requirements.

• In Rhode Island a student can be suspended for disruptive behavior or possession of a firearm (or a realistic replica of a firearm). Expulsion can occur for possession of a weapon or firearm. RI ST § 16-60-4 (21). Each school shall enforce the following policy of zero tolerance for weapons and violence: *Any student found to be in possession of a weapon, or involved in an aggravated assault, will be immediately suspended in accordance with applicable due process provisions. During this suspension, the District shall take the necessary steps to determine any additional action, which may include long-term suspension.* The full policy is available upon request of the school district.

• School policy may state that students may be disciplined, including suspension or expulsion, for behavior which has taken place off school property and/or beyond the school day. If the behavior is determined by the principal to impact the educational environment of the school, the safety and/or welfare of other students and/or staff, and/or the maintenance of school order and discipline, the principal may suspend the student for up to ten school days.

• Special education students are entitled to more due process and cannot be permanently expelled. An alternative program must be found. For more information: [http://www.ride.ri.gov/commissioner/edpolicy/Documents/NEW_RI_DISCIPLINE_PROCEDREQUIRE_JULY_05.pdf](http://www.ride.ri.gov/commissioner/edpolicy/Documents/NEW_RI_DISCIPLINE_PROCEDREQUIRE_JULY_05.pdf)

**Special Education**

• Rhode Island special education information: [http://www.ride.ri.gov/Special_Populations/Programs_Services/default.aspx](http://www.ride.ri.gov/Special_Populations/Programs_Services/default.aspx)

• Special Education services are available for all students ages birth through 21, as appropriate.

• IDEA 2004 requires that a free appropriate public education must be available to all children residing in the state between the ages of 3 and 21, inclusive, including children with disabilities who have been suspended or expelled from school, as provided for in § 300.530(d).

• The mission of RIPIN is to help individuals, parents, families and children to achieve their goals for health, educational, and socio-economic well-being by providing information, education, training, support and advocacy for person/family centered care and systems change. For more information: [http://www.ripin.org/about.html](http://www.ripin.org/about.html)
The Education Alliance, a department at Brown University, promotes educational change to provide all students equitable opportunities to succeed. The program advocates for populations whose access to an excellent education has been limited or denied. For more information: http://www.lab.brown.edu

Head Start and Early Intervention programs help children from birth to age 5 access a variety of services to meet their individual needs:

- Children with disabilities from birth through age 2 and their families are served under IDEA, Part C through Early Intervention services.
- Children from birth through age 5 and their families are served through Head Start.
- Children with disabilities from ages 3 through 5 and their families are served under IDEA, Part B through local school districts.
- Highlights of the RI Board of Regents special education regulations are available at: http://www.ripin.org/pdfs/special_ed_regs_insert_sheet.ind.pdf

**Child with a disability** means a child, aged 3 to 21, evaluated in accordance with §§ 300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism spectrum disorder, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services. In 2007, the Rhode Island Board of Regents for Elementary and Secondary Education approved new state special education regulations which are available at: http://www.ride.ri.gov/regents/Regentsregulations.aspx

Resources for children with disabilities:
http://www.yellowpagesforkids.com/help/ri.htm

The State of Rhode Island Office of the Child Advocate has prepared a document listing the educational rights of children: http://www.child-advocate.ri.gov/HandbooksandBrochures/chapterthree.php

The Child Advocate’s educational rights list referenced above is a section of the Kids Rights Handbook. It is available at http://www.child-advocate.ri.gov/HandbooksandBrochures/ChildAdvocateHandbookindex.php, and it provides information for young people in Rhode Island regarding:

- Issues relating to juvenile delinquency, wayward, and truancy offenses
- State custody of a youth due to dependency, neglect and/or abuse
- Educational rights of children
- Children's privacy and consent (permission) rights regarding marriage, medical and health care, and pregnancy
- Children entering the workplace and employment rights of children
- Legal concerns of teens operating motor vehicles
- Registration requirements for the United States Military Services
- Ocean State youths’ rights and obligations while participating in water sports, riding motorcycles, and biking

- Signing IEPs: A child’s parent can sign the IEP if they still retain educational decision-making rights. When a Rhode Island child with disabilities is in the care of DCYF and his or her parent(s) is unable or unwilling to act on his or her behalf in educational matters, the Office of Child Advocate is appointed to serve as the child’s educational advocate and to be involved throughout the IEP process. Foster parents may be trained and appointed to be educational surrogates, but are not automatically recognized as educational surrogates for children in their care. For more information: http://www.rikidscount.org/matriarch/documents/itw100.pdf

- Make sure you have a current, signed copy of every IEP in your records for all of your children who are receiving special education services.

Placement in Private Programs/Cost-Share Concerns

- Know which school system is responsible for developing the IEP and for placing the child. This is crucial when you are looking for a school to share the cost of a residential placement.

- Be familiar with the child’s educational history to build a case for placement in the most restrictive setting.

- Do not leave an IEP meeting without knowing what everyone is agreeing to!

SOURCES

Federal Register / Vol. 71, No. 156 / Monday, August 14, 2006 / Rules and Regulations IDEA2004
Educational Resources in Rhode Island

Elementary and Secondary Schools

Rhode Island Department of Elementary and Secondary Education (RIDE)

Virtual Learning Academy - Northern Rhode Island Collaborative
http://www.nric-ri.org/virtual-learning-academy
VLA offers an Alternative Choice. The VLA reaches out to students who are:
- Home-bound
- Home-schooled
- Credit deficient and/or summer school
- Dropped-out, excluded, and/or expelled
- Advanced placement & honors courses
- Assigned to alternative schools

Homeschooling Resources

Rhode Island Guild of Home Teachers (RIGHT)
http://www.rihomeschool.com
Christian-led support group for RI homeschoolers; coordinates state and local events and activities, as well as offers advice and support.

Rhode Island Field Trips
http://homeschooling.gomilpitas.com/trips/RhodeIslandTrips.htm
Educational places to visit in Rhode Island.

Rhode Island Education Code For Homeschooling
http://homeschooling.gomilpitas.com/laws/blRI.htm
Legal information concerning homeschooling.

LEAF Home Learners Network
http://learninks.org/leaf
Inclusive, participant-directed network through which members share resources and talents, field trips and events, learning enrichment opportunities, and overall fellowship with others.

Home Educators Network in the Rhode Island Area (HENRI)
http://groups.yahoo.com/group/HENRIhomeschool
Information and resources for homeschooling families in Rhode Island; connects families from various areas in Rhode Island to different educational resources and homeschoolers around the State.
ENRICH
http://www.enrichri.org
Secular community which provides support and guidance in a welcoming environment for homeschooling families in Southern New England.

Rhode Island Christian Home Educators (RICHES)
http://richeshomeschool.org
Organization of Christian homeschooling families in Rhode Island and Southeastern Massachusetts who have joined together to encourage one another and to promote educational, cultural, athletic, and spiritual growth.

SOS Information
http://groups.yahoo.com/group/SOSinformation
Secular in the Ocean State, a secular inclusive homeschooling group in Rhode Island.

Public Institutions of Higher Education

Rhode Island College
600 Mount Pleasant Avenue
Providence, RI 02908-1991
(401) 456-8000
http://www.ric.edu

The University of Rhode Island
Kingston, RI 02881
(401) 874-1000
http://www.uri.edu

Community College of Rhode Island (CCRI)
http://www.ccri.edu

Campus Locations:

Knight (Warwick)
400 East Avenue
Warwick, RI 02886
Telephone: (401) 825-1000

Flanagan (Lincoln)
1762 Louisquisset Pike
Lincoln, RI 02865
Telephone: (401) 333-7000

Liston (Providence)
One Hilton Street
Providence, RI 02905
Telephone: (401) 455-6000

Newport County (Newport)
One John H. Chafee Blvd.
Newport, RI 02840
Telephone: (401) 851-1600

Downcity (Providence)
80 Washington Street
Providence, RI 02903
Telephone: (401) 277-5197

Westerly Satellite (Westerly)
10 Sandy Hill Road
Westerly RI 02891
Telephone: (401) 596-0104
Technical Education Programs and Private Schools

Euphoria Institute
Lincoln Mall, 622 George Washington Highway
Lincoln, RI 02865
http://www.euphoriainstitute-usa.com

Johnson & Wales University
8 Abbott Park Place
Providence, RI 02903
1-800-DIAL-JWU
http://www.jwu.edu

Lincoln Technical Institute
Lincoln Technical Institute
Lincoln Mall, 622 George Washington Highway
Lincoln, RI 02865
http://www.lincolnedu.com

New England Institute of Technology
2500 Post Road
Warwick, Rhode Island 02886-2266
http://www.neit.edu

New England Tractor Trailer Training School
600 Moshassuck Valley Industrial Hwy.
Pawtucket, RI 02860
http://www.nettts.com

Rhode Island School of Design
Two College Street
Providence, RI 02903 USA
Telephone: 401 454-6100
http://www.risd.edu

Brown University
Providence, Rhode Island 02912
Phone: 401.863.1000
http://www.brown.edu

Bryant University
1150 Douglas Pike
Smithfield, RI 02917
401-232-6000
http://www.bryant.edu/Bryant

Providence College
549 River Avenue
Providence, RI 02918
Tel: 401-865-1000
http://www.providence.edu

Roger Williams University
One Old Ferry Road
Bristol, RI 02809
Toll Free: 1.800.458.7144
401-253-1040
http://www.rwu.edu

Salve Regina University
100 Ochre Point Avenue
Newport, RI 02840-4192
Phone: (401) 847-6650
http://www2.salve.edu

Literacy and Adult Education Providers

STAND (Students Taking Action Now with Determination)
http://www.standri.org/agency-list.htm
Lists centers and programs for adult learners in Rhode Island.
Occupational Training Providers

Rhode Island Department of Labor and Training, State Workforce Investment Office
Workforce Investment Act Eligible Training Programs
http://www.dlt.ri.gov/wio/programs.htm
The process to be determined suitable for training begins at one of the netWORKri centers located throughout the state. Call to make an appointment or stop in to the center closest to you.

One-Stop Career Centers

PAWTUCKET netWORKri Center
175 Main Street
Pawtucket, RI 02860
(401) 721-1800
http://www.networkri.org/WelcomePawtucket.htm

WEST WARWICK netWORKri Center
1330 Main Street
West Warwick, RI 02893
(401) 828-8382
http://www.networkri.org/WelcomeWW.htm

PROVIDENCE netWORKri One Stop Center
1 Reservoir Avenue
Providence, RI 02907
(401) 462-8900
http://www.networkri.org/WelcomeProv.htm

WOONSOCKET netWORKri Center
219 Pond Street
Woonsocket, RI 02895
(401) 235-1201
http://www.networkri.org/WelcomeWoon.htm

RIDE: Rhode Island Department of Elementary and Secondary Education, Office of Special Populations – Secondary Transition Services
Promotes an effective statewide system of secondary transition services for students with disabilities. For information about the statewide system of secondary transition services in Rhode Island, contact:

RI Department of Elementary & Secondary Education
Office of Special Populations
255 Westminster Street
Providence, RI 02903
(401) 222-8987

Regional Transition Centers/Regional Vocational Assessment Centers
Provide direct technical support, training, and information on transition services to school personnel in each region and assist in the development of statewide training and information activities. Provide vocational assessment services for students in special education ages 14-21 who are eligible for the services of the Department of Human Services/Office of Rehabilitation Services (ORS).
Northern Rhode Island: Pawtucket, Central Falls, Johnston, Cumberland, Woonsocket, Lincoln, Burriville, Smithfield, North Smithfield, North Providence

Northern RI Collaborative
Transition Employment Center (TEC)
640 George Washington Hwy. Suite 200
Lincoln, RI 02865
(401) 721-0709

Southern Rhode Island: North Kingstown, South Kingstown, Narragansett, Westerly, East Greenwich, Exeter/West Greenwich, Chariho, New Shoreham, Jamestown

Southern RI Collaborative (SORICO)
646 Camp Street
North Kingstown, RI 20852
(401) 295-2888

Providence:
Mt. Pleasant High School
434 Mt. Pleasant Avenue
Providence, RI 02908
(401) 278-0520

West Bay: Coventry, Cranston, Foster, Glocester, Foster/Glocester Regional, Scituate, Warwick, West Warwick

West Bay Collaborative
144 Bignall Street
Warwick, RI 02888
(401) 941-8353

East Bay: East Providence, Portsmouth, Warren/Bristol, Little Compton, Barrington, Middletown, Tiverton, Newport

East Bay Educational Collaborative
317 Market Street
Warren, RI 02885
(401) 245-2045

Transition Academies

Offers students with disabilities, 18 to 21 years old, the opportunity to complete their high school education on a college campus and/or in various employment and community settings. It is geared toward the student who has completed or nearly completed the academic courses necessary for graduation and would benefit from an additional one or two years to acquire the functional life skills, vocational skills, and social skills necessary to be better prepared for adult life. Potential student candidates must be in special education with an Individual Education Plan (IEP), be currently enrolled in school, and near completion of their academic program.

Transition Academy at the Community College of Rhode Island
c/o West Bay Educational Collaborative
144 Bignall Street
Warwick, RI 02888
(401) 941-8353

Northern RI Transition to Employment Center - TEC - Pawtucket
c/o Northern RI Educational Collaborative
2352 Mendon Road
Cumberland, RI 02864
(401) 658-0390
Other Education and Transition Resources

East Bay Educational Collaborative
http://www.ebecri.org/custom/about_us.html

National Center for Homeless Education at the SERVE Center: Supporting the Education of Children and Youth Experiencing Homelessness
http://www.seirtec.org/nche/m-v.php
The National Center for Homeless Education (NCHE) provides research, resources, and information enabling communities to address the educational needs of children experiencing homelessness. Information can also be found on this website about McKinney-Vento Homeless Assistance Act.

National Center on Secondary Education & Transition
http://www.ncset.org
The NCSET is a national technical assistance center on secondary transition issues. The NCSET provides helpful materials for students, parents and professionals, organizes national conference calls and events and provides a monthly newsletter.

National Dropout Prevention Center/Network
http://www.dropoutprevention.org
Serves as a research center and resource network for practitioners, researchers, and policymakers to reshape school and community environments to meet the needs of youth in at-risk situations so they receive the quality education and services necessary to succeed academically and graduate from high school.

National Collaborative on Workforce and Disability for Youth
http://www.ncwd-youth.info
Source for information about employment and youth with disabilities.

Rhode Island College
http://www.ric.edu
Numerous publications and resources on education and transition in Rhode Island.
Physical and Mental Health

STEPS
- Positive Youth Development
- Community Ties and Lifelong Connections
- Education and Workforce
- Physical and Mental Health Needs
- Youth and the Legal System
- Impact on Practice

Strategic Training to Enhance Permanency Solutions
Health Needs of Children and Adolescents in Foster Care

Health History Risks and Exposures for Children/Adolescents in Care

- Poverty
- Poor prenatal care
- Prenatal substance exposure
- Prenatal infection, including exposure to HIV infection
- Domestic and neighborhood violence
- Poor nutrition
- Parental mental illness
- Homelessness
- Inconsistent and fragmented health care at hospital-based clinics and emergency rooms

Common Medical Concerns for Children/Adolescents in Foster Care

- Ailments of the upper respiratory tract (i.e. asthma)
- Skin ailments (i.e. eczema)
- Parasitic disease (i.e. lice, scabies)
- Failure of vision and hearing screens (25-33% of children in care)
- Growth delay/short stature
- Obesity
- Dental decay (60% of children in care)
- Chronic illness

Common Mental Health Concerns for Children and Adolescents in Foster Care

- Five most prevalent mental health diagnoses of youth in foster care
  1. Mood Disorders and Depression
  2. Oppositional Defiance Disorder
  3. Post-traumatic Stress Disorder
  4. Adjustment Disorder
  5. Conduct Disorder
- Depressive disorders: affect mood, energy, interest, sleep, appetite, and overall functioning
  1. Dysthyismic disorder – a precursor to major depression
  2. Major depressive disorder
  3. Bipolar disorder
4. Signs of depression:
   - Persistent sad or irritable mood
   - Loss of interest in favorite activities
   - Poor performance in school: frequent absences
   - Unprovoked anger or aggression
   - Frequent, unexplained physical complaints such as head or stomach aches
   - Tearfulness
   - Loss of energy
   - Difficulties with relationships
   - Alcohol or substance abuse
   - Reckless behavior
   - Social isolation and poor communication
   - Difficulty concentrating
   - Extreme sensitivity to rejection or failure
   - Recurring thoughts about death, self-injury, or suicide

- **Anxiety disorders**: most common mental illness occurring in youth in care as well as youth in stable placements/home environments
  1. Generalized anxiety disorder
  2. Obsessive-compulsive disorder (OCD)
  3. Panic disorder
  4. Post-traumatic stress disorder (PTSD)
  5. Phobias
  6. Separation anxiety
  7. Selective mutism

- **Attention deficit hyperactivity disorder (ADHD)**: developmentally inappropriate levels of attention, concentration, activity, distractibility, and impulsivity

- **Eating disorders**
  1. Anorexia nervosa
  2. Bulimia nervosa

- **Autism and other pervasive developmental disorders (PDDs)**: brain disorders which affect the ability to communicate with others, to form relationships, and to respond appropriately
  1. Pervasive developmental disorder – Not otherwise specified (PDD-NOS)
  2. Childhood disintegrative disorder
  3. Asperger’s disorder
  4. Rett’s disorder

- **Schizophrenia**: symptoms include hallucinations, false beliefs, disordered thinking and social withdrawal
1. Possible genetic factors leading to susceptibility which combine with additional factors
2. Various cognitive and social impairments in children who later develop schizophrenia

- **Reactive attachment disorder (RAD):** a long-term result of neglect of an infant or young child’s basic needs for physical safety, food, touch, and emotional bonds with a primary or secondary caretaker

### Components of a Complete Health Exam

- **History**
  1. 80% of foster parents do not have prior medical and mental health information
  2. Obtain as much history as possible through the local social services agency and connections with the youth
  3. Include family health, birth information, medical history and illnesses, surgical history, allergies, and medications
  4. Urge foster and birth parent to attend visits
  5. Encourage youth to be their own medical advocates
  6. Confidentiality
     - Parent’s health history is confidential unless provided by him/her
     - Foster parents and health providers are entitled to child’s medical history
     - Mental health records, HIV, and sexual health are confidential

- **Physical exams –** specific attention to screen for most common ailments

- **Laboratory exams –** routine, drug testing, sexual abuse/activity testing
  1. Special attention to lead levels for youth involved in gun-related activity

- **Immunizations**
  1. Varicella
  2. Influenza
  3. MMR – if required
  4. Teen vaccines:
     - Gardasil – prevents HPV
     - Meningococcal vaccine
     - Hepatitis B vaccine
     - Hepatitis A vaccine

- **Sexual and reproductive health**
  1. Sexual history
  2. Genital examination
3. Gynecological exam for young women who have had sexual contact or a previous exam (Consult a medical professional for the appropriate age at which exams should begin.)
4. Preventative interventions, including screening and treatment, for STDs (also referred to as STIs – Sexually Transmitted Infections)
5. Information and services regarding birth control

SOURCES


Health Care of Youth in Foster Care

Health Challenges for Youth in Foster Care

- Multiple placements are linked to higher general medical costs, particularly mental health, for children in foster care.
- High rates of emotional and behavioral issues, physical disabilities, birth anomalies, developmental delays, and poor school performance.
- Compromised health care due to insufficient funding, poor planning, lack of access, prolonged waits for services, lack of coordination and communication between health and child welfare professionals.
- Medicaid does not often cover all related medical expenses required, and many youth do not undergo a comprehensive developmental or psychological assessment during placement.
- Less than one-third of youth who requires mental health treatment receive appropriate services due to:
  1. Lack of mental health professionals available to the population – only 3% of mental health providers work with children in care
  2. Providers who do work with the population are often inexperienced regarding the child welfare system
  3. Often, family members have unmet mental health needs
  4. Lack of mental health training for child welfare staff and foster families yields an inability to recognize serious mental health disorders as a mental health disorder; symptoms are often perceived as bad behavior
  5. Lack of resources, high turnover among child welfare workers and foster parents, and overburdened staff
- Previous medical and immunization information is often hard to obtain.
- Foster parents have limited training regarding health issues and accessing services.
- Social workers are often unable to review child’s health information in detail with foster parents.
- Health care becomes increasingly difficult for youth in care who experience complicated medical conditions.

Recommendations for Improved Health Care

- Assess each youth’s unique needs.
- Standard examinations are not typically appropriate for youth in care
- Care should be:
  1. Comprehensive and continuous
2. Performed by a medical professional skilled in identification of abuse and neglect, and the particular needs of youth in care
3. Developmental, educational, and mental health status evaluations must be a part of the complete evaluation
4. Periodic reassessment of youth to identify the issues that change with time is recommended

- Youth should be included in decisions regarding their care (i.e. treatment options, medications and education about certain drugs, alternative treatments), including discussions with medical professionals.
- Explore various health care delivery models, to include the following.
  1. **Specialized foster care clinics**: Medical home is established for youth
  2. **Community-based care**: Care is provided by a practitioner through a private office, HMO, community health center, or general academic clinic
- Specialized health programs were proposed by the American Academy of Pediatrics to provide global medical care and management to youth in the system, in order to better improve overall health.
- Mental health providers require additional training in effective and evidence-based interventions.
- Therapeutic foster care – an alternative to residential care, this approach includes foster parents in mental health treatment by providing primary intervention at home. Foster parents receive training, consultation, and regular support.
- “System of care” approach – youth receive mental health care that is individually tailored and is located close to their home through the collaboration of providers and local organizations.

*Good practice should include . . .*

- A health screening evaluation should take place before or shortly after placement to identify any immediate health needs. It is recommended that children and youth in care should be seen at 7 and 30 days post-placement, and subsequently once per year.
- A practitioner knowledgeable in the treatment of youth in foster care should provide consistent primary care services, as well as a comprehensive health assessment within one month of placement.
- Birth parents should remain informed regarding the child’s health status, and any available health information should be obtained from birth parents.
- Clinician should assess developmental, educational, and emotional status at each medical visit, and results and recommendations should be included in the child’s case plan.
- Foster parents should have access to resources and support.
• Mental health and overall health are interrelated, and both must be considered in health care for youth in foster care.

• Child welfare agencies, practitioners, and sub-specialists should work together to implement health care standards for children in foster care.

• Agencies and practitioners should ensure that youth in foster care receive all required preventative and therapeutic services, and that they participate in all federal and state entitlement programs when eligible.

• Child welfare agencies and providers should implement systems and standards to ensure the efficient transfer of health information among professionals who treat children in care. A medical passport may be useful in maintaining consistent overall health care for youth in foster care. This document should accompany the youth throughout all placements and moves.

SOURCES


Brain Development

General Brain Functions
- Controls all activity
- Thoughts, emotions, and behaviors are the results of different parts of the brain working together to process information and memories
- Adolescent brain still undergoing development
- Underdevelopment of certain portions of the adolescent brain result in emotion responses and impulsive reactions
- Adolescents cannot handle social pressure, instinctual urges, and other stresses as adults do

Impact of Abuse on Brain Development and Function
- Brain development is a direct response to a positive or negative environment
- Chronic stress, abuse, and neglect results in the overdevelopment of portions of the brain responsible for anxiety and fear
- Chronic stress focuses the brain’s resources on survival, as opposed to learning social and cognitive skills
- Stress results in “fight or flight” response, which affects attention, impulse control, sleep patterns, and fine motor control
- Consistent activation of the parts of the brain responsible for fear creates memories that affect the person’s perception of the world
- Chronic threats and stresses can result in the alteration of the adolescent brain, predisposing it to certain mental health disorders

Implications for Interventionists
- Skill-building is a means of aiding appropriate brain development, and can lead to the increased ability to engage thought with affect, words with emotions, and reason with unconscious behavior
- In order to heal a damaged or altered brain, practitioners must activate those portions of the brain that have been altered
- Calming the area of the brain responsible for emotions and impulses allows for an increased ability to learn cognitive and behavioral skills, and to apply logic and reason
- Positive therapeutic experiences can contribute to healing and growth in the following ways:
  1. Safety creates calming affect leading to learning and abstract thinking
2. Role playing and role models provide corrective experiences by activating several areas of the brain, creating new memories and options
3. Corrective thinking allows individual to respond logically to correct false assumptions and reframe thinking
4. Structure, including a safe, predictable, consistent environment, can reduce anxiety and lead to a greater learning capacity
5. Discernment – provides experiences for individuals to practice reading facial expressions and social situations
6. Information can aid individuals in understanding how their brain develops

SOURCES
Recommended Services for Youth in Foster Care

- Immediate eligibility for services
- 7 day/week, 24 hour/day availability of emergency services
- Community-based services
- Culturally competent services (including language capacity that reflects youth's primary language)
- Initial health screening appropriate to the youth's circumstances and agency concerns at the time the youth enters foster care (within 24 hours)
- Comprehensive, multidisciplinary health, mental health and developmental assessment within one month of the youth’s placement
- Screening tests for common medical conditions such as anemia, lead poisoning, etc. and risk assessments and screening tests for specialized conditions including HIV, in utero drug exposure, and lead levels if indicated
- Developmental and mental health evaluations on a regular schedule
- Immunizations
- Comprehensive dental services including relief of pain and infection, restoration of teeth, and maintenance of dental health
- Follow-up diagnostic and treatment services for all conditions and problems identified in the health assessment and developmental and mental health evaluations
- Covered costs of hearing aids, eyeglasses, and other equipment
- Ongoing primary and preventive health care services including reassessments at a minimum every 6 months
- Access to appropriate specialty and subspecialty care
- Case management designating one individual or center to be responsible for coordinating all aspects of the health care of foster children, including a plan to meet the youth's health care needs and identification of responsibilities and recommendations for follow-up care. Case management services must include assistance with scheduling appointments and transportation.
- Coordinated medical and psychosocial recordkeeping

SOURCE
Health Care and Insurance for Youth in Foster Care in Rhode Island

RIte Care
600 New London Ave
Cranston, Rhode Island 02920
401-462-5300
http://www.dhs.ri.gov/People/FamilieswithChildren/HealthCare/RIteCare/tabid/213/Default.aspx

RIte Care, a part of the Rhode Island Medical Assistance Program (Medicaid), provides health coverage to eligible uninsured pregnant women, parents, and children up to age 19 who meet the income requirements.

Eligibility Requirements
To be eligible for RIte Care, children must reside within the state of Rhode Island. The family must meet income guidelines that are based on 185% to 250% of the federal poverty level (FPL).

- Pregnant women (family's income less than 250% of the FPL)
- Children up to age 19 (family's income less than 250% of the FPL)
- Parents with children under age 18 (family's income less than 175% of the FPL)

Cost
Members whose family income is less than 150% of the FPL do not pay a monthly premium. Members whose family income is more than 150% of the FPL pay a low monthly premium.

How to Apply
Complete an application and send it by mail to the local DHS office that serves your town or city. Please include the necessary copies of documents that are requested. For additional help and information, call the DHS Info Line at (401) 462-5300.

Medical Information
In Rhode Island, if you do not qualify for Medicaid or RIte Care or have special circumstances, there may still be ways to get health care through other government programs. Katie Beckett is an eligibility category for children under age 19 who are affected by serious disabling conditions. In this case, the only thing that matters is the condition of the child; parental income or ability to pay do not matter. Supplemental security income is a monthly...
payment that is available to disabled children who are eligible for Medicaid. Eligibility is based upon the disability and the parents' income.

**DCYF**

The Department of Children, Youth and Families (DCYF) offers a health care subsidy to children who have been adopted or are in foster care in a foster home. Eligibility is determined by DCYF through the Adoption Subsidy Program.

**Covered Benefits**

RIte Care covers doctors' visits, immunizations, and prescriptions. It also covers lab tests, mental health services, and treatment for drugs and alcohol. The program covers hospital care, emergency care, home health care, nutrition services, and an interpreter. Childbirth education programs and parenting classes for parents or parents-to-be are covered as well.

**Waiting Periods**

There is no waiting period for those eligible for RIte Care benefits.

**Program Length, Enrollment, and Renewal**

Enrollment in the RIte Care program is temporary coverage lasting for periods of up to 12 months. You may renew your coverage prior to expiration by completing a renewal application and proving that you still meet the eligibility and income requirements.

**For More Information**

- **DHS Information Line:** (401) 462-5300
- **United Healthcare of New England:** 1-800-587-5187  
  http://www.uhcmedicaid.com
- **Neighborhood Health Plan of Rhode Island:** 1-800-459-6019  
  http://www.nhpri.org

**SOURCE**

Rhode Island Department of Human Services – Rite Care: http://www.dhs.ri.gov/People/FamilieswithChildren/HealthCare/RItteCare/tabid/213/Default.aspx

What health care can I get without adult permission?

You have the right:

- To consent to (agree to) treatment for substance abuse
- To get confidential testing and treatment for sexually transmitted diseases
- To get confidential HIV testing and treatment

Parental consent is explicitly required to obtain:

- Abortion Services

In Rhode Island there are no statutes enacted with respect to a minor’s rights to obtain:

- General medical health services
- Contraception
- Prenatal care
- Outpatient mental health treatment
- If you are 18 (the age of majority in Rhode Island) or older, you have the right to consent to all medical, dental and health care

SOURCE


Where can I get confidential STD and HIV/AIDS testing and services?

Rhode Island Department of Health Office of HIV, AIDS, and Viral Hepatitis:
http://www.health.ri.gov/hiv/testingsites.php

Rhode Island Department of Health, Office of Communicable Diseases:

Where can I get drug and alcohol treatment on my own without an adult?

Rhode Island Department of Behavioral Health Care, Developmental Disabilities, and Hospitals

- 24-hour Confidential Drug and Alcohol Helpline: **1-866-ALC-DRUG**

  Alcoholics Anonymous (Spanish Speaking)

- **OFICINA INTERGRUPAL HISPANA: (401) 621-9698**

  http://www.bhddh.ri.gov/bhservices/links.php
Where can I get counseling about reproductive health and family planning?

Information is available at Planned Parenthood of Southern New England
http://www.plannedparenthood.org/ppsne/

Planned Parenthood of Southern New England
Rhode Island Administrative Office
111 Point Street
Providence, RI 02940
(401) 421-7820

General email: support.ppsne@ppsne.org.

Walk-in Services: Birth Control Pick-Up, Depo Shot, Emergency Contraception, and Pregnancy Testing. All other services (including visits to get started on hormonal birth control) require an appointment.

To make an appointment:
For Abortion Services: Call 1-800-230-PLAN (toll-free) or 401-421-9620
All other Services: Call your nearest health center (19 locations in Southern New England, including Providence, RI)

Rhode Island Family Planning Program
http://www.health.ri.gov/familyplanning
Provides affordable, high-quality care, services, education and counseling including federally funded Title X family planning services.

More Health Care Resources

HRSA Find a Health Center in Rhode Island
http://findahealthcenter.hrsa.gov/Search_HCC_byAddr.aspx

State of Rhode Island Department of Health Adolescent Health Program
http://www.health.ri.gov/programs/adolescenthealth/index.php
Works to promote healthy adolescent development through statewide systems, policies, and initiatives, as well as targeted interventions to address health risks in high-need communities.

State of Rhode Island Department of Health Office of Special Healthcare Needs
Adolescent Healthcare Transition Program
http://www.health.ri.gov/family/specialneeds/transition/index.php
Responsible for helping youth with chronic health conditions and disabilities transition to the adult systems of primary and specialty care, education, employment, and insurance.
Youth and the Legal System
Social Work and Juvenile Justice

The Origins of Juvenile Justice

Juvenile court was developed after the late 19th century, when rapid immigration and poverty resulted in large numbers of children who lacked family and community support and often begged or stole to survive. They were harshly punished for their crimes, and reformers known as “child savers” wanted to improve this situation by creating a more compassionate system to manage child offenders. The resultant juvenile justice system maintains that:

- Criminal behavior does not result from one’s biology, but is a result of negative social and familial influences that can be altered via rehabilitation.
- The state functions as *parens patriae*, a benevolent but stern parent who considers the child’s entire situation sympathetically and arrives at an individually tailored treatment plan for rehabilitation.

Criticisms of Juvenile Justice

- Defining juvenile offenders in relation to the state as parent deprives youthful offenders of their rights as citizens because the state has the power to arbitrarily determine their punishment.
- Juvenile court fails to punish youth for their transgressions in favor of providing the youth with an alternative such as community service or a treatment program.
- The system cannot account for disparities between its social welfare ideology and daily practice. For example,
  - Judges are supposed to be dedicated, well trained, and knowledgeable about helping children in trouble, but many have no special background to work with this population. And the courts themselves lack additional, organized resources to aid decision making.

Typical Social Work Functions and Juvenile Court

Social workers’ participation in juvenile court is affected by the following two conditions:

1. The activities that social workers typically conduct are not standard across all juvenile court settings.
2. Social work functions within juvenile justice settings are not exclusively managed by social workers. Probation officers, police, court psychiatrists, and judges are all involved in casework, child advocacy and social service programming.
<table>
<thead>
<tr>
<th>Juvenile Court Task</th>
<th>Social Worker’s Typical Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td>Social workers may direct court officials to a variety of social service programs.</td>
</tr>
<tr>
<td>Court Investigation</td>
<td>Social workers provide the court valuable information about the child, including analyses of the child’s:</td>
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<tr>
<td></td>
<td>• Family situation</td>
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<td></td>
<td>• Peer relationships</td>
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<tr>
<td></td>
<td>• Neighborhood environment</td>
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<td></td>
<td>• School performance</td>
</tr>
<tr>
<td></td>
<td>• Apparent moral character</td>
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<tr>
<td>Courtroom Testimony</td>
<td>Social workers may testify as witnesses in court hearings. They may inform the judge of the following:</td>
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<tr>
<td></td>
<td>• The juvenile him/herself</td>
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<td>• The juvenile’s family</td>
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<tr>
<td></td>
<td>• Mitigating or aggravating circumstances</td>
</tr>
<tr>
<td></td>
<td>• Availability and advisability of particular social services for the offender</td>
</tr>
<tr>
<td>Probation Supervision</td>
<td>Social workers may provide court assigned social services.</td>
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<tr>
<td></td>
<td>• A social worker in this context may conclude that the services he/she is supposed to provide are not appropriate for that child.</td>
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<tr>
<td></td>
<td>• This is confusing as social workers may be acting as an agent of the court, advocate for the client or an outside expert.</td>
</tr>
<tr>
<td>Type of Concern</td>
<td>The Challenges Social Workers Face</td>
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<tr>
<td><strong>Role Inconsistency</strong></td>
<td>Social workers often have to manage multiple roles.</td>
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<tr>
<td></td>
<td>• A social worker may have to balance an obligation to respect client confidentiality with a requirement to testify in juvenile court.</td>
</tr>
<tr>
<td><strong>Training Incongruities</strong></td>
<td>Most social workers have been trained to:</td>
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<tr>
<td></td>
<td>• Work with a client who seeks services voluntarily, not a client who is mandated to partake in services.</td>
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<tr>
<td></td>
<td>• Involve the child’s entire network (family, peers, others) when considering how to best manage the child instead of considering the child as an individual</td>
</tr>
<tr>
<td></td>
<td>Many social workers have NOT been trained to give courtroom testimony.</td>
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<tr>
<td></td>
<td>Social workers may mistakenly be:</td>
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<td></td>
<td>• Too wordy or indirect in their replies to questions</td>
</tr>
<tr>
<td></td>
<td>• Too ready to volunteer information</td>
</tr>
<tr>
<td></td>
<td>• Unskilled in courtroom process</td>
</tr>
<tr>
<td></td>
<td>• Easily flustered by legal theatrics and hostile cross examination</td>
</tr>
<tr>
<td></td>
<td>• Working at cross purposes with the offender’s own legal counsel despite their shared goal of advocating for this child</td>
</tr>
<tr>
<td><strong>Inter-professional Status Tensions</strong></td>
<td>Social workers often have to work with other professionals who do not share the same approaches toward managing the child’s case.</td>
</tr>
<tr>
<td></td>
<td>• Lawyers may not respect the expertise of social workers</td>
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<tr>
<td></td>
<td>• The lawyer and judge share a common set of terms and procedural assumptions that is not available to the social worker, making the social worker feel at a disadvantage in the courtroom</td>
</tr>
<tr>
<td></td>
<td>• Psychiatrists/psychologists evaluations of the child are vague and hard to understand, making it challenging for a social worker to make sense of the child’s diagnoses</td>
</tr>
<tr>
<td></td>
<td>• The social worker may want to censor the labels placed on juveniles to avoid stigmatizing the child in other settings</td>
</tr>
</tbody>
</table>
Practical Suggestions for Redefining Social Workers Contributions to Society

*Appropriate training:*

- Provide specialized training for the role that social workers must play in juvenile court.
  - Improve legal research skills
  - Provide counsel for giving expert testimony in court
  - Improve crisis intervention techniques
  - Short term counseling techniques

*Better networking:*

- Improve communication between court officials and social workers.
  - Increase awareness of community youth services that exist
  - Improve community youth services’ understanding of the juvenile justice system

*Community analysis:*

- Consider how members of the community feel they might be directly and indirectly affected by the local juvenile justice system.
  - How do kids feel about the courts?
  - How do police and youth interact?
  - How do the schools feel about the kids?
  - What are community norms regarding drug use and teenage sex?
  - How do parents in the neighborhoods feel about youth crime?

**SOURCE**

Positive Youth Development and Juvenile Justice

Shifting from the juvenile justice system’s current approach to managing the majority of youthful offenders by instituting positive youth development principles would require significant investment. However, the majority of youth in the system are not managed by the current system and the goals of positive youth development may suit the needs of this population effectively and positively.

Youth in the Juvenile Justice System

- Most youth in the juvenile justice system are nonviolent offenders, not violent offenders.
- In 2005, nationally in the U.S. there were:
  1. 92,000 Violent Offenders (murder, rape, robbery, aggravated assault)
  2. 463,000 Nonviolent Property Index Offenders (burglary, motor vehicle theft, larceny-theft, arson)
  3. 1.7 Million Nonviolent Other Offenders (simple assault, forgery, fraud, curfew violation, vandalism, disorderly conduct, runaway, liquor law violation, weapons in possession, drug abuse violation)

Interventions for Youthful Offenders

- Targeted interventions are designed to prevent youth from further offending.
- These targeted interventions exist only for particular offenders including:
  1. Sexual offenders
  2. Offenders with a history of drug abuse
  3. Young offenders (younger than 13)
  4. Violent offenders
- Interventions include:
  1. Specialized therapy for a youth who has sexually offended
  2. Evidence based treatment intended to reduce adolescent substance abuse
- Because few interventions exist and they are primarily designed for sub-populations of offenders, the majority of youthful offenders have little access to interventions.

Why Few Interventions Exist for Typical or Average Offenders

- Traditionally, programs have been developed to aid youth whose criminal behavior is thought to emerge from psychological and/or emotional problems.
• Crimes attributed to typical or average offending youth are thought to result from different causes including:
  o Desire for social status
  o Fear for personal safety
  o Economic frustrations
  o Defiance of authority
  o Adolescent thrill seeking

• There are a few programs that exist for these youth but there is little well-researched evidence to support their effectiveness.

Management of Youth Who Commit Nonviolent Crimes
• In most cases, the juvenile justice system has no clear plan of action for typical or average offenders.
• Deterrence originates from the belief that punishment will change behavior. It is the only apparent intervention theory used with these offenders. It takes the following forms:
  1. Payment of restitution
  2. Performance of community service
• These youth would also benefit from programs or treatments designed to stop or reduce patterns of offending so that they do not graduate to more serious crime.

Positive Youth Development and Nonviolent Offenders
• The positive youth development approach emphasizes the importance of helping youth capitalize on their strengths and utilize community resources to cope with pressure.
• This approach may be adapted for use within the juvenile justice system to encourage youth to:
  o Develop pro-social competencies
  o Connect to educational, employment, civic, and cultural opportunities to help them avoid problematic behavior
  o Better negotiate the transition to adulthood
• The larger community might benefit from the partnerships created between youth and community groups, employers and citizens allowing youth to connect to community members and give back to the community.
Integrating Positive Youth Development into the Juvenile Justice System

- Research is not sufficiently comprehensive to explain how positive youth development might best fit within the needs of the juvenile justice system.

- Outcomes that may result from an integration of the juvenile justice system and positive youth development are also unknown.

- However, it is clear that structuring the juvenile justice system around a positive youth development framework would require sustained collaboration involving:
  - Schools
  - Recreational programs
  - Social service agencies
  - Community organizations
  - Healthcare providers

- If the positive youth development approach were integrated into the juvenile justice system, the management of youthful offenders will shift focus.
  - **Case management** would focus on providing youth with a range of social services instead of emphasizing only youth’s compliance with court orders.
  - **Treatment** that youth would partake in would be broader than its current focus on individual and family counseling and group therapy. Treatments would also include:
    - Leadership development
    - Peer counseling
    - Family living skills
  - **Employment** would shift from job counseling and participation in community service (as punishment) to include:
    - Work experience
    - Community service as job preparation
    - Career exploration
  - **Education** would expand from focusing primarily on remedial education. It would include:
    - Cross age tutoring (when an older youth would tutor a younger one)
    - Educational action teams
    - Decision making skills training
- **Mentoring** would shift from less structured interactions to collaboration between youth and mentor on projects.
- **Participation** in activities would shift from participation in outdoor challenge programs to participation in a variety of outdoor projects including:
  - Conservation
  - Community development
  - Recycling
  - Beautification

**SOURCE**
Juvenile Justice Facts and Definitions

- **Juvenile Justice System**: A collection of institutions that manage or handle youth who have offended or may offend. Institutions include courts, law enforcement agencies and certain social service agencies.

- **Offending**: Indicates the committal of one or more common crime including theft, burglary, robbery, violence, vandalism, minor fraud and drug use. In principle, offending behavior includes any act that might lead to a conviction.

- **Early Starter**: An offender who has been arrested at age 14 or earlier.

- **Late Starter**: An offender who has been arrested after age 14.

- **Chronic Offender**: An offender who commits crime regularly. Chronic offenders tend to be early starters and have a high individual offending frequency, resulting in a long criminal career.

**Risk Factors for the Early Onset of Offending (before age 20)**

The relationship between risk factors and offending outcomes is not clear. Risk factors include:

- **Individual factors**: low intelligence, low school achievement, hyperactivity-impulsiveness and risk-taking, antisocial child behavior, including aggression and bullying

- **Family factors**: poor parental supervision, harsh discipline and child physical abuse, inconsistent discipline, a cold parental attitude and child neglect, low involvement of parents with children, parental conflict, broken families, criminal parents, delinquent siblings

- **Socioeconomic factors**: low family income, large family size

- **Peer factors**: delinquent peers, peer rejection, and low popularity

- **School factors**: a high delinquency rate school

- **Neighborhood factors**: a high crime neighborhood

**Trends in Offending**

- Youth arrested before age 14 are two to three times more likely to become chronic adult offenders.

- Offending peaks between ages 15 and 19.

- The peak age of onset of offending is between 8 and 14
The peak age of desistance from offending is between 20 and 29.

Different types of offenses tend to be first committed at distinctively different ages.
  - Shoplifting is typically committed before burglary.
  - Burglary is typically committed before robbery.

Most offenses up to the late teenage years are committed in the company of others.

Most offenses from age 20 onwards are committed alone.

A small fraction of the population ("chronic" offenders), commit a large fraction of all crime.

Juvenile delinquency often begins as a series of incremental criminal acts that begin with relatively minor property crimes and may progress to more violent crimes.

**Reasons for Offending up to the Late Teenage Years**

- Utilitarian reasons, e.g. to obtain material goods
- For revenge
- For excitement or enjoyment
- Anger

**SOURCES**


## Comparison between the Juvenile Justice and Criminal Justice Systems

<table>
<thead>
<tr>
<th>Juvenile Justice System</th>
<th>Common Ground</th>
<th>Criminal Justice System</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Assumptions</strong></td>
<td>Community protection is a primary goal.</td>
<td>Sanctions should be proportional to the offense.</td>
</tr>
<tr>
<td>• Youth behavior is malleable.</td>
<td>• Law violators must be held accountable.</td>
<td>• General deterrence works.</td>
</tr>
<tr>
<td>• Rehabilitation is usually a viable goal.</td>
<td>• Constitutional rights apply.</td>
<td>• Rehabilitation is not a primary goal.</td>
</tr>
<tr>
<td>• Youth are in families and not independent.</td>
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### Prevention

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<tbody>
<tr>
<td>• Many specific delinquency prevention activities (e.g., school, church, recreation) are used.</td>
<td>• Educational approaches are taken to specific behaviors (drunk driving, drug use).</td>
<td>• Prevention activities are generalized and are aimed at deterrence (e.g., Crime Watch).</td>
</tr>
<tr>
<td>• Prevention is intended to change individual behavior and is often focused on reducing risk factors and increasing protective factors in the individual, family, and community.</td>
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### Law Enforcement

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<tbody>
<tr>
<td>• Specialized “juvenile” units are used.</td>
<td>• Jurisdiction involves the full range of criminal behavior.</td>
<td>• Open public access to all information is required.</td>
</tr>
<tr>
<td>• Some additional behaviors are prohibited (truancy, running away, curfew violations).</td>
<td>• Constitutional and procedural safeguards exist.</td>
<td>• Law enforcement exercises discretion to divert offenders out of the criminal justice system.</td>
</tr>
<tr>
<td>• Some limitations are placed on public access to information.</td>
<td>• Both reactive and proactive approaches (targeted at offense types, neighborhoods, etc.) are used.</td>
<td></td>
</tr>
<tr>
<td>• A significant number of youth are diverted away from the juvenile justice system, often into alternative programs.</td>
<td>• Community policing strategies are employed.</td>
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### Intake Prosecution

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<tbody>
<tr>
<td>• In many instances, juvenile court intake, not the prosecutor, decides what cases to file.</td>
<td>• Probable cause must be established.</td>
<td>• Plea bargaining is common.</td>
</tr>
<tr>
<td>• The decision to file a petition for court action is based on both social and legal factors.</td>
<td>• The prosecutor acts on behalf of the State.</td>
<td>• The prosecution decision is based largely on legal facts.</td>
</tr>
<tr>
<td>• A significant portion of cases are diverted from formal case processing.</td>
<td></td>
<td>• Prosecution is valuable in building history for subsequent offenses.</td>
</tr>
<tr>
<td>• Intake or the prosecutor diverts cases from formal processing to services operated by the juvenile court, prosecutor’s office, or outside agencies.</td>
<td></td>
<td>• Prosecution exercises discretion to withhold charges or divert offenders out of the criminal justice system.</td>
</tr>
</tbody>
</table>
### Detention/ Jail Lockup
- Juveniles may be detained for their own protection or the community’s protection.
- Juveniles may not be confined with adults unless there is “sight and sound separation.”
- Accused offenders may be held in custody to ensure their appearance in court.
- Detention alternatives of home or electronic detention are used.
- Accused individuals have the right to apply for bond/bail release.

### Adjudication—Conviction
- Juvenile court proceedings are “quasi-civil” (not criminal) and may be confidential.
- If guilt is established, the youth is adjudicated delinquent regardless of offense.
- Right to jury trial is not afforded in all States.
- Standard of “proof beyond a reasonable doubt” is required.
- Rights to be represented by an attorney, to confront witnesses, and to remain silent are afforded.
- Appeals to a higher court are allowed.
- Experimentation with specialized courts (i.e., drug courts, gun courts) is underway.
- Defendants have a constitutional right to a jury trial.
- Guilt must be established on individual offenses charged for conviction.
- All proceedings are open.

### Disposition—Sentencing
- Disposition decisions are based on individual and social factors, offense severity, and youth’s offense history.
- Dispositional philosophy includes a significant rehabilitation component.
- Many dispositional alternatives are operated by the juvenile court.
- Dispositions cover a wide range of community-based and residential services.
- Disposition order may be directed to people other than the offender (e.g., parents).
- Disposition may be indeterminate based on progress demonstrated by the youth.
- Decisions are influenced by current offense, offending history, and social factors.
- Decisions hold offenders accountable.
- Decisions may give consideration to victims (e.g., restitution and “no contact” orders).
- Decision may not be cruel or unusual.
- Sentencing decisions are bound primarily by the severity of the current offense and by the offender’s criminal history.
- Sentencing philosophy is based largely on proportionality and punishment.
- Sentence is often determinate, based on offense.

### Aftercare—Parole
- Function combines surveillance and reintegration activities (e.g., family, school, work).
- The behavior of individuals released from correctional settings is monitored.
- Violation of conditions can result in re-incarceration.
- Function is primarily surveillance and reporting to monitor illicit behavior.

### SOURCE
Adolescence, Brain Development, and Legal Culpability

The Adolescent Brain

- The adolescent brain is not fully developed.
- The frontal lobe is the last part of the brain to develop. It contains the pre-frontal cortex which controls advanced functions.
- In adolescents, as the frontal lobe develops, the following cognitive functions are affected:
  - Reasoning
  - Evaluation
  - Decision making
  - Impulse control
  - Planning
  - Foresight of consequences
  - Judgment
- Teenagers seem to make decisions based on emotions, a gut response, rather than evaluating the consequences of what they are doing.
- Teenage behaviors may be the result of poorly controlled aggression and other impulses. “If the neural substrates of these behaviors have not reached maturity before adulthood, it is unreasonable to expect the behaviors themselves to reflect mature thought processes.”

Additional Influences on Adolescent Behavior

- In addition to changes in brain development, the teenager’s body is undergoing dramatic hormonal and emotional changes.
  1. Testosterone, a hormone that is closely associated with aggression has a significant effect on the body
  2. Testosterone increases ten-fold in adolescent boys
- Abusive childhood experiences can trigger violent behavior as well. Risk factors that may spark violence in youth include:
  1. Being witness to domestic violence
  2. Substance abuse within the family
  3. Being poorly or inappropriately supervised
  4. Being the victim of a physical or sexual assault
• The turmoil often associated with adolescence can result in poor decisions and desperate behaviors.

Lessons Learned

• Science explores why teenagers experience neurological deficiencies that may result in stark limitations of judgment.
• Research suggests this is compounded with risk factors that can set the stage for violence.
• Adolescents are less morally culpable for their actions and are more capable of change and rehabilitation than competent adults.
• This understanding of juveniles does not excuse them from punishment for violent crime; however, it should lessen their culpability.

SOURCE

Permanency: What Could it Look Like?
Definitions of Permanency

Declaration of Commitment to Permanent Lifelong Connections for Foster Youth

On October 20, 2006 in Nashua, NH, at the ninth biennial meeting of the New England Association of Child Welfare Commissioners and Directors and the New England Foster Care Association, leaders of the public child welfare agencies of the six New England States, in collaboration with executives representing the Foster and Adoptive Parent Associations of New England, pledged the commitment of their respective groups to strive to seek and establish permanent lifelong connections for all children and youth that they serve. The goal is to ensure that children who are removed from their homes and placed in foster care exit to permanent placement as quickly as possible without jeopardizing their safety. Permanent placement, according to the Adoption and Safe Families Act of 1997 consists of reunification, adoption, or guardianship.

For more information:

U.S. Department of Health and Human Services

Permanency is a legal, permanent family living arrangement, that is, reunification with the birth family, living with relatives, guardianship or adoption.

A Call To Action - Casey Family Services

Permanency is an enduring family relationship that:
• is safe and meant to last a lifetime
• offers the legal rights and social status of full family membership
• provides for physical, emotional, social, cognitive and spiritual well-being
• ensures lifelong connections to extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion and language

Specific elements of permanency that are important to older youth are:
• the involvement of the youth as a participant or leader in the process
• a permanent connection with at least one committed adult who provides a safe, stable and secure parenting relationship, love, unconditional commitment, lifelong support, and a legal relationship if possible
• the opportunity to maintain contacts with important persons including siblings
Established in 1992, the Rhode Island Division of Casey Family Services offers an array of services to support and strengthen children, families, and communities statewide.

Casey Family Services
1268 Eddy Street
Providence, RI 02905
401.781.3669 telephone
800.499.7141 toll-free
401.781.0945 fax
rhodeisland@caseyfamilyservices.org

California Permanency for Youth Project – Written by youth
Permanency is both a process and a result that includes involvement of the youth as a participant or leader in finding a permanent connection with at least one committed adult who provides:
- A safe, stable and secure parenting relationship
- Love
- Unconditional commitment
- Lifelong support in the context of reunification, a legal adoption, or guardianship, where possible, and in which the youth has the opportunity to maintain contacts with important persons including brothers and sisters

National Resource Center for Youth Development (NRCYD) UPDATE
Permanency is a family relationship that is intended to last a lifetime. A family relationship provides:
- the intent to endure indefinitely
- commitment, continuity, and assumption of a common future
- a sense of belonging and emotional security
- legal and social family status that protects a child’s or youth’s legal rights and interests, and transcends the societal stigma of foster care

SOURCES
Practices to Promote Permanency

- Include youth in planning. Make sure that youth are actively involved in planning for their future.
- Adults need to listen when youth are speaking and respect the input of the youth.
- Do not let youth leave foster care without having a positive, caring adult of their choice in their lives.
- Teach the interpersonal relationship skills required to develop and maintain a support system.
- Facilitate communication between youth and the adults who might become permanent connections for them.
- Empower young people to find their own permanent connections.
- Encourage youth to be involved in positive community activities.
- Provide opportunities for youth to remain connected and/or to become connected with members of their home community, tribe, or cultural group.
- Provide opportunities for youth to maintain contact with siblings and other important persons.
- Put concurrent planning into practice. A number of activities should occur simultaneously and on an ongoing basis until a permanent family is identified.
- Provide youth with information on budgeting and financial management skills.
- Provide youth with skills to help them become employed, including helping them develop a strong work ethic.
- Provide youth with knowledge of how to access community resources.
- Provide youth with opportunities for contact with other young adults who have achieved permanency.
- Help youth develop long-term caring relationships.
- Openly respect and honor cultural and human diversity.
- Help youth identify and develop a meaningful relationship with an adult mentor to provide direction and support.
- Begin preparation early for post-secondary education while youth is in school.
SOURCES


* Best Practices identified by participants of STEPS Module 1: Positive Youth Development.
** Best Practices identified by participants of STEPS Module 3: Education and Workforce.
Seven Principles Agencies Can Use to Track Their Progress in Establishing Permanence for Youth

All permanency policies, programs, practices, services and supports should be developed and implemented in ways that:

1. recognize that every young person is entitled to a permanent family relationship, demonstrate that the agency is committed to achieving that goal, and include multiple systems and the community at large in the effort to identify and support such relationships.

2. are driven by the young people themselves, in full partnership with their families and the agency in all decision-making and planning for their futures, recognizing that young people are the best source of information about their own strengths and needs.

3. acknowledge that permanence includes; a stable, healthy and lasting living situation within the context of a family relationship with at least one committed adult; reliable, continuous and healthy connections with siblings, birth parents, extended family and a network of other significant adults; and education and/or employment, life skills, supports and services.

4. begin at first placement. Efforts to achieve timely permanency through reunification with the young person’s birth family must begin as soon as the young person is placed, while concurrently engaging in contingency planning with family involvement regarding the range of permanency options that can ensure stability and continuity of relationships if continued out-of-home placement is needed.

5. honor the cultural, racial, ethnic, linguistic, and religious/spiritual backgrounds of young people and their families, and respect differences in sexual orientation.

6. recognize and build upon the strengths and resilience of young people, their parents, their families, and other significant adults.

7. ensure that services and supports are provided in ways that are fair, responsive, and accountable to young people and their families, and do not stigmatize them, their families, or their caregivers.

SOURCE

Helping Young People Achieve and Maintain Permanent Family Relationships

Six Key Components

1. Empower young people by sharing with them information, support, and skills to be fully involved partners in directing their own permanency planning and decision making.

2. Empower a wide range of individuals to participate in permanency planning, beginning with birth family and including extended family, tribal members, past, present, and future caregivers, other adults who are significant to the young person, other systems with whom young people are involved, and other community members.

3. Consider, explore and implement a full range of permanency options in a timely and continuous way.

4. From the beginning, continuously and concurrently employ a comprehensive range of recruitment options.

5. From the beginning of placement, provide services and supports to continuously ensure that young people and their families have every opportunity to achieve and maintain physical, emotional, and legal permanence.

6. Agencies collaborate with other systems that serve young people and families to engage young people and families as true partners and to provide services, support and opportunities during and after placement.

SOURCE
30 Things a Permanent Connection Can Mean

1. Lifelong Relationship
2. Family
3. Friendship
4. Unconditional Love
5. Ongoing Support
6. Extended Family-Like Relationship
7. Knowing That Someone Cares
8. Continuity
9. Someone To Go Home To
10. Sharing Life’s Ups and Downs
11. Someone To Call On In Times Of Crisis
12. Someone To Call “Just Because”
13. Being There
14. Defining Family Together
15. Sharing Holidays
16. Celebrating Special Times Together
17. Someone To Check In With Regularly
18. Shared History
19. Assistance Around Major Decisions
20. Growing And Changing Together
21. Being Accepted No Matter What
22. Someone To Trust
23. Having Someone To Stand By You
24. Knowing Someone Is Proud Of Your Accomplishments
25. Knowing That You Are Not Alone
26. Feeling Complete
27. Having A Safe Haven
28. Being A Part Of Something
29. Feeling Free To Be Yourself
30. Having Positive Role Models

SOURCE