

NEW YORK STATE

DEPARTMENT OF SOCIAL SERVICES

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CESAR A. PERALES
Commissioner

INFORMATIONAL LETTER

TRANSMITTAL NO: 88 INF-80

TO: Commissioners of Social Services

DIVISION: Family and Children Services

SUBJECT: Recruitment and Retention of Foster Parents Survey Report

DATE: December 20, 1988

SUGGESTED DISTRIBUTION: Directors of Children Services
Child Placement Staff
Staff Development Coordinators



CONTACT PERSON: Beverly Leslie-Silue
Family Support Unit,
at (800) 342-3715, extension 432-2536

Attached is a summary of key results of a nationwide telephone survey conducted by the Department to identify foster boarding home models and alternative approaches for providing residential, community based services to "high risk" foster children. This survey is one of many activities initiated by the Department in recognition of local districts' need for innovative strategies to recruit and retain capable foster families.

FILING REFERENCES

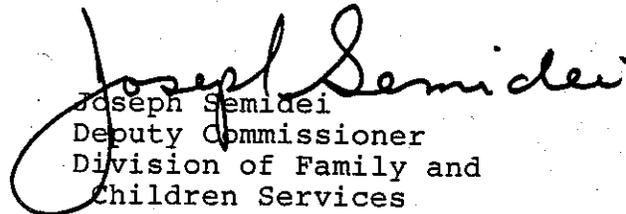
Previous ADMs/INFs	Releases Cancelled	Department Regs.	Social Serv Other L	Miscellaneous Reference

We hope that you will find these ideas helpful and that you will explore ways of incorporating some of them within your local services delivery system.

If you are interested in getting more information on any of the models or would like further information please contact Beverly Leslie-Silue of my staff at (518) 432-2536.

The Department will continue to share new strategies with you as we continue our efforts to explore and identify ways of improving services to foster children.

Sincerely,


Joseph Semidei
Deputy Commissioner
Division of Family and
Children Services

INTRODUCTION

This report summarizes the findings of the Department's telephone survey to identify effective foster boarding home program models and other approaches to provide residential, community-based services to foster children. While the findings do not identify one specific model that can be replicated system-wide, they reflect ways in which agencies have approached different aspects of the problem. The following are some of the strategies being utilized to address specific objectives.

I. Recruitment of Foster Parents

- o Designation of a foster care administrator to plan and coordinate all foster care initiatives.
- o Ongoing multi-faceted media campaign and establishment of immediate response system to handle inquiries.
- o Development of partnerships with community leaders and various groups to assist with community education and foster parent recruitment. These organizations may include churches/religious groups, employee unions, different branches of the military, foster parent organizations, and the Junior Chambers of Commerce.
- o Recruitment focused on targeted communities and use of minority recruiters in minority communities.
- o Use of satisfied foster parents to recruit other foster parents. The Albany and Syracuse Regional Offices of The State Department of Social Services are implementing "Foster Parents As Recruiters Projects" in several upstate districts. The basic element of the program design is the recruitment of highly motivated foster parents to work in partnership with local district staff in recruiting foster families. The foster parents are trained and are compensated an hourly rate for their services.
- o Payment of finders fees ranging from \$50 - \$200 to foster parents who recruit other foster families. Most agencies pay 50% of the fee at the point of application, and the remaining 50% when a child placement occurs with the recruited family.
- o Marketing of foster parenting as a profession not as volunteerism.

II. Homestudy and Matching

- o The Model Approach to Partnerships in Parenting (called MAPP) training curriculum is being used by several states to screen and prepare foster parents. MAPP helps applicants to understand the issues involved in foster parenting, clearly articulating agency and parents' roles and responsibilities in relation to the foster child, the birth family, and the agency. MAPP, a group process, allows for upfront self-selecting out of unqualified families. While the result may be fewer qualified families, there is a retention rate.

III. Support Services

- o Experienced foster parents are being used as "Support Specialists" to assist other foster families. The Support Specialists' role includes: assisting other foster families with various appointments, crisis intervention, and other appropriate tasks. They are compensated at an hourly rate, often working 15-20 hours a week.
- o A Foster parent "buddy" system matches new foster parents with experienced foster parents to provide emotional support.
- o Training opportunities are provided to take courses through the college system. Joint training of caseworkers and foster parents address issues relating to team building, and working with birth parents. The training enhances foster parents and caseworkers understanding of each others role.
- o Several agencies provide day care for working foster parents, or respite care, often using newly licensed waiting foster parents as respite care providers.

Retirement planning, financial management and health insurance for foster parents are other support services provided by some agencies.

IV. Recognition of Foster Parents/Improving Public Image of Foster Parents

- o Special certificates for years of service.
- o Featured profiles of foster parents and success stories in agency newsletters and/or community papers.

- o Recognition of foster parents as professionals (not clients) and involvement in the child's treatment planning process.
- o Involvement of foster parents in the agency board or advisory council.
- o Proclamation of foster parent week.

V. Specialized Foster Home Programs

The following program models were identified as alternative approaches for provision of residential community-based services for "high risk" children.

A. Genesee County DSS Cluster Home Program

1. The Genesee Cluster Home Program was implemented in 1980 as an alternative to residential treatment for youths with severe emotional and/or behavioral problems. The Cluster Home model incorporates some of the structure and therapeutic qualities of the residential care facility within the foster family home environment. The homes are grouped in clusters to allow maximum geographical accessibility to each other and the agency. There are two clusters with four foster homes operating in Genesee County. Each foster home accommodates 3-4 youngsters.

2. Key Elements Of The Model

- a. Foster parents are carefully screened and trained as professional child care agents.
- b. A full time youth worker is assigned to each home to help plan and supervise daily activities of the youngsters in the homes.
- c. An educational consultant (Special Education Teacher) works with the youths and functions as a liaison with community schools.
- d. Youths attend public schools.
- e. Foster parents function as a member of the treatment team.
- f. The team works toward the creation of a therapeutic milieu within the home.

- g. A Cluster Home Social Worker oversees the development and implementation of a treatment plan for each child.
- h. Inservice training is mandated for foster parents.
- i. Respite care and support networks are built within/among clusters.

B. Project Pryde Foster Family Based Treatment Program

- 1. PRYDE, like the previously mentioned specialized foster family treatment program serves school-aged, "high risk" youngsters and gives professional status to its foster parents. As in the other programs, foster parents are integral treatment team members and must "buy into" the treatment philosophy of the program. PSCL's (Parent Supervisor Community Liaisons) supervise the foster families' work, providing weekly visits and support. PSCL's have a maximum caseload of 6 children. A 2½ hour, 10 week pre-service training is required of all foster parents and PSCL's. Foster parents are also required to bring a partner with them to the training. These partners serve as the foster parent primary back-up support, providing respite care and other assistance when needed. A three session pre-service training is also required of birth children of the foster parents. Extended family members are encouraged to attend training. Training is focused on building skills necessary to the implementation of treatment goals in a home environment. Like other specialized foster care programs, PRYDE provides 24 hour emergency on call services and built in support among the foster families. Mental health consultation from staff within the agency is available to PRYDE foster families. PRYDE was initiated in 1981, with sites in Pittsburg, West Virginia and Maryland. They currently serve 150 children. PRYDE Pittsburg program operates at a \$55 per diem cost of which \$26 is passed on to the foster families. This \$26 includes a clothing allowance. Monthly in-service training is mandated for foster parents.

2. Key Elements

- a. Behavior Management is used as the approach to treatment.
- b. Emphasis is placed on foster parents as the primary therapist for the child.

- c. There is one foster child per treatment family.
- d. Treatment parent and PSCL's work together to attain treatment goals.
- e. PSCL provides case consultation and support to treatment parents on the phone, and during weekly and as needed home visits.
- f. PSCL's work with birth parents toward permanency goal. Foster parents are often involved in this process.
- g. Treatment parents receive rate increases after each satisfactory performance evaluation done at 6 month intervals.

C. Hillside Children's Center Cluster Therapeutic Program

1. The Hillside-operated cluster therapeutic program is based on the Genesee model. Like Genesee, they serve youngsters who are at "high risk" of institutional placement. The current project serves 40 Monroe County DSS youngsters with PINS/JD and mental health-related problems. Hillside varies from the Genesee model in that each Youth Worker is assigned to several children rather than one. The foster care per diem rate is approximately \$27.53.

2. Key Elements

- a. A child care worker is assigned to each cluster, and carries a maximum caseload of 6 youngsters.
- b. A caseworker assigned to each cluster provides traditional casework services to the youths, and support to the foster families.
- c. 24 hour emergency on-call service is available.
- d. Families are clustered geographically for cluster training and to handle each other's respite and other support needs.
- e. Joint training is provided for staff and parents.

D. Children's Home and Aid Society of Illinois

LaRabida Children's Hospital

Medical Foster Care Program

1. Medically Specialized Foster Care is a model program designed to develop and maintain foster care resources for currently hospitalized but stable children with severe medical problems. The children range from age six months to three years. Most have chronic respiratory conditions generally resulting from extreme prematurity or other serious, chronic medical conditions. All of the children require special medical care and, in some cases, special equipment such as an oxygen tank, monitor or suction machines. All of the children are in the custody of the Illinois Department of Social Services. Many have spent their entire lives in the hospital. Foster parents are paid a regular monthly foster board rate plus an additional \$200 per month. The program has been particularly successful recruiting relatives of the children and experienced foster parents.

2. Key Elements

a. Foster parents are trained in the medical and social care of children with severe medical problems.

b. Provision of support services includes

(1) In-home nursing services based on the child's diagnosis and needs;

(2) Medical equipment and supplies;

(3) Coordination of social and medical services; and

(4) Respite care. (Each foster parent must secure a back-up parent so that another trained person will be immediately available.)