

GUIDELINES

Information to be Shared with Foster and Adoptive Parents

Tompkins County, NY Department of Social Services, October 2006

PURPOSE

The primary purpose of this document is to clarify for caseworkers, foster parents, and adoptive parents what information DSS must share, what we may share, and what we may not share. It is crucial to the safety, permanence, and well being of our children that our foster families know the reasons for a child's placement, including medical and mental health needs, and the medical, mental health, and addiction history of the birth family. In this document we clarify the laws and the local policies and procedures in Tompkins County.

SUMMARY OF PROVISIONS

According to Social Services Law, New York Code of Rules and Regulations, and Domestic Relations Law, we *must* share all medical, psychological, and psychiatric histories of the children in care with foster parents and adoptive parents. This information may not include identifying information—birth parents' names must be blocked out.

Social Services Law 373-a:

"Such medical histories shall include all available information *setting forth conditions or diseases believed to be hereditary*, any drugs or medication taken during pregnancy by the child's natural mother and any other information, including any psychological information in the case of a child legally freed for adoption or when such child has been adopted, or in the case of a child to be placed in foster care or placed in foster care, *which may be a factor influencing the child's present or future health.*"

(Italics are mine)

Section 443.2 e (3) of the NYCRR:

"Authorized agencies shall provide basic information to foster parents about each child who is to be placed in the home. Where a child is placed on emergency basis, such information shall be provided within 30 days of placement. Information shall include, but need not be limited to the following topics:"

- i. the estimated length of time a child may need to be in placement and the assumptions and knowledge on which the estimate is based;
- ii. the health of the child, including the procedure to be followed in obtaining consent for emergency medical treatment in accordance with section 507.5 of this Title and the child's medical history in accordance with the provisions of section 357.3 of this Title;
- iii. handicaps or behavior problems;
- iv. school and educational experiences;
- v. the relationship of the child and the natural parents;
- vi. requirements and plans for visitation of and by the natural family, including probable location of such visits; and
- vii. placement and discharge goals.

- viii. Domestic Relations Law, Section 114 refers to Public Health Law, Section 4138-c details information to be shared with the adopted child and family:
- (a) Age of the parents in years, at birth of such adoptee
 - (b) Heritage of the parents, which shall include nationality, ethnic background and race.
 - (c) Education, which shall be the number of years of school completed by the parents at the time of birth of such adoptee.
 - (d) General physical appearance of the parents at the time of the birth of such adoptee, which shall include height, weight, color of hair, eyes, skin and other information of similar nature.
 - (e) Religion of parents.
 - (f) Occupation of Parents.
 - (g) Health history of parents.
 - (h) Talents, hobbies and special interests of parents.
 - (i) Facts and circumstances relating to the nature and cause of the adoption.
 - (j) Name of the authorized agency involved in such adoption.

We may not share any written information that includes the names of the birth parents, or anything that might otherwise identify them (i.e. The birth father was the mayor of Elm City from 1972-76). Of course, as of December 2005 foster parents will receive a copy of the Permanency Hearing Report, which will include identifying information. Even though foster families are expected to work cooperatively with birth families, the regulations and laws require that we exclude identifying information from all other documentation. We may share actual addiction and psychological evaluations of the birth parents *only* if they have signed a release for that purpose. Otherwise we may only name the diagnoses of the parents.

IMPLEMENTATION

FOR CASEWORKERS:

The following list outlines what the Department expects caseworkers to do in the first five days after placing a child in a foster home. We have included only those things that apply to sharing information.

- ❖ Clearly identify (to the extent possible) the child's name, age, parent and family names, siblings and where they are, the child's grade in school, which school the child will attend, and the child's special emotional and medical needs. Caseworkers can accomplish most of this by completing the "Child's Introduction" form and giving it to the foster parent and by signing the child into the BOARDING HOME REGISTER.
- ❖ Identify (to the extent possible) why the child is coming into care. Identify concerns DSS has regarding the child's health and safety. (*Remember the foster parent is your team member who will be parenting this child 24 hours a day.*)
- ❖ At the time of placement, remind the foster parents that they can call you to discuss any issue at any time. Reinforce that if no one at DSS is immediately available to talk to the foster parents when they call, their phone calls will be returned in a timely manner.

- ❖ Begin to assist the foster parent in identifying all the birth family members, the child's favorite activities, nicknames and things the child likes. You may want to identify a child's favorite food, clothing, toys, books, bedtime rituals, etc.
- ❖ Explain any birth parent visitation and contact requirements or restrictions. When possible help the foster family and birth family work out a visitation plan together.
- ❖ Call the foster home the day after placement to see how everyone is doing. Ask if there are questions that have come up about the child's family history or reasons for placement.
- ❖ Review with the foster parent any family court decisions, the child's permanency goal, the initial service plan, and the expected approximate duration of the placement.
- ❖ Review with the foster parent what types of behaviors the foster parent can expect or should look for to identify developmental or behavioral problems.
- ❖ Encourage the foster parents to speak to you about any problems they have with the new child in their home. Provide them with opportunity to discuss with you how they can ensure both the child's safety and welfare as well as their own.
- ❖ Provide specific information to the foster parents about any threats made by members of the birth family.
- ❖ Discuss with the foster parent the child's religious background and assist the foster parent in enabling the child to observe her or his religion.
- ❖ Identify and discuss any cultural differences there may be between the child and the foster family. Help the family overcome obstacles caused by these differences while at the same time reinforcing the child's culture and ethnic identity.

Other things for caseworkers to remember:

- ❖ You *must* invite the foster parents to all Family Team Meetings or Service Plan Reviews.
- ❖ Please remember to schedule the meetings for times when birth parents *and* foster parents can attend.
- ❖ You should keep foster parents informed of court dates.
- ❖ If there are changes in the plans or the court orders, you should inform the foster parents.
- ❖ You must provide the foster families with current, accurate medical and mental health information about the child. This includes the birth parents' medical, mental health, and addiction diagnoses and histories.
- ❖ You should consider asking the birth parents to release their own information—psychological evaluations, addiction evaluations, medical history if those items would be beneficial to the child's care.

- ❖ With regard to the DRL concerning family information for adopted children and their adoptive parents, you should gather this information early in the family's involvement with us. The 90-Day (Comprehensive) Plan is the expected time for you to gather this information. It is also an excellent casework tool.

For Foster Families

You have a right and a responsibility to know why the children are in your care. To that end:

- ❖ You will be expected to attend case planning meetings. Sometimes those will be called Service Plan Reviews and sometimes they will be Family Team Meetings. If you are not invited to those, you should call the caseworker or the caseworker's supervisor.
- ❖ You should plan to attend court for the Fact Finding hearings, the Disposition after Permanent Neglect, Permanency Hearings, and any hearings to which you are subpoenaed. You have vital information about the child's daily functioning and perhaps even the relationship between the child and the child's birth parents, therefore it is important that you attend court proceedings so that you can share this information.
- ❖ You may need to remind caseworkers that you are entitled to the medical and mental health histories of the child. You are providing daily care for the children in our custody, and there is often information that would help you provide the best care.
- ❖ Ask the caseworker about possible anniversary dates or trigger behaviors that others have noticed.
- ❖ As part of the team working for a child and his family, if you feel you are not getting information you need, you must speak up—ask the caseworker, the CPS worker, or other professionals with information about the case.
- ❖ You will not be allowed to “read the record.” The records are full of confidential information and it would be impractical to attempt to remove this information from the record. If you are present at the planning meetings and court hearings and you have the documented histories of the families, you should have access to everything we can legally give you.
- ❖ You will not have access to the Child Protective Investigation record.

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