



OKDHS BRIDGE PROGRAM

Definition of Bridge

A **Bridge Resource Family** is a family who may be asked to:

1. Provide temporary care, love and nurturance to the child, and serve as a mentor actively helping the parent improve their ability to safely care for their children.
 - Stay connected and assist in the transition to reunification, legal guardianship or adoption to another family, **and/or**
2. Serve as the legal guardian for the child while maintaining a child's connection to kin, culture and community, **and/or**
3. Adopt the child while maintaining a child's connection to kin, culture and community.

OKDHS Practice Standards
and
Bridge Resource Family
Guiding Principles

OKDHS Practice Standards and Bridge Resource Family Guiding Principles

1. We Continually Examine our Personal Values and Biases, Ensuring they do not Interfere with our Ability to Partner with Families

OKDHS

- We must be aware of and recognize how we use the power of the position.
- Our use of team supports the process of examining personal biases and use of self.
- We believe in the importance of hearing all voices—whether we disagree or not.
- We continually assess our personal biases and styles, ensuring that they do not interfere with our ability to partner with families; at the same time we will regularly enter into discussions mentoring with our supervisor (at all levels) about personal biases and the way they are impacting our work.
- We allow ourselves to imagine and feel the experiences of families, using our brains and our heart in our work to assist families in accomplishing their goals.
- It is critical that families see and believe that we are genuine and that we care.

BRIDGE

- We are aware of and recognize how we use (misuse) the power of the position of being Resource parents.
- We regularly enter into discussions and consult with the child welfare team about personal biases, and the way they impact our work with children care and families.

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Bridge in Practice around the State

CW Practice Standard # 1 – *We Continually Examine our Personal Values and Biases, Ensuring they do not Interfere With our Ability to Partner with Families*

An example of this practice standard involves a Child Welfare (CW) specialist discussing their personal feelings with their supervisor regarding a situation surrounding the family with whom she was working. The CW specialist was able to identify her personal biases toward the family because of her own personal experience as a child. Because of her personal bias, initially she was not in agreement to return the child to the family. However, after processing and identifying her biases she was able to step back and make a decision based upon the safety and well being of the child, while still acknowledging her biases toward the situation. The case eventually moved forward quickly and the CW specialist realized it could have been slowed down due to her personal beliefs. The child has been reunified and the case has been dismissed.

2. We Respect the Children and Families We Serve

OKDHS

- We separate what parents have done from who they are.
- Address the issues instead of judging.
- Behave as if you a guest in the family's home—a guest with a purpose.
- We learn about their life demands and value their time.
- We need to be humble understanding that “any given day” it could be us.
- We hold a belief that people can change— with the right tools and resources.

BRIDGE

- We separate what parents have done from who they are.
- We remain humble, understanding that “any given day” it could be us.
- We hold a belief that people can change – with the right tools and resources.
- We hold a belief that partnering between the child's family and the Bridge family supports children.

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Bridge in Practice around the State

CW Practice Standard # 2 – *We Respect the Children and Families We Serve*

We hold a belief that people can change - with the right tools and resources.

An example of this practice standard involves seven children whose youngest sibling, at two days old, was removed from their parents, who both abused drugs. The baby tested positive for methamphetamines, amphetamines and marijuana. He was born with problems with his larynx, having difficulty swallowing. He eventually outgrew the condition. He was placed in a resource home where he remained the entire time he was in care. His six siblings were never removed from the home. The father was jailed and upon release entered an inpatient substance abuse program. He provided clean UA's frequently.

The mother slowly began to work on her ISP; she stopped abusing drugs by attending outpatient substance abuse services. She found employment and consistently attended AA meetings. She found a nice home to rent and furnished it nicely for her children. She began to care for the children appropriately and their attendance at school improved dramatically. She sought the necessary medical services for all of the children, when necessary. She maintained a visitation scheduled with the baby.

CASA was assigned to the case and was not in agreement of reunification of the baby with his parents. The parents began having unsupervised weekend visits with the baby over the summer. CASA became more and more adamant the baby should not be returned home. The parents had completed their ISP and they deserved an opportunity at reunification. No one, other than our agency, was in favor of the baby returning home. Eventually the Judge ordered the baby returned home in the fall. In the beginning the family did well, the baby adjusted well and the resource family continued to have contact with the baby by taking him on weekends and the resource mother serving as a mentor to the mother.

Early the next year, the mother, who had been sober for quite some time, expressed her unhappiness with her husband because she suspected he continued to use again. She suggested OKDHS conduct a random UA on her husband while conducting a home visit. The father asked one of the older children to provide urine for him so he could pass the test. He was asked to leave the home on this date.

The CW specialist and the County Director continued to provide support to the mother, who then expressed she did not feel she was bonded to her baby. More services were offered, more home visits were done on a daily basis to help the mother bond with her child. The mother felt the baby would be better off with the resource family that had him while in care. The mother had discussed with the resource family about them becoming guardians for the baby. The mother advised OKDHS she was overwhelmed with caring for seven children and this would allow the baby to be well taken care of and for her to remain part of his life. The CW specialist and county director still encouraged the mother to not give up on bonding with her baby.

The CW specialist, the supervisor and the County Director staffed the case. The supervisor advised the CW specialist and County Director she was concerned that they were failing to respect and honor the mother by not listening to her and hoping the child could remain with her. In the staffing, they focused on the accomplishments the mother had made over the year and recognized for the first time since she had been involved with OKDHS she was putting the needs of her children first.

All of her accomplishments came as a result of her determination to change and Child Welfare's work to help her be successful in her change. The mother felt while the baby was gone for 15 months of his life she did not feel she had the bond he needed and he was more bonded to the resource family and she felt this was the best decision she could make for him. Even with the baby not staying in the home, the family is a success story. The resource family agreed to become the baby's guardian and also surrogate grandparents to the siblings.

3. We Listen to the Voice of Children and Youth

OKDHS

- We have frequent and meaningful conversations with children about what they need to feel safe, using language and making decisions that respects their love for their family and their need for connection to their culture.
- We ensure that children have accurate information and understand what is happening in their lives.
- We actively find ways for children to contribute and have an influence and a sense of control on the decisions made about their lives; being honest about their options and choices.
- We frequently engage children in conversations about how to improve our system.

BRIDGE

- We have frequent and meaningful conversations with children and youth about what they need to feel safe.
- We use language and make decisions which respect love for their family, and the need to connect to their culture.
- We ensure children and youth have accurate information and understand what is happening in their lives.
- We actively find ways for children and youth to contribute and have influence and a sense of control on the decisions made about their lives; being honest about their options and choices.

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CW Practice Standard # 3 – *We Listen to the Voice of Children*

We actively find ways for children to contribute and have an influence and a sense of control on the decisions made about their lives; being honest about their options and choices.

An example of this practice standard involves a 14 year old youth who desperately wanted to live with his relatives. His CW specialist diligently searched for relatives but to no avail. She was able to locate a relative who became a support system and a permanent connection through visitation. This temporarily was satisfactory to the youth. The youth pleaded with his worker to locate relatives with whom he could live. The youth's father had not been involved in the case and his whereabouts were unknown. The CW worker began calling around to locate the absent father. She eventually made a connection and he returned her phone call. The father was excited about knowing where his son was. As it turned out he had attended court a year after the case was opened. The Judge was very pleased the father was attempting to step forward to become involved in his son's life. After an assessment of the father's home, weekend visitation was ordered. The youth was not excited about seeing his father because he was very angry with him, however as time has passed they began to interact and now are both very happy.

3. We Continuously Seek to Learn Who Families Are and What They Need

OKDHS

- We do not make assumptions about families. They are the expert of their own lives and often have solutions to their own problems. We create an environment where families can teach us about who they are and what they need.
- We communicate with families in their primary language in order to understand their experiences, their culture and how they make parenting decisions.
- We are students of the culture, race and ethnicity of the families we serve—and we actively use this information as we join with families in planning and decision making.
- We have an attitude that we can make a difference—there are the informal supports and resources if we look hard enough and partner effectively with the family and community.

BRIDGE

- We do not make assumptions about families.
- We communicate with families in their language in order to understand their experiences and culture.
- We have the attitude that we can make a difference.
- We actively learn about the culture, race, and ethnicity of the children placed in our homes to support their continued connections.

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CW Practice Standard #4 – *We continuously seek to learn who families are and what they need.*

We have an attitude that we can make a difference - there are the informal supports and resources if we look hard enough and partner effectively with the family and community.

An example of this practice standard involves a CW specialist who worked closely with a mother whose child was hospitalized. The CW specialists assisted with transportation for the mother to and from therapy and visits with her child. The CW specialists arranged for regular visits between the other two siblings who were placed in kinship homes. A placement disruption occurred with the kinship family, who was experiencing an alcohol problem and the CW specialist and resource specialist continued to support and encourage the family member to maintain sobriety. The CW specialists and resource specialists made arrangements for that child to reside with a sibling who resided in another kinship home.

5. We Believe in the Value of “Nothing About Us Without Us”

OKDHS:

- When we interact with family, we engage in a conversation that builds relationship, we ask strength-focused questions, we listen **and the learning allows** us to develop effective service plans.
- The family, the worker and community partners develop common goals—that acknowledges the families perspectives and the child’s need for safety, permanency and well being of children.
- We are transparent with one another to ensure clarity regarding what we are thinking, our concerns and why we are focusing on certain areas of safety and permanency.
- We actively find ways for families to contribute and have control over their own lives.
- We actively engage BRIDGE families in the process of teaming, information sharing and decision making.

BRIDGE

- We are engaged in the process of teamwork, information sharing, and decision making.
- We honor the confidentiality of the information about the child’s family.

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CW Practice Standard # 5 – *We believe in the value of “Nothing About Us Without Us”.*

We actively engage resource families in the process of teaming, information sharing and decision making.

An example of this practice standard involves parents who requested to attend their child’s birthday party. Their child was placed in a traditional resource home. The parents agreed the resource parents could bring their biological children so everyone could be together and participate in the special event for the child. The CW specialist communicated with both the resource parents and biological parents as to where the party would take place and the expectations. The resource mother agreed to supervise the party. The party was a success and the CW specialist received positive reports and everyone expressed their gratitude. Bringing together the biological parents and the resource parents helped to develop a supportive relationship with the child as the primary focus.

6. We Maintain a Child's Permanent Connection to Kin Culture and Community

OKDHS

- Young adults need to be informed about their choices, they need to understand what happens to them, and they need to consistently maintain contact with their worker.
- Visitation between a child and their family is a child's right.
- Families belong together and we maintain optimal connection between a child, their family and their culture.
- We seek to place siblings together; and if we cannot we create frequent opportunities for them to see one another.
- As we make decisions about placement, we consider all of the implications for the child...understanding that every time when we remove a child, there is emotional harm.

BRIDGE

- We recognize visitation between a child and their family is a child's right.
- We understand families belong together and Bridge Resource parents will help maintain optimal connections between a child, their family and their culture.
- We believe siblings should be placed together; but if they are not, we help create frequent opportunities for them to see one another.

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CW Practice Standard # 6 – *We Maintain a Child's Permanent Connection to Kin, Culture and Community.*

Families belong together and we maintain optimal connection between a child their family and their culture. As we make decisions about placement, we consider all of the implications for the child....understanding that every time we remove a child, there is emotional harm.

An example of this practice standard involves OKDHS having three Vietnamese children taken into custody. OKDHS was aware that their culture and their food was different than the American way of life. The children ate very little while placed in the shelter, often complaining they did not like the food. The shelter staff made arrangements for the parents to bring food to visits for the children to help entice them to eat and feel a little better. The parents brought hot dogs, potato chips, candy and soda. The children later stated this is what they ate at home. All the children were eventually placed in a Vietnamese kinship home that was able to cultivate their needs.

7. We Conduct Our Work with Integrity at All Levels of the Agency

OKDHS

- There is a standard of excellence and cooperation that permeates the work of the agency.
- We are compassionate with one another and we have the difficult conversations about the pain and complexity of this work.
- We formally provide support, an opportunity for debriefing and stress relief for our workers and supervisors so that they can continue to do the work well.
- We communicate honestly and we do what we say we are going to do.
- We actively educate other systems about the needs of children and families and about best practices in child welfare.
- We hold one another accountable to being respectful and courteous, valuing and supporting each other—
letting go of territorial issues and working together to accomplish our collective goals.

BRIDGE

- We promote safety (children are not abused / neglected in out of home care).
- We support stability (children do not move unless absolutely necessary).
- We encourage self-sufficiency (empower and teach self protection and life).

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CW Practice Standard # 7 – We Conduct Our Work with Integrity At All Levels of the Agency

We actively educate other systems about the needs of children and families and about best practices in child welfare.

An example of this practice standard involves Child Welfare conducting an investigation with a family and learning the father had been arrested for an incident that had occurred a year earlier. The CW specialist and the Public Defender's office met with the family and put services in place to help the family resolve their issues. The District Attorney's office learned the father had been arrested and issued a no contact order, without consulting with Child Welfare or the Public Defender's office. This order prevented the father from having contact with his children for months. The CW specialist expressed her concern to the District Attorney's office regarding the no contact order. The District Attorney admitted his office made a mistake and took the appropriate actions to correct the matter.

The Initial Meeting

Components of the Initial Meeting

The initial meeting is:

- a. To establish rapport among the Bridge Team members
- b. To discuss the needs of the child (ren)
- c. On average lasts 30 to 45 minutes

Initial Meeting **"IS"** to:

- Open and establish lines of communication
- Introduce the parent (s) of the child to the people who will be caring for their child
- Ease both families fears about each other
- Show that the CW worker supports the communication between the birth parent and resource parent
- Allow the birth parent to be an expert on their child & what connections are essential
- Allow the resource parent to learn more about the child and their needs
- Allow the resource parent to provide information about their family as a resource family
- Develop a relationship between birth parents and resource parents
- Talk about the visitation plan and any stipulations made by the court

Initial Meeting is **"NOT"** to:

- Discuss why children are in custody
- Get into intimate details of the case
- Pass judgment on or condemn the birth family

One misconception of the Initial Meeting was the belief by some that the Initial Meeting had to happen within 72 hours of placement. The Initial

meeting should take place within 7 days of placement. There may be times when this cannot occur but these are the exceptions. In that case the meeting should occur as close to this time frame as possible.

If your parents are tribal members, workers are asked to extend an invitation to the tribe to attend the Initial Meeting. The meeting will usually last between 30-45 minutes. While the meeting serves to establish rapport it should focus on the child's needs, routine, lifestyle, likes, dislikes, etc.

The initial meeting should never be incorporated with the Family Group Conference or any other required meeting. They each serve a specific purpose.

The social worker assigned, whether it's the Child Protective Service worker or the Permanency worker, needs to facilitate the Initial Meeting. Social Workers have to prepare the birth parents and resource parents for these Initial Meetings. While Resource Specialists, that is adoption specialist or foster care specialist, may not be directly involved with the Initial Meeting you are still part of the team. It is important that you support as actively as possible your co-workers along with your resource families and the work they will do with birth families. If children change placements the Initial Meeting needs to take place again.

PREPARATION is KEY to a successful Initial Meeting!

Tools to Support the Initial Meeting

The following forms should be available when preparing for the Initial meeting:

- Bridge Resource “Family Profile” – This form can be given to the child and the birth family
 - Description of the Bridge Resource Family including the family’s favorite activities, foods, music, etc.
 - Description of each child in the Bridge Resource Family
 - Explanation of why the family decided to become a Bridge Resource Family
- “All About Me” form completed by each child in the case and presented to the Bridge Resource Family at the Initial Meeting
- “All About My Child(ren) Form”
- “All About Our Family Form”
- “Our Family Profile” – What children and youth entering our home should know.....
- Questions kids want answered when going into/living in foster care
- The “Eco Map to Support Maintaining Connections”
- Social worker should, at some point, discuss with the child(ren) the “Question Kids Want Answers to When Going into Foster Care”
- A Continuum of Contact For Social Workers

Children should not ever be at the Initial Meeting – they may be a distraction from the purpose of the meeting. Also, unexpected or inappropriate conversations may arise.

Workers will need to:

- Create the time and place for the meeting
- Prepare the participants - help to calm fears prior to the meeting
- Facilitate the meeting in a neutral place

The Initial meeting does not always have to take place in a DHS conference room. When preparing to set up a meeting consider the following:

Location; as neutral as possible
Comfort
Safety
Structure

- Assist birth families and resource families to communicate
- Bring the meeting back into focus on the children if it has veered or tensions flow

Resource parents need to:

- Respect the birth parent as the "birth parent"
- Actively engage in a positive and supportive way
- Ask questions that allow the birth parent to shared beneficial information to you about the child
- Share some things about themselves as a resource family

Sometimes as resource parents you have pre-conceived notions of who/what the birth families are. But if you can approach the Initial Meetings with openness and as an opportunity to learn how to help a child you will discover how beneficial the meetings can be to you and your overall goals in caring for children and youth.

OUR FAMILY PROFILE

What children and youth entering our home should know.....

Hello, our name is the _____ family. Our phone number is: _____

We live at: _____

Who Lives Here:

The number of people who live in this house is _____. These are their names and ages:

The number of pets who live in this house is _____. The names and type of animals are:

The reason we decided to take care of kids is:

Besides being parents, other jobs (occupations) we have are: _____

Stuff we do:

On the weekends, we sometimes like to: _____

Games we like to play: _____

Hobbies and activities of people in this house: _____

Some House Rules:

These are the three most important house rules:

1. _____

2. _____

3. _____

Here are some other important house rules:

Bedtime on school nights: _____ Bedtime on weekends: _____ Weekday curfews: _____

Weekend curfews: _____ Can I play my music? _____

Other silly little things:

We would rate the cooking here: _____ As good as any restaurant _____ Hit and miss _____ Healthy

Kitchen privileges:

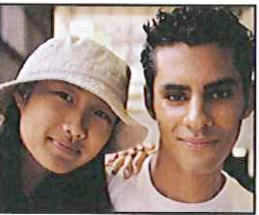
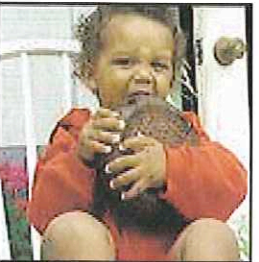
____ You are free to help yourself _____ We'll point out the food _____ Please ask before
to anything in the kitchen at anytime that's okay for snacking helping yourself

Cool stuff to do that's near our house:

Our Welcome Message to You: _____

Name of Child/youth entering care

ALL ABOUT ME FORM



1. My favorite books/stories/movies are:

2. I like to be alone when:

3. I love to eat...(favorite kinds of foods)

4. I hate to eat...(least favorite kinds of foods)

5. My favorite thing to do at night before going to bed is...

6. The thing that scares me most about foster care is...

7. Things I like about my family:

8. More than anything, I hope...

Name of Child/youth entering care

ALL ABOUT MY CHILD (REN) FORM



1. My child(ren)'s favorite books/stories/movies, TV shows, toys, hobbies..... _____

2. My child(ren) goes to bed at..... _____
3. My child(ren)'s favorite thing to do at night before going to bed is... _____

4. My child(ren) loves to eat...(favorite kinds of foods)

5. My child(ren) hates to eat...(least favorite kinds of foods)

6. My child(ren) is allergic to.....

7. My child(ren)'s favorite relatives/friends.....

8. My child(ren) is afraid of....

9. My child(ren) can or likes to swim..... Yes or No
10. My child(ren) responds to correction (discipline) by.....

ALL ABOUT OUR FAMILY FORM



1. My name _____
2. My phone number(s) _____
3. Best Time to Call me _____
4. My Email Address _____
5. My age: Less than 18, 18-24, 25-29, 30-49, 50-69, 70+
6. My birthdate _____
7. The most influential person in my life is _____
Because _____

8. I like to spend time w/ My child(ren) doing _____

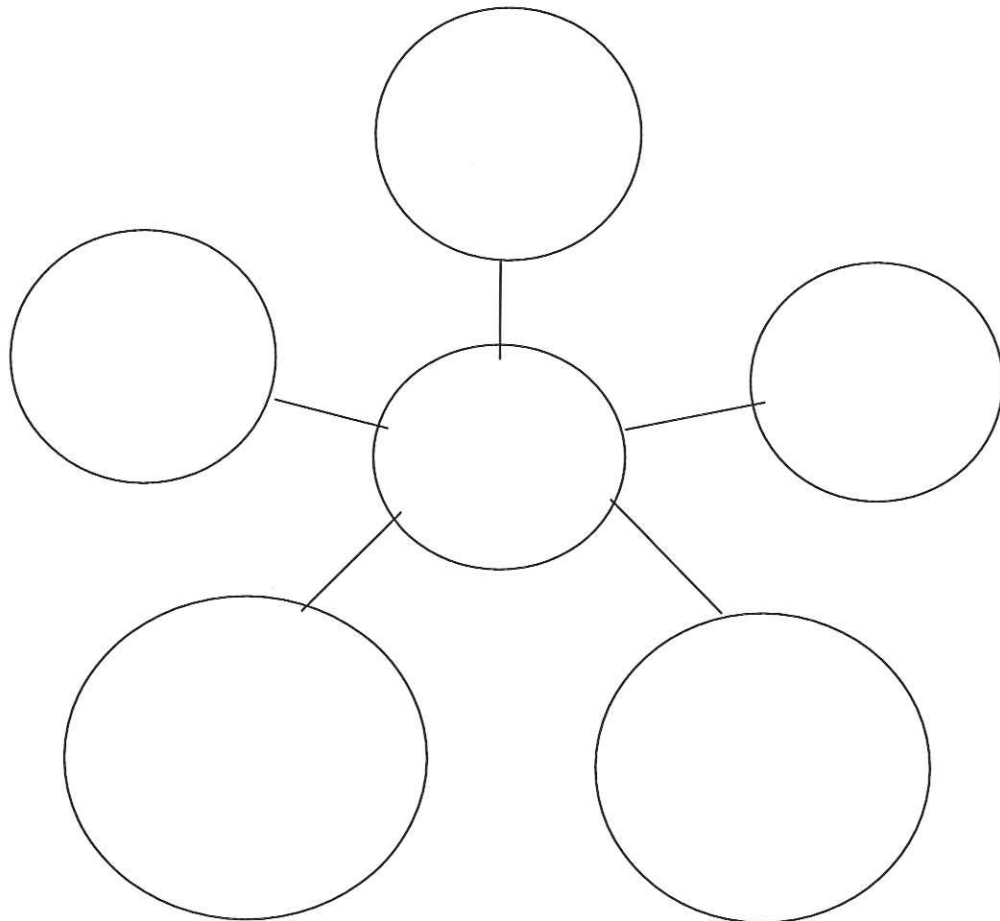
9. My Favorite Things
Color _____ Flower _____ Holiday _____
Snack _____ TV Show _____ Beverage _____
Dessert _____ Magazine _____ Book _____
Author _____
10. My Interest/Hobbies _____

11. My Religious Beliefs / Other Beliefs _____

12. Since my child was removed from my home my greatest fear is _____

13. Since my child was removed from my home my greatest fear for my Child(ren) is _____

Eco Map to Support Maintaining Connections



QUESTIONS KIDS WANT ANSWERED WHEN GOING INTO / LIVING IN FOSTER CARE

During the First Week:

- Why didn't my parents want me?
- Is it my fault?
- When will I go home?
- Can I still see my parent(s)? When? Can I call them? When? How often?
- Can I see my brothers or sisters? When? Can I call them? When? How often?
- Can I see my friends? When? How much?
- Can I go into the refrigerator without permission?
- Where are all my clothes and stuff? Can I get them?

During the First Month:

- What religious views does this new family have and can I still go to my church?
- Will these new people provide or let me do the things I like to do? Hunting, fishing, football, music, friends.....
- Can I still drive?
- Can I keep my job?
- Could I live with my best friend?
- How am I going to keep up in school if I have to start all over in a new school?
Will my credits transfer?
- If I get in trouble do I get kicked out?
- What happens at court? Can I go? Should I go?
- Do I have any right to have a say so in what happens at court?
- Do I have the right to talk to the judge?
- If my social worker does not call me, what should I do?
- If I don't get along with my foster parents, who should I tell?
- Can I see some of the stuff that is written about me?
- If my worker does not call me back, what can I do? Who else can I call?
- What do all the words mean:
 - Custody
 - Termination of parental rights
 - Adjudication
 - "UA"
 - Supervised visitation
 - Permanency Planning

Within Six Months:

- Do I have any say where I live?
- How can I tell the judge what I am thinking?
- Can I just go live on my own? (older youth)
- Can I get an allowance?

INITIAL MEETING BETWEEN BIRTH FAMILY AND BRIDGE FAMILY (ROLE PLAY SCRIPT)

Purpose

- To teach practical skills in respecting birth parents, establishing rapport and relationship building

The initial meeting is a time for the Birth Family, the Bridge Family and the Social Worker to:

- Begin establishing an open relationship with each other;
- Know that the social worker supports the relations between the Birth Family and the Bridge Family;
- Meet together and talk about the child and help each parent understand they will be sharing the parenting of the child;
- Understand the meeting is to share information about the child and allow the parent to be the expert about their child;
- Understand this meeting is not to discuss why the children were removed. However, the social worker may want to talk about the visitation plan, and any requirements or stipulations made by the court.

The meeting should last between 45 minutes to an hour.

⇒ **The following is a role-play dealing with the Initial Meeting.**

Susie Social Worker:

This is the first time to have a meeting with the Birth Family and Bridge Family.

You are to make introductions and explain the purpose of the meeting. You also answer questions that the Birth Family and Bridge Family have and help clarify information.

Renaë is the Birth Parent.

You have 3 children, Benjamin, who is 11 years old, Kevin, age 9, and Brianna 4 ½ years old. Kevin and Brianna have been placed in a Bridge home. Benjamin is placed with another family. Today is the first time that you have seen Benjamin, Kevin and Brianna since they were removed from your home 2 ½ weeks ago.

Betsy and John Clark are the Bridge Parents.

You have been Resource parents for several years but you are feeling uneasy about this visit since you have never been required to meet with Birth Families before. You are thinking about why anyone would give this mother another change to get her kids back. But you also try to think about how you would feel if it were you.

Your role is to help ease Renae's fears and show respect to her as the Birth Mother and the "expert" on Kevin and Briana. You are to ask questions and share information about the children to help you have a better understanding of the children's needs. You want to help the Birth Mother know that you care about her children and want the best for them. You will also want to share information about your family to help the Birth Parent know what type of environment the children are in.

The children have been with you for 2 weeks and they are having a difficult time adjusting in your home. Briana seems to talk more when Kevin is at school but clings to him when he's around. Briana is having a hard time falling asleep and she is a picky eater. Kevin talks more to your husband than with you. He seems the most at ease when they are outside shooting hoops or watching sports on TV.

Mari Hightower is the Resource Parent

You are a single resource parent. You are outgoing, love being a resource parent and working with families. You have a special talent for working with pre-teen males. Your role is to make Renae feel at ease and respected; and, to gain information about Benjamin and his family.

Ben seems to be adjusting as well as expected. You are concerned about his low appetite and while he does interact and play with the other kids at school and in the neighborhood, he also frequently withdraws, sits alone staring into space, or wants to be near her. He sometimes watches you and follows you around to see if you need any help.

The Children

Ben and Kevin are at school and Brianna is at Head Start. A case aide will be picking them up later for a visit with their Mother.

⇒ Role-Play Dialogue:

Susie Social Worker: Hi, my name is Susie Social Worker. Ms. Johnson, I'm glad that you were able to come today. I'd like you to meet Betsy and John Clark. They are the resource family that is caring for Kevin and Briana.

Betsy: (Betsy and John extend their hand to Renae and she reluctantly shakes hands.) We're glad to meet you. Kevin and Briana have been in our home for about 2 weeks.

Susie Social Worker: Thank you all for coming. I'm glad that all of you are able to be here. I expected Ben's resource parent as well. Maybe she's running late.

Let me explain why I asked us all to meet together today. The number one goal for OKDHS once a family has had to be separated is to work on getting that family back together. We are all going to be working together in something OKDHS calls the Bridge program. That means we will be like a team, the Birth Family, the Resource Family and me, the worker. We'll all be working together and have our parts to play to help you Renae to get your family back together.

Betsy and John are not just resource parents, but they are also a Bridge Family. A Bridge Family is a resource family who is committed to helping children and their families get back together, whenever possible. When children cannot return home, the Bridge Families are committed to raising the child. As a Bridge Family they work directly with the Birth Family, meaning phone contact, visits and sharing information. But don't forget I'm a part of the team too, so I need for all of you to communicate with me as well. I also need to know what's going on.

Does anyone have any questions at this point?

PAUSE....

I want all of us to have open communication. If you don't understand something, let me know. If you disagree with something, please voice that as well. Some things can change, some things can't, but I want to know how you're feeling, what you're thinking, and what you need.

Today we really want to start by focusing on the needs of the children, but first Betsy and John will you share some information about your family with Ranae so she can know something about where Kevin and Briana are?

Besty: Well, we've been resource parents for four years and part of the Bridge program since October. John and I have three sons, our oldest is 19 years old; he's in college, then we have one who is 7 and the youngest is 5 years old. We also have 3 dogs and a pet bird. We enjoy having lots of kids around. Someone always has a baseball or soccer practice to go to or something at school or church. We stay pretty busy.

Susie Social Worker: Thanks for sharing about your family. Renae do you have any questions that you'd like to ask?

Renae: (Shakes her no.)

Susie Social Worker continues: Betsy, you said that you had some questions to ask Renae.

Betsy: Yes, I do have some questions. But before I ask them, I wanted to say, Ranae, you have the sweetest children, and they are so well mannered. Briana is just a chatterbox. She says her favorite color is ping, just like yours. And, Kevin spends lots of time shooting baskets. He talks about you playing

basketball when you were a child. He really loves to play. Was Kevin on a basketball team at his school?

Renaë: No, his school didn't have a team for 4th graders. But he does love basketball.

John: I used to play basketball when I was young too. I really enjoy playing with him.

Betsy: What else does Kevin like to do?

Renaë: Oh, I don't know. Maybe ride a bike if he had one. Mostly he likes playing with his brother, he loves Ben, that his big bubba.

Betsy: I know school is almost out for the year. Did he have trouble getting his schoolwork completed? Did you help him with his homework?

Renaë: What are you trying to say that I didn't help him? I helped him as best as I could.

Susie Social Worker: Renaë, in the past, what were Kevin's grades like? He has had any trouble before?

Renaë: He made B's and C's and he hasn't had any problems that I know of.

After about 15 minutes into the meeting, Mari Hightower, Benjamin's Resource parent arrives.

Mari: I'm sorry I'm late. I didn't get out of the doctor's office when I thought I would.

Susie Social Worker: That's O.K. We're glad you made it. Let me introduce you to Renaë Johnson. This is Ben's mom. Ms. Johnson, this is Ms. Hightower, Ben's is in her foster home. This is Mr. & Mrs. Clark; John and Betsy. They're caring for Ben's younger siblings, Kevin and Briana. This is Ms. Hightower, John and Betsy.

Mari: It's nice to meet everyone. Again, I apologize for being late. Renaë, I can see where Ben gets that beautiful smile. (Looking toward the Clark's). So you two are keeping Kevin and Briana? Ben talks about them all the time.

Susie Social Worker: Mari, why don't you tell Renaë how Ben is doing.

Mari: Okay, well, Ben is doing fine at school. He turns his papers in everyday. He plays well with the kids in the neighborhood, but sometimes seems to just want to stay inside with me and sit by himself. He talks about Kevin a lot. He said they played together all the time. He asks about Briana too. One thing I have noticed is that Ben doesn't eat very much. Some meals he hardly takes a bite. Are there certain things he likes to eat?

Renaë: That boy loves to eat. He likes macaroni and cheese, hot dogs, chicken nuggets, Ramen noodles and coco puffs. His favorite is McDonald's Happy Meals. I can usually tell something is bothering him when he's not eating.

Mari: What do you usually do to help him when you notice that?

Renaë: Me and Ben are real close and he'll talk to me when he's upset? Usually I'll notice that he needs to spend more time with me. He likes for me to put my arm around him. He'll sit really close, like he's a baby. Then I'll ask, "What's bother you? You know you can tell me."

Mari: I'm sure with all the changes going on in your family I need to give him some little extra one on one time. It is so helpful talking to you. Now I now how to help Ben. It should like you two are really close.

Renaë: (sort of smiles)

Susie Social Worker: Since we aren't able to place all three kids together, it is important that the children have regular contact and visits. So, not only is it important, that you all communicate with me and Renaë, but also with each other as well (looking at Mari and the Clarks).

John: I'd be glad to get the boys together; maybe we could go to a Hornets game or even go fishing. We'll make sure the kids stay connected.

Mari: I cook a lot. Kevin and Brian are welcome to come over anytime. I have a backyard with a swing set that I bet Briana would like and there are some other toys too.

Renaë: (looks at Mari) do you have other kids staying with you?

Mari: Yes, there is another boy who is right me right now, he's 12 years old. I had two other boys but they just got to go home.

Susie Social Worker: Does anyone else have any questions?

PAUSE

(Everyone shakes their head, "No.")

Before we go, I want to let you all know the visitation plan. For now Renaë you will have monthly visits. That means you will come here and spend time with the kids like today. We are still determining what services you need and once we've completed the assessment an individual plan will be designed for you. We'll go over that and you'll also get a copy. Some time after that we return to court and report on the progress that's been made.

I thank everyone for coming. Renae, thank you for the information you shared with us about your children. We will all be communicating again soon. But for now, we need to end the meeting because Renae has a visit with her children that start in 5 minutes.

⇒ **Process the role play with the following questions:**

- What did the social worker; the Clarks and Ms. Hightower do to put Renae at ease?
- How was the social worker supportive of the Birth Parent and Bridge Family during this discussion?
- How did the Clarks and Ms. Hightower show respect to Renae as the expert on her children?
- What did you notice about Renae during the process?
- What is your next step toward continuing to establish rapport and build relationship with Renae?
- What types of contact (using continuum of contact sheets) might be appropriate for the next three months?

Each of these stages of continuum of contact involves an increased degree of personal contact. This list is for Bridge Parent(s) to ease passage through stages.

A CONTINUUM OF CONTACT FOR BRIDGE PARENTS

A CONTINUUM OF CONTACT FOR BRIDGE PARENTS

✪ Exchange letters with child(ren's) family	✪ Share parenting information
✪ Call child(ren's) Parent(s) on phone	✪ Attend staffings, Permanency Planning Reviews, Court Hearings
✪ Give Birth Parent(s) pictures of child(ren)	✪ Encourage / reassure reunification
✪ Share copies of homework and report cards with Birth Parent(s)	✪ Share child(ren's) Life Book with Birth Parent(s)
✪ Have positive view of child(ren's) family	✪ Learn about, understand and respect the Birth Parent(s) culture
✪ Talk openly with child(ren) about family	✪ Take/pick up child(ren) to/at Birth Parent's home
✪ Encourage Birth Parent's progress	✪ Serve as Birth Parent's Mentor
✪ Dress child(ren) up for Visits	✪ Review child(ren's) visit with Birth Parent(s)
✪ Share monthly progress reports with Birth Parent(s)	✪ Encourage Bridge Parent(s) to allow Birth Parent(s) to call Bridge home
✪ Insure the Birth/ Bridge Parent(s) attend agency meetings	✪ Assist Birth/Bridge Parent(s) in managing conflict
✪ Facilitate conversations between Birth / Bridge Parent(s)	✪ Assist Bridge Parent(s) in welcoming Birth Parent(s) to the home
✪ Have Birth Parent(s)/Bridge Parent(s) work on Life Book together	✪ Empower Birth Parent(s) to set limits and boundaries regarding contact and visitation
✪ Schedule regular and frequent visitation	✪ Allow Birth / Bridge Parent(s) to schedule visitation
✪ Encourage Birth Parent(s) to permit Bridge Parent(s) to call the home	✪ Encourage post reunification contact
✪ Serve as liaison between Birth and Bridge Parent(s)	✪ Suggest that Bridge Parent can provide respite care after reunification

Each of these stages of continuum of contact involves an increased degree of personal contact. This list is for Bridge Parents to ease passage through stages.

A CONTINUUM OF CONTACT FOR PARENTS

A CONTINUUM OF CONTACT FOR PARENTS

<ul style="list-style-type: none"> ★ Send cards/letter to child(ren) at foster home via social worker 	<ul style="list-style-type: none"> ★ Include Bridge Parent(s) in visitation Activities
<ul style="list-style-type: none"> ★ Send family pictures to child(ren) via social Worker 	<ul style="list-style-type: none"> ★ Do not make unrealistic promises to child
<ul style="list-style-type: none"> ★ Attend all visits/meetings 	<ul style="list-style-type: none"> ★ Avoid giving child a specific date for Reunification
<ul style="list-style-type: none"> ★ Attend all classes/appointments 	<ul style="list-style-type: none"> ★ Invite Bridge Parent(s) to your home
<ul style="list-style-type: none"> ★ Plan specific activities for visits 	<ul style="list-style-type: none"> ★ Phone child(ren) at Bridge home
<ul style="list-style-type: none"> ★ Remember child(ren's) birthday and holidays 	<ul style="list-style-type: none"> ★ Invite Bridge Parent(s) to child(ren's) birthday party
<ul style="list-style-type: none"> ★ Write down info about child(ren's) such as diet, routine habits, etc. 	<ul style="list-style-type: none"> ★ Discuss case plan progress with Bridge Parent(s)
<ul style="list-style-type: none"> ★ Send medical/school/etc. records to Bridge Parent(s) via social worker 	<ul style="list-style-type: none"> ★ Review child(ren's) behavior with Bridge Parent(s)
<ul style="list-style-type: none"> ★ Encourage child(ren) to cooperate with placement 	<ul style="list-style-type: none"> ★ Invite Bridge Parent(s) to attend parenting class with you
<ul style="list-style-type: none"> ★ Share critical cultural information with Bridge Parent(s) 	<ul style="list-style-type: none"> ★ Ask Bridge Parent(s) for help in locating community resources
<ul style="list-style-type: none"> ★ Discuss child(ren's) activities with Bridge Parent(s) at visits 	<ul style="list-style-type: none"> ★ Include Bridge Parent(s) in child(ren's) return home
<ul style="list-style-type: none"> ★ Share family information with Bridge parent 	<ul style="list-style-type: none"> ★ Visit child(ren) in Bridge home
<ul style="list-style-type: none"> ★ Arrange phone calls from child(ren) 	<ul style="list-style-type: none"> ★ Work with Bridge Parent(s) on discipline Problems
<ul style="list-style-type: none"> ★ Develop positive relationship with Bridge Parent(s) 	<ul style="list-style-type: none"> ★ Call Bridge Parent(s) for help with parenting problems

<p>☹ Talk w/ Bridge Parent(s) at agency meetings</p>	<p>☹ Allow child(ren) to keep in contact w/ Bridge Parent(s) after reunification</p>
<p>☺ Give Bridge Parent(s) your home phone Number</p>	<p>☺ Work w/ Bridge Parent(s) to solve school problems</p>
<p>☺ Attend school meetings w/ Bridge Parent(s)</p>	<p>☺ Include Bridge Parent(s) in holiday celebrations</p>
<p>☺ Help develop child(ren's) Life book</p>	<p>☺ Show appreciation to Bridge Parent(s) ☺ Offer to take child(ren) to appointments for or w/ Bridge Parent(s)</p>

Each of these stages of continuum of contact involves an increased degree of personal contact. This list is for social workers to ease passage through stages.

A CONTINUUM OF CONTACT FOR SOCIAL WORKERS

A CONTINUUM OF CONTACT FOR SOCIAL WORKERS

✧ Encourage exchange of information between Birth Parent(s) and Bridge Parent(s)	✧ Set clear boundaries for contact
✧ Have Birth/Bridge Parent(s) exchange pictures	✧ Facilitate the development of a collaborative relationship between the Birth Parent(s) and Bridge Parent(s)
✧ Talk positively about Birth Parent(s) to Bridge Parent(s)	✧ Participate in visitations
✧ Arrange phone contact between Bridge Parent(s) and Birth Parent(s)	✧ Talk openly with Birth / Bridge Parent(s) about their concerns
✧ Share all information with Birth Parent(s) And Bridge Parent(s)	✧ Help Bridge Parent(s) to understand the Birth Parent('s) problems
✧ Encourage Bridge Parent(s) to host sibling visits	✧ Encourage Bridge Parent(s) to transport the child(ren) to home
✧ Exchange monthly progress reports with Birth Parent(s) and Bridge Parent(s)	✧ Assist Birth Parent(s) welcoming Bridge Parent to the home
✧ Serve as positive role mode to Birth Parent(s) and Bridge Parent(s)	✧ Permit Bridge Parent(s) to invite Birth Parent(s) to attend all appointments
✧ Assist Bridge Parent(s)/ Birth Parent(s) in understanding cultural differences	✧ Encourage Bridge Parent(s) to allow Birth Parent(s) to call Bridge home
✧ Insure the Birth/ Bridge Parent(s) attend agency meetings	✧ Assist Birth/Bridge Parent(s) in managing conflict
✧ Facilitate conversations between Birth / Bridge Parent(s)	✧ Assist Bridge Parent(s) in welcoming Birth Parent(s) to the home
✧ Have Birth Parent(s)/Bridge Parent(s) work on Life Book together	✧ Empower Birth Parent(s) to set limits and boundaries regarding contact and visitation
✧ Schedule regular and frequent visitation	✧ Allow Birth / Bridge Parent(s) to schedule visitation
✧ Encourage Birth Parent(s) to permit Bridge Parent(s) to call the home	✧ Encourage post reunification contact
✧ Serve as liaison between Birth and Bridge Parent(s)	✧ Suggest that Bridge Parent(s) can provide respite care after reunification