

## A Community Group's Guide to Supporting Foster or Adoptive Families



The following is an overview for how to guide a family in a small group in their decision to foster or adopt and support them through the journey along with some quick do's and don'ts, a glossary of terms, and some organizations who can help.

### The Decision

When a family is deciding to foster or adopt, there are five paths to weigh and three common motivations to explore that require clarification on the part of the family with the small group. As a small group, help the family clarify their path, ensure their motivation is appropriate, and keep them accountable to the integrity of the process.

Paths to Foster or Adopt:

- **Foster Care** – the purpose of foster care is to restore a family disrupted in child abuse or neglect due to addiction, violence, poverty, mental health, etc. While children under the age of 5 make up roughly 40% of the population in foster care, 85% of foster families limit themselves to care for this population of children. There are numerous resources and financial helps to support and reimburse foster families in caring for children. Approx. cost ~ \$250 (covers TB test, FBI fingerprinting, home fire inspection, etc.) Approx. time to begin ~ 4-6 months, Average Stay of a Child ~ 7-9 months
- **Adoption from Foster Care** – children in foster care who aren't able to be reunified with their biological parents or placed with relatives have their parental rights terminated and become available for adoption. While children under the age of 5 do become available for adoption, they typically are adopted by their foster parents while children over the age of 6, children in sibling groups, those with primary medical needs, and black children often linger in foster care many of whom never get adopted. Open adoption (i.e. communication with birth parents) is encouraged. There are numerous resources and financial helps to support and incentivize families adopting children from foster care. Approx. cost ~ \$0- \$1,000 although 80% of children adopted from foster care qualify for a subsidy until they turn 18 (or 22 in some cases) where the adoptive family receives up to \$400/month, Medicaid, and college tuition at a public institution Approx. time to begin ~ 4-6 months, Approx. time until Adoption ~ 2 years
- **Private Infant Adoption** – roughly 18,000 infants are placed for adoption from an unplanned pregnancy in the United States every year. Adoptive couples are required to obtain a home study and typically work through an agency to present them to a birth mother. Adoption laws vary by State, and mothers retracting their decision to place their child for adoption is common. Open adoption is encouraged. Approx. cost ~ \$8,000 - \$15,000 Approx. time until Adoption ~ 18 months to 2 years

- **International Adoption** – while millions of children are available for adoption across the world, international adoption has decreased dramatically in the past decade due to international laws standardizing adoption practices. Prospective adoptive couples identify an agency that works in the country they hope to adopt from and follow some of the same required steps as other paths to adoption. Once a match to a child is made, the couple may be required to travel and stay in-country multiple times before the child can come home with them. Open adoption is less common, but often sought by adoptees.

Approx. cost ~ \$15,000 - \$45,000 (travel costs vary widely)

Approx. time until Adoption ~ 2-3 years

- **Embryo Adoption** – while adopting an embryo is the least common path to adoption, there are hundreds of thousands of frozen embryos suspended and waiting. Adopting an embryo is more like a transfer of property than adopting a child. However, once the transfer has been made, the process involves the range of IVF services. The CDC states the national average birth rate for embryo adoption is 40 percent.

Approx. cost ~ \$8,000 - \$10,000

Approx. time to begin ~ 12-18 months (includes 9 months of pregnancy)

Motivations:

- **Grow the Family** – a large percentage of adoptive (and fostering) couples express growing their family as their primary motivation due to infertility. Some may nuance this motivation with Scripture related to “caring for orphans” or the needs of children waiting to be adopted. As a small group, ensure a family has resolved issues related to infertility or an adopted or foster child filling the void of a biological child.
- **Meet a Need** – another large percentage of couples will express their primary motivation is due to meeting the need. An underlying issue is a “savior mentality” approach where a child is being rescued. As a small group, ensure a family understands foster care nor adoption equal or guarantee salvation, and foster care and adoption are about children and families- not a ministry.
- **Obey the Bible** – a small percentage of couples will express their desire to be faithful to who we are as Christians by obeying the Scriptures. As a small group, ensure a family is not just dutiful but resonates with God’s heart for children to belong in families.

Questions to Ask:

- **What has influenced you to consider foster care or adoption?**
- **What is your primary motivation?**
- **What do you anticipate fostering or adopting will be like? (i.e. How will it impact you? Your marriage? Children already in the home? Your work? Your routines?)**
- **(For couples with children in the home) What do your kids think?**

- **(For couples experiencing infertility) How have you resolved your experience with infertility?**
- **What approach within foster care and adoption are you most interested in?**
- **Are you physically, emotionally, spiritually, and financially in a place to take this step? If yes, share more details. If not, how can we help you?**
- **Who are 4 people you can depend on to support you? Who are 2 people who can provide babysitting or respite for you? Have you contacted them yet?**

Once a family is licensed, an agency may contact them at any time regarding a specific child or children to foster or adopt. In foster care, there will not be time for your Community Group to provide discerning wisdom before the couple agrees to a placement. Therefore, once the decision by the couple is made to foster or adopt, have a conversation with them regarding what age, race, level of need, gender, or any other dynamics (i.e. same age as children already in the home also known as “artificial twinning”, open adoption, siblings, etc.) they are considering, and insist they seek counsel from families who have fostered or adopted children from similar situations. If they choose to broaden the scope for which children they might consider, insist they seek more insight from agencies and experienced couples to process through the dynamics involved in caring for those children.

The decision to foster or adopt ultimately rests with the couple, however if the couple decides to move forward whether the small group affirms that decision or not, identify a *Care Circle Coordinator* and contact [familyrestoration@watermark.org](mailto:familyrestoration@watermark.org) to briefly summarize the decision process and any concerns. For more information regarding *Care Circles*, go to the next section on Support.

## **The Support**

When a family is fostering or adopting, isolation is one of their greatest enemies and the experience requires a community that can be flexible and equipped to provide or impose help as needed. Family restoration at Watermark helps families establish a *Care Circle* to support families throughout the foster care and adoption journey. Here are some great ways to help a foster or adoptive family.

- **Normalcy** – caring for a foster or adopted child (especially when the child has been neglected, abused, malnourished, and even experienced trauma en utero) is not an experience most of us understand, however foster/adoptive families need similar experiences to those of their non-fostering/adoptive peers. Phone calls, play dates, conversations that don't involve child-rearing, self-care, friendship, etc. Also, be cognizant regarding conversations about child birth, breastfeeding, etc. because many foster and adoptive families experience infertility and that conversation may be a source of pain for them.
- **Respite** – respite encompasses a range of childcare alternatives from babysitting to 2 weeks of a child in foster care being in another home. Every family utilizes babysitting in one way or another, but if a child in the home has a background of trauma or is in foster care, caretakers need an extra amount of awareness/training to ensure parents can invest in their marriage or self-care. For foster families, respite is discouraged to be used for family vacations. Sometimes taking one or two children may be helpful as opposed to taking all the children so a parent can focus on or work with just one child at a time. Also, simply being able to be present in the home with the parent and child(ren) can be an incredible support to avoid isolation.
- **Meals** – for the first week or two following a foster placement or adoption, a family can benefit from meals being provided much like a family bringing home a biological child after labor and delivery. Meals should be prepared to make them easily consumable with limited clean up. Avoid using dishes or containers that have to be washed & returned.
- **Parenting Advice** – foster/adoptive parents often turn to non-foster/adoptive parents to vent or seek counsel regarding the behaviors they're seeing in a child. Sympathy, encouragement, and reminders for why the family chose to foster or adopt are helpful. If specific issues arise you feel unable to address, direct the parent(s) to a support group for foster/adoptive families and/or other foster/adoptive families who can speak to those unique parenting issues or contact family restoration (familyrestoration@watermark.org).
- **Tangible Helps** – cribs, bunk beds, and any other furniture or equipment may have to be put together or setup when a child joins a family. Lawn and home maintenance can also become an added burden when a child joins the family early on. Drywall repair for

children with severe trauma is a needed skill and can be a critical point of relief when an incident occurs or crisis erupts.

- **Crisis Advocacy** – in some instances, children will struggle to cope with their feelings towards their past trauma or adoption. These feelings and thoughts are always the underlying need to be addressed for any physical expression (i.e. running away, physical violence, cutting, fecal smearing, etc.). When crisis arises, *Family Crisis Advocates* with family restoration can help a *Care Circle* identify professional mental health and family counseling resources as well as establish a plan to restore the child and family and find some stability or new normal they can operate in until they are able to thrive again. Disruption/dissolution (returning the child to the State's care) is very rarely the appropriate response so your Community Group can and should reach out to family restoration to request a *Family Crisis Advocate* for help. Lastly, a family may have adopted years ago, but that does not mean they're resistant to crisis. Their need for support may be dormant for years after the initial changes to the family, and a change in life stage or other event sparks a crisis.

Questions to Ask:

- **How is your marriage? When was your last date?**
- **When is the last time you had one-on-one time with each child in your home?**
- **Is there a time of day that it would be more helpful for both spouses to be present when kids are home?**
- **How is this impacting your family financially? How can we help?**
- **What days would be best to help pick-up or drop-off kids at school?**
- **When does your foster/adopted child have ARDs, therapies, or other services where we can be present to advocate for you and them?**
- **When is your foster child's weekly visits with their parent(s)? Can we help transport or care for your kids while you transport?**
- **How have you reached out to your child's birthparents and encouraged reunification/openness? How can we encourage your child's birthparents?**
- **Has our group said or done anything to discourage you that you could help us learn from to better support you?**

If your Community Group is struggling to support a family, reach out to their *Care Circle Coordinator* for the family or [familyrestoration@watermark.org](mailto:familyrestoration@watermark.org) for help. We believe Community Groups are the best resource foster and adoptive families have to flourish as a family so embrace your role by faithfully supporting them throughout their journey.

## **Do's and Don'ts**

- **Do promote family restoration and openness in foster care/adoption. Don't assume birthparents are the enemy or don't love their children.**
- **Do impose help on a family when they are having a hard time and help them make a plan to address issues. Don't assume they'll figure it out.**
- **Do ask good and hard questions and be open to correction. Don't be afraid to say the wrong thing.**
- **Do make sure both husband and wife are a "green light" in the decision to foster or adopt. Don't promote the idea they are "called", "saints", or other spiritual "isms".**
- **Do encourage your group members to watch videos related to child trauma and foster/adoptive parenting at EmpoweredtoConnect.org and the I.D.E.A.L. response. Don't remain uninformed about the needs of children with trauma and their families.**
- **Do help your children understand how they can be an encouraging peer to a foster/adopted child. Don't just let the adults handle it.**
- **Do use labels like "adopt a waiting child", "vulnerable child" or "child with trauma", "biological/birth parent", "drug exposure", or "your biological child". Don't use labels like "foster to adopt", "foster kid or orphan", "real parent", "crack baby or drug addicted", or "your own child".**
- **Do celebrate foster placements and adoptions while being mindful of the need for a child to acclimate to their new family. Don't overwhelm a family initially and disappear when times are hard.**
- **Do be aware that a child in foster care has likely been exposed to drugs, physical abuse, four letter words, sexual activity, hunger, and poverty. Don't let your curiosity get the best of you and ask questions that dishonor their privacy, dignity, or loyalty to their biological family.**

## **Glossary of Terms**

***US Department of State*** – the federal government’s entity responsible for overseeing intercountry adoptions (<https://travel.state.gov/content/travel/en/Intercountry-Adoption.html>)

***Department of Family & Protective Services (DFPS)*** – the State of Texas’ agency responsible for overseeing contracts with service providers and implementing laws regarding child and adult protective services (<http://www.dfps.state.tx.us>)

***Child Protective Services (CPS)*** – the division within DFPS responsible for child welfare services including prevention efforts, investigations and removals, child placement, parenting service plans, reunification, kinship providers, adoptions, post-adoption services, and emancipating foster youth

***Child Placing Agency (CPA)*** – private organizations contracted with the State to recruit, develop, and provide foster and/or adoptive homes for children

***Conservatorship (CVS)*** – a term used to denote who is legally responsible for a child’s care (i.e. guardian), also recognized as a unit within CPS that oversees a child’s case once placed in foster care. Note: In the case of foster care, the State is the conservator not the foster parent.

***Complex Trauma*** – layers of trauma or multiple events related to abuse or neglect a person experiences that is prolonged and repetitive (i.e. drug exposure, physical abuse, poverty, hunger, removal into foster care or placement in an orphanage).

***Reactive Attachment Disorder (RAD)*** – a disorder caused by a lack of attachment to caregiver(s) due to neglect or lacking continuity in care resulting in a disorganized attachment style by the child (i.e. difficulty reciprocating affection, showing compassion for others, etc.)

***Sensory Processing Disorder (SPD)*** – a disorder where multisensory integration is not adequately processed to provide appropriate responses resulting in hypersensitivity to tactile or audible stimuli.

***Dossier*** – a collection of forms and documents provided to the country of origin a family is adopting from which represents the family’s intent to adopt and legal status

***Hague*** – a set of international standards agreed to by many countries which include intercountry adoption policies that have resulted in more integrity in the process but staggeringly slow adoptions

***Permanent Managing Conservatorship (PMC)*** – when CPS cannot terminate a parent’s rights but it is unsafe to return the child to their care, they may offer a foster parent or kinship

provider PMC which is more like guardianship than adoption and lacks some of the benefits of adoption

***Transracial*** – when a foster/adopted child or a foster/adoptive parent don't share the same ethnic background which is fairly common in foster care and adoption

***Disproportionality*** – when a ethnic group of children are overrepresented in the foster care or waiting for adoption populations compared to that same ethnic group's representation in the general population

***Court Appointed Special Advocates (CASA)*** – volunteers who represent the best interest of a child in foster care to the court through regular visitation and advocacy while the child is in foster care

***Attorney ad Litem (AAL)*** – an attorney appointed by the county of origin a child is removed from who represents a child's legal interests in court (i.e. an AAL is aware of and speaks to the reunification, placements, or adoption while a child is in foster care)

***Guardian ad Litem (GAL)*** – often a CASA or AAL will be the GAL who represents a child's best interests which is differentiated from their legal interests in court

***Play Therapy*** – a therapeutic method utilizing play to help children communicate their neglect, abuse, needs, and healing (Note: variations of play therapy involve parents in the role of the therapist)

***Occupational Therapy*** – a form of therapy focused on rehabilitation toward activities required for daily function



## **Agencies and Organizations**

The following are organizations a Community Group can reference and refer families to for help.

**CK Behavioral Health** (<https://www.ckfamilyservices.org/programs-and-services/behavioral-health/>) – in-home behavioral health services building coping skills for children with complex trauma

**Christian Works** (<https://www.christian-works.org>) – a private domestic adoption agency that specializes in counseling services for children and adults dealing with grief & adoption

**Therapy 2000** (<https://www.t2000.com>) – provides a variety of therapies in client homes to address developmental delays in children

**NewDay Services** (<https://www.newdayservices.org>) – a prevention program working with birthfathers and birthmothers to build parenting skills leading toward reunification

**Early Childhood Intervention** (<https://hhs.texas.gov/services/disability/early-childhood-intervention-services>) – therapeutic services provided to children under the age of 3

**ABBA Fund** (<http://www.abbafund.org>) – a no-interest loan or grant providing organization Watermark works through to financially support adopting families

**TCU's Child Development Institute** (<https://child.tcu.edu>) – the developers of the Trust Based Relationship Intervention (TBRI) model with a myriad of local practitioners

**Empowered to Connect** (<http://empoweredtoconnect.org>) – an online resource with videos from the late Dr. Karyn Purvis and others addressing needs of children with trauma and their families

**Children's Foster Care Clinic** (<https://www.childrens.com/specialties-services/specialty-centers-and-programs/foster-care>) – a comprehensive medical clinic for children in foster care addressing mental, emotional, physical, and behavioral health needs

There are a litany of books, podcasts, and families within Watermark to help foster and adoptive families that can be reached through the family restoration webpage or email.