

# Safe Babies Foster Parent Training Program

## **Module 4: Partnership with Birth Families**

# Learning outcomes:

- To discuss strategies that are helpful in developing and maintaining communication with birth families of infants
- To understand grief and loss for parents whose infants are in foster care
- Discuss visitation and access considerations that are recommended for infants with prenatal substance exposure
- Increase awareness of Aboriginal views of children and cultural care and parenting practices specific to infancy
- Be aware of local community resources for birth families
- Discuss support of birth parents with FASD

# Advantages and ways of involving family

- Form groups of 3-4
- Discuss and record advantages of involving family
- Discuss and record some possible ways of involving family
- Come together to report back

# Advantages of involving the child's family:

- Maintains and supports the parent-child relationship and connections to family
- Improves the parent's self-esteem
- Parents provide information about the child
- Allows foster parents to model parenting skills
- Helps the child in the transition to return home
- Provides an opportunity to make realistic plans for reunification or adoption
- Lets the child's parent know that their role and relationship with the child is recognized and valued

# Ways of involving the child's family

- Communication book, life book
- Staying in touch around milestones, important dates
- Including in health and therapy visits
- Setting up a phone contact schedule
- assisting in arranging visits
- Asking for input on parenting issues, especially if the plan is reunification



# Understanding birth family grief

Much of the behavior that pains and puzzles foster parents can be understood when it is viewed in the context of the grieving process that parents go through when they lose their child.



# Stages of grief and loss

- Shock and denial
- Anger and protest
- Bargaining
- Depression
- Resolution

# Shock and denial

- Parents are in disbelief
- Words people are saying don't sink in
- Feel like they are sleepwalking
- “Oh no, it can't be true”



# Anger and protest

- Grief shows itself more physically
- Behaviors may include screaming, shaking, crying or swearing
- Parents may have insomnia, headaches and exhaustion
- May blame others
- May refuse to do anything because they feel it may admit guilt
- “It’s not fair, it shouldn’t have happened”

# Bargaining

- May promise social worker anything without understanding what they promised
- Cry and plead for another chance
- “If only he could come back I would do anything”

# Depression

- May feel hopeless
- Give up trying to reunite with their children
- “I don’t know how I am going to go on”



# Resolution

- Things start to settle down
- Occurs sooner if parents have an ally such as the social worker and the foster parent
- Recognize need for change and begin to move ahead
- Regain appetite, sleep through night, think more clearly
- “I don’t understand it but I must go on”

# How would grief and loss be affected by:

1. Continued Substance Use
2. Mental Health Issues – depression, postpartum depression, anxiety
3. Parent Relationship that includes intimate partner violence
4. Poverty

# The health and well being of Aboriginal families in BC

- Major Health Disparities
- Largely influenced by socio-economic and environmental factors (such as poverty, lower education attainment, substandard housing)

# Aboriginal children in foster care:

- In BC, approximately half the children in care are Aboriginal even though they comprise 8% of the population.
- In the second half of the 1990s, there was a 70% increase in removals.
- Over 10% of Aboriginal children are in care (compared to 0.5% of non-Aboriginal children).
- The primary reason for foster care is neglect (resulting from poverty, inadequate housing and substance misuse)
- Most children are cared for in non-Aboriginal homes (3 out of 4).

# Areas of support to consider when caring for Aboriginal children..

- Knowledge of traditional Aboriginal parenting in your community
- Accessing the supports and information offered from delegated aboriginal agencies
- Inclusion of the extended family in planning
- Using a holistic approach to supporting the children and family
- Understanding the challenges Aboriginal children face



# Challenges for Aboriginal mothers and babies:

- Less access to prenatal care and support, especially in rural areas
- Higher teen birth rate (7 times higher than other Canadian teenagers)
- Higher infant mortality rate (3 to 7 times the national average)
- Higher prematurity and low birth weight rates (2 times the average)

# Working with birth parents

- Non-judgmental approach
- Honesty
- Respect
- Cultural safety
- Inclusion of parents as partners  
(also according to their wishes  
and abilities)
- Support of their relationship with  
infant



# Local community resources:

- Within the health care system
- Within social services
- Aboriginal support agencies
- Through community agencies
- What are you aware of?

# Supporting parents with FASD:

(Rutman )

- Modifying our expectations of parents in line with their developmental age
- Reframing our interpretation of behaviours
- Using concrete language and visual cues
- Making accommodations in parent teaching
- Other suggestions from group?

# Reflection

*Do you have any questions or comments that you would like to share with the group?*



*Thank you for  
participating.*



*Please remember to complete  
your evaluation form.*