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# Relative Placement Guide for Caseworkers

*This information packet has been written for caseworkers at the South Carolina Department of Social Services who are involved in placement decisions for abused and neglected children. The packet was prepared by the Children's Law Office (CLO) of the University of South Carolina School of Law.*

## I. Introduction

Research demonstrates that abused and neglected children who need out-of-home placement and who are placed with relatives are more successful and stable than children who are placed with strangers. Children in relative placements have fewer behavioral and academic problems and experience better physical and mental health than children who are living with strangers. Additionally, children who are placed with foster care providers who are related to them have a greater likelihood of living close to their homes of origin and schools, and remaining culturally connected. These children are also better able to maintain connections to their family members and are more likely to be placed with siblings.

Both state and federal laws favor placing abused and neglected children in the homes of relatives when these children are in need of out-of-home placement. This information packet provides an overview of various relative placement alternatives that caseworkers should consider when making placement decisions within the Department of Social Services (DSS); addresses the challenges associated with relative placement; recommends to caseworkers what should be considered in their assessments of relative placements; and suggests ways in which relatives should be integrated in the case planning process to achieve permanency for abused and neglected children.

## II. Types of Placements

Generally, abused and neglected children who need out-of-home placement may be placed with relatives for one of the following purposes: (1) to prevent placement in foster care, (2) for foster care or kinship care, or (3) for custody or guardianship. Following is an explanation of each of these placement alternatives.

## Preventing Placement in Foster Care

During an investigation of abuse or neglect, DSS may determine that a child has been harmed or is at risk of harm and needs placement outside the parents' home. In these cases, before seeking to have the child removed and placed in foster care, if possible DSS must make reasonable efforts to place the child in a relative's home or in some other home that is familiar to the child. To avoid placing the child in DSS custody during the investigation, DSS may ask the child's parents to agree to a safety plan.

The purpose of the safety plan is to reduce the risk of harm to the child during the investigative period, while also sparing the child the emotional impact of removal from his family during this time. A safety plan might state that DSS and the parents agree to place the child with a relative during the investigation.

The relative should understand the duty to protect the child and should be fully informed about what protection of the child means in a particular case. Perhaps the relative may be required to supervise visitation between the child and his parents during the investigation, or, if necessary, the relative may be required to protect the child from any contact with the parents during the investigation.

The caseworker must be careful in preparing the safety plan to ensure that the plan does not contravene any existing court orders affecting the rights of the parents and the child. For example, the safety plan should not restrain contact between a parent and child when the family court has issued an order allowing that parent to visit with the child on alternating weekends. The safety plan could only modify this parent's visitation rights if the parent consents to the modification. The safety plan should be signed by a DSS employee, who is usually the caseworker investigating the report of abuse or neglect. The safety plan should also be signed by any adults who will be affected by the plan, including the child's parents and the relative who will accept placement.

The safety plan is not a court order, but everyone who signs it should be willing to cooperate with the plan. If the child's parents or the relatives who agree to care for the child fail to follow the safety plan, it may become necessary to seek emergency removal of the child from the home.

South Carolina law allows law enforcement officers and family court judges to take a child into emergency protective custody when there is probable cause to believe the child's life, health, or physical safety is in imminent and substantial danger. A caseworker may achieve emergency removal of a child by contacting law enforcement or by having agency counsel petition the family court for emergency removal of a child by *ex parte* order.

Being taken into emergency protective custody can be a very traumatizing experience for a child. Therefore, even after a child is taken into emergency protective custody, in most cases, DSS should continue its efforts to reduce the emotional impact of the child being removed from his parents and other family members. Although the child may be temporarily placed in a foster home or shelter,

unless it is contrary to the child's welfare, DSS must make reasonable efforts to preserve the family and to reunify the child with his family. If it is not possible to make reasonable efforts to preserve the family and to reunify the child with his family or if it is contrary to the child's welfare to make reasonable efforts to preserve and reunify the family, DSS must be able to explain to the court why reasonable efforts were not possible or were not appropriate.

Within the first 24 hours after the child's placement in emergency protective custody, DSS must begin an investigation to determine whether the child can safely return to his parents or whether it is possible to place the child in the care of a relative. During this time, if possible, DSS schedules a meeting with the child's parents, relatives, and other significant persons to discuss the reasons why the child was taken into emergency protective custody and to discuss the possibility of returning the child to the parents or placing the child with a relative.

Before agreeing to place a child in the home of a relative, DSS conducts a background check of the relative and all adults living in the relative's home. The background check involves reviewing the Central Registry of Child Abuse and Neglect and other DSS records, county sex offender registries, and various criminal records. DSS must not agree to place a child with a relative if the background check suggests that the child might be abused or neglected if placed in the relative's home. In addition, if the child was taken into emergency protective custody by a law enforcement officer, the child cannot be placed with the relative unless the law enforcement officer agrees with the placement.

Ordinarily, within 72 hours of a child being placed into emergency protective custody, there will be a probable cause hearing in family court. However, if within the first 24 hours DSS has arranged to place the child in the care of a relative, there need not be a probable cause hearing. DSS may keep the child in its care for a period of time to allow the relative to make travel and other arrangements to accept placement of the child.

If DSS is unable to identify a relative to accept placement of the child within the first 24 hours after the child is taken into emergency protective custody, there must be a probable cause hearing in family court. At the probable cause hearing, the family court decides whether it was reasonable for law enforcement to take the child into emergency protective custody and whether the child should remain in DSS custody or be returned to his parents.

The court may decide that the child should not be placed back in his parents' home and may order DSS to place the child with a relative as soon as possible. Again, before placing the child with a relative, DSS is required to check the background of the relative and all adults living in the relative's home. In addition to the background check, the court may require a full home study of the relative. The court may even require the relative to be licensed as a foster parent before placement.

## Foster Care

Unless there is good cause for not doing so, when a child is removed from his parents, the family court must give preference to placing the child with a relative or other person who has a caring relationship with the child. A relative who is willing to accept placement of a child who is in DSS custody may become licensed to provide foster care. Prior to placement, the relative must complete the foster parent licensing study required by DSS rules and regulations.

South Carolina law also establishes a kinship foster care program. Relatives who are related within the first, second, or third degree to the parent or stepparent of a child, through blood, marriage, or adoption may be eligible to become kinship foster parents. The relative must be at least 21 years old, except that if the relative's spouse or partner is at least 21 years old and the relative is between the ages of 18 and 21, DSS may waive this requirement.

When DSS decides that it is in the child's best interest to be placed with a relative for foster care, DSS must explain to the relative the process for becoming a licensed foster parent. Also, if the relative expresses an interest in providing placement for a child who is in foster care and the relative is not already a licensed foster parent, DSS must explain to the relative the procedures for becoming a licensed foster parent. In addition, DSS must assist the relative in the licensing process and must inform the relative of payments and other services that are available to kinship foster parents.

To be licensed as a kinship foster parent, the relative must also be willing to undergo a complete foster parent licensing study as required by DSS rules and regulations. In addition, all adults living in the relative's home are subject to state and federal fingerprint review. The licensing study for kinship foster care is essentially the same as that required for nonrelative foster care.

The foster parent licensing study requires the relative to complete an application to become a licensed foster parent. DSS makes a decision regarding the application within 120 days of receiving the application. Generally, the license to be a foster parent is valid for two years from the date that the license is issued.

The licensing study ensures that the relative cooperates fully with all licensing requirements, establishes whether the relative thoroughly understands the purpose of foster care, and determines the relative's ability to provide quality foster care. All members of the household over the age of six must be interviewed and assessed individually, and the entire family must have at least one interview.

The licensing caseworker will assess the family history, relationships, parenting experiences, and coping ability. The caseworker will also gather information concerning the family's educational background, work history, and quality of health. The home environment and community resources will be assessed, and the caseworker will want to ensure that income is reasonably secure and not dependent upon foster care board payments. The assessment study includes an examination

of child protective services records, the Sex Offender registry, and SLED and FBI background checks.

The licensing caseworker, State Fire Marshal authorities, and health authorities will inspect the relative's home. After initial licensure, annual fire inspections are required and additional health inspections may be required as needed.

The relative and all household members must be willing to reveal whether they have had mental health treatment or treatment for drug or alcohol abuse. The licensing caseworker will consult with the appropriate therapist, counselor, or physician, and use the information gathered to assess risk to the child. The licensing caseworker is also entitled to request that the relative or any household member undergo a psychological evaluation during the assessment process.

Relatives must provide DSS with at least three letters of reference. DSS may, in its discretion, request additional references.

After reviewing the licensure study, DSS will determine whether the child should be placed with the relative. DSS need not return to family court to obtain a court order before placing the child in the relative's home for foster care. After DSS issues a license to provide foster care, the relative and her household members will be studied for renewal every two years. DSS, may revoke a license to provide foster care if the relative fails to maintain licensing standards or if the agency otherwise determines that it is harmful to the child to remain in relative placement.

In general, relatives must cooperate with the same screening process to become licensed foster care parents as nonrelatives, but DSS may waive non-safety elements of the process if deemed appropriate. However, safety elements, such as child protective services history and state and federal criminal background checks cannot be waived.

Relative foster parents must be willing to cooperate with the requirement that a DSS caseworker have regular face-to-face contact with the child and the foster parent while the child is placed in the relative's home. Relative foster parents should be informed that the purpose of the home visit is for the caseworker to assess the child's needs and adjustment to living in the relative's home.

At least once per month, the child's caseworker must have a face-to-face interview with the child and with the foster parent in person or by phone. At least once every two months, the caseworker must interview the foster parent in person during a visit to the foster home. The caseworker must have a face-to-face interview with other adults living in the home at least once every quarter. It is the foster parent's responsibility to notify the caseworker if an adult moves into the home, and the caseworker must conduct a face-to-face interview with this adult within one month of such notification.

Relative foster parents should be encouraged to attend all Foster Care Review Board proceedings. If the foster parent cannot attend the proceedings, the foster parent will be expected to submit a progress report to the Office of the Governor, Division of Foster Care Review, at least three days before the proceedings.

### **Custody and Guardianship**

The family court may grant custody or guardianship to a suitable, fit, and willing relative upon finding that returning the child to the parents is not in the child's best interest and that termination of parental rights is not in the child's best interest. The family court may grant custody or guardianship to a relative at the conclusion of a probable cause hearing, or at a removal (merits) hearing, a judicial review hearing, or a permanency planning hearing. A relative may be granted custody or guardianship even if the child's case plan is to return home at some time in the future. Before recommending that a relative be granted custody or guardianship of a child, DSS must provide the family court with a home study of the relative's home. The court may also order a trial period of placement or visitation before the home study is received and before the relative is granted custody or guardianship.

A relative who is granted custody of a child is responsible for the care and control of the child. The relative has the right to make decisions about where the child will live and must provide the child with food, clothing, education, supervision, and emergency medical care. Generally, the child's biological parents maintain the right to make decisions that are of substantial legal significance to the child, for example, the right to consent to marriage, the child's enlistment in the armed services, and non-emergency medical care, unless the court order granting custody to the relative gives these rights to the relative.

When the family court gives a relative guardianship of a child, the relative has the same rights and responsibilities she would have if the relative were granted custody. In addition, the relative may make decisions on the child's behalf that are of greater legal significance, for example, consenting to marriage, the child's enlistment in the armed services, emergency and non-emergency medical care, and representing the child in legal actions.

The family court may decide that it is not in the child's best interest to be returned to the parents, grant custody or guardianship to a relative, and close the case. If the case closes with the relative having custody or guardianship of a child, the parents can only regain custody by family court order.

### **Termination of Parental Rights and Adoption**

There are times when DSS will decide that it is in a child's best interest not to return a child to his parents and will petition the family court to terminate the parents' rights. The family court may terminate parental rights for a variety of reasons, including, but not limited to, a parent's failure to correct the causes of abuse or neglect that led to the child's removal from the home, a parent's failure to visit or support a child who is living outside the parent's home, abandonment, and failure to overcome addiction to drugs or alcohol. In addition to DSS, any interested person, including the relatives of

a child in foster care, may petition the family court to terminate parental rights. When a parent's rights are terminated, that parent is no longer legally the child's parent. The parent has no legal rights, responsibilities, or obligations to the child and, unless the parents appeal the order terminating parental rights, the child is free for adoption.

A relative may seek to adopt a child whose parent's rights have been terminated by the family court. Both married and single individuals may adopt, and one need not be wealthy to adopt. In addition, children of all ages may be adopted. Adoption creates the parent-child relationship between the relative and the child. An adopted child is entitled to the adoptive parents' social security, health benefits, and any inheritance. Adoption is the most permanent living arrangement that a child who cannot return home to his parents can achieve.

### **III. Resources and Services Available to Caregivers**

#### **Resources and Services Available to Relative Foster Parents**

Relative foster parents who have a child placed with them are entitled to receive payment for the full foster care rate for the care of the child and any other benefits or services that might be available to non-relative foster parents. These benefits include a monthly board payment for the care of the child, a quarterly clothing allowance, and an allowance for non-routine school expenses. A child placed in the foster home of a relative would also be eligible for Medicaid. If the child is physically, mentally, or emotionally disabled, he may be eligible for Supplemental Security Income (SSI). If child care is needed, DSS must pay for child care in accordance with established procedures for payment of child care for children in foster care. The child is also entitled to receive child support payments from the biological parents unless parental rights have been terminated by the family court.

DSS will also provide support for the placement through monthly home visits. During these visits, caseworkers should obtain information about the child's adjustment and development in the relative's home. Caseworkers should also respond to the relative's requests for assistance.

#### **Resources and Services Available to Custodians, Guardians, and Other Long-Term Caregivers**

Even if the family court decides that it is not in a child's best interest to be returned to the parent's home, and instead, grants custody or guardianship to a relative, the court may order DSS to provide services and supervision for up to 12 months following the placement. The services may include coordinating referrals for educational, medical, or mental health support for the child, and monthly home visits by the DSS caseworker.

A child placed in a relative's custody or guardianship and a child who is adopted by a relative may be entitled to receive Medicaid, and in some instances, Supplemental Security Income (SSI) if the child is physically, mentally, or emotionally disabled.

And further, relatives who have custody or guardianship of a child are entitled to receive child support payments from the biological parents, provided that the family court has not terminated parental rights.

Relatives who adopt a child with special needs may be eligible for certain adoption subsidies. State law defines a “special needs” child as:

- a white child ten years old or older;
- a black or mixed-race child six years or older;
- a physically, mentally, or emotionally handicapped child or a child at risk for physical, mental, or emotional handicaps;
- a member of a white sibling group of three or more children placed together, one of whom is at least six years of age, or a sibling group of four or more white children of any age placed together;
- a member of a black or mixed-race sibling group of two or more children placed together, one of whom is at least six years of age, or a sibling group of three or more black or mixed-race children of any age placed together; or
- a member of a sibling group of two or more children placed together, one of whom is a special needs child.

The special needs child may be eligible for a monthly adoption assistance maintenance payment and Medicaid, and relatives seeking to adopt a special needs child may receive payment or reimbursement of up to \$1500 for certain expenses directly related to adopting the child. The relative may receive payment or reimbursement for reasonable adoption fees, court costs, attorney fees, and other fees directly related to the adoption of the special needs child.

Depending upon services that are available locally, DSS can provide services to support the adoptive placement for a special needs child, including child protective services, homemaker services, socialization and developmental services for children, and respite care.

A relative who adopts a special needs child with preexisting medical or rehabilitative needs may be eligible for a medical subsidy. This medical subsidy is designated for children with specific emotional and physical problems. Funds are available to cover medical, dental, and mental health counseling expenses that are not covered by Medicaid or private insurance, and only when all other resources have been used. Further, only children who have been placed by DSS can be eligible for this subsidy.

Adoption subsidies continue until the special needs child is 18 years old and in some instances, if the child is a full-time student, still suffers from a disability, and the relative is still financially responsible for the child, may continue until the child's 21<sup>st</sup> birthday.

## **IV. Challenges Associated with Relative Placement**

Although studies have shown that abused and neglected children who need out-of-home placement experience better outcomes when placed with relatives, relative placement is not without its challenges. While making placement decisions, caseworkers should be familiar with the issues that confront relatives, parents, and the child and should be prepared to respond to these issues in an effort to support the placement.

### **Issues Confronting Relative Caregivers**

A relative may express a willingness to accept placement of a child, but may not be fully prepared to take care of the child. Often, the relative will agree to accept the placement in the midst of a crisis, for example, within the first 24 hours after emergency removal, with little time to prepare for the child's arrival.

Placing a child with a relative may also cause financial strain in the relative's household. Relative caregivers who are elderly may be living on fixed incomes. Other relative caregivers may have children of their own and therefore, find it difficult to provide for the related child who is placed in their home. They feel embarrassed about having to ask for public assistance to care for the child.

Relative caregivers face mental health and emotional challenges. These caregivers need support in dealing with the children who are experiencing the trauma of having been removed from their parents, having lived in an abusive environment, and who are trying to adjust to living in the relative's home. The child and the relative may need mental health counseling to cope with these issues. The relative may also need respite care and recreation.

Relatives who work outside the home may need child care. Having the child placed in the relative's home without adequate child care might cause the relative to have difficulty maintaining employment.

Children who have been abused or neglected are often in need of various therapeutic services. A relative who is unable to drive or who lacks transportation may have difficulty meeting the child's appointments.

Relative caregivers may be concerned about how they will be able to provide health care for a child placed in their care. Many of these relatives lack health insurance themselves and therefore, may struggle with obtaining health care for the child in their home.

Relatives may need legal assistance to help them make decisions about custody, guardianship, and adoption. They also need to be informed about their legal rights and to be advised about their duty to protect the child from further harm.

Accepting a related child into the home may cause the relative to experience a loss of privacy and space. It may force the relative to alter career goals or to delay retirement.

Sometimes, disruptions occur in relative placements because the relative caregiver and the child's parents are being forced to establish new boundaries. The parents may have previously viewed the relative as a peer, but because of the relative has become the child's primary caregiver, the relative is in an authoritative position. This redefined relationship may cause resentment in the parent.

Relative caregivers may have feelings of guilt and embarrassment. Relative caregivers who are the abused or neglected child's grandparents may blame themselves for the parents' behavior. Relative caregivers may also feel guilty because they believe they are causing disruption in the child's life by having reported the abuse and then, by accepting placement after removal.

Child-rearing practices are also an area of concern for relatives. Relative caregivers may be concerned that the methods of discipline they used to rear their own children have become unacceptable, and may be illegal.

Relatives, particularly elderly relatives, may be challenged by emotional and physical limitations. They may worry about their own mortality and who will care for the child if the relative dies.

Some relatives are unable to recognize and accept the parent's limitations. Therefore, these relatives are unable to commit to the child's permanency plan, cannot protect the child from the parent, and are unable to help the child develop realistic expectations about the future.

### **Issues Confronting Parents**

Parents who have had their children removed from their care usually experience feelings of loss, in spite of the fact that many of these parents have left their child in the care of others for extended periods of time by their own choice. Parents may fear losing their child's respect, and they may have concerns about the loss of authority over their child.

Confusion and tension are created in families that have a child placed with relatives. One cause of this confusion and tension is the redefining of the parent-child relationship because the relative has become the child's primary caregiver. When a relative becomes the child's primary caregiver, the parent must respect the relative's authority; make suggestions, rather than make decisions about the child's care; request the relative's permission in planning activities with the child; and, allow the relative to set limits, discipline, and instruct the child.

Parents may feel guilty about the removal of a child. Guilt is the result of feelings of failure, disappointment, and embarrassment about the removal.

Parents may also express anger toward DSS and other professionals involved in the case, the relative caregiver, and the child. Anger toward the agency may be based upon the parents' perception that the agency has taken their child and given the child to the relative; that the agency has unreasonable expectations for the parents' rehabilitation; that the agency is not making services available to assist the parent; or that the agency and courts are being manipulated by the relative caregiver.

Anger aimed at the relative caregiver may be based upon the parents' perception that the child would still be placed in the parents' home had the relative not offered the court an alternative or that the relative caregiver is to blame for the removal because the relative reported the abuse or neglect. Parents may also feel anger toward a relative caregiver who is successfully rearing the child as indicated by the child's health, behavioral, and academic performance.

In addition, parents may feel anger toward a child whom they perceive has been disloyal to the parent or who has betrayed the parents. Anger toward a child might also be triggered by the child accepting the authority of the relative caregiver and the child appearing to be happier in the relative's care.

Parents may attempt to sabotage relative placements by violating court orders. Parents may even report relatives for alleged abuse or neglect of a child. Parents may also sabotage the placement by encouraging the child to disobey the relative or by degrading the relative in the child's presence.

### **Issues Confronting the Child**

Children who are removed from their parents due to abuse or neglect experience loss on many levels. The most obvious source of feelings of loss is from the loss of the parents and perhaps loss of siblings as well. Children also feel the loss of privacy or space and may feel like an intruder in the relative's home.

These children may also feel rejected and abandoned by their parents. They may experience feelings of guilt and suffer from low self-esteem. The children may feel guilty because they feel they are to blame for the removal from their parents' home. They may also suffer from low self-esteem based upon their perception that they are responsible for having been victimized.

Anger and resentment directed at their parents, relative caregivers, and DSS are also common emotions among this population of children. Anger toward their parents is often based upon the child's perception that the parents gave them away; that the parents are unable to correct the causes of the removal; that the parents cause conflict with relative caregivers, and that the parents fail to keep promises to contact or visit the child.

The child may feel anger toward the relative based upon a belief that the relative took the child from the parents or may resent the relative for agreeing to accept placement. The child may also act out the parents' anger or displace anger felt toward the parents.

The child may also feel anger and resentment toward DSS because of the agency's role in removing the child from the parents or in terminating parental rights; the agency encouraging the relative to seek long-term placement of the child; or the agency seeking reunification of the child with his parents against the child's wishes.

A child who is being raised by a relative caregiver may feel embarrassed. The child may be embarrassed about not being raised by his biological parents and may be concerned about others discovering this fact. The child is typically embarrassed when others are able to detect an extreme difference in age between the child and his caregivers, and when the relative caregiver is unable to participate in "normal" parent-child activities.

A child may sabotage or disrupt the relative placement. A child may believe that cooperating with the relative placement is disloyal to the parent. The child may also mistakenly believe that disruption of the placement will result in the child being placed back in the care of the parents.

One of the most difficult issues confronting a child in relative placement is the adjustment to redefined roles. The child must adjust to the relative becoming the primary caregiver, decision maker, authority figure, and disciplinarian. The parents become supporters and advisors.

And finally, a child in a relative's care may be concerned with issues related to death and illness. In particular, the child may worry about who will take care of his parents if he is in relative placement, especially if the parents are abusing substances or otherwise placing themselves at risk. The child may also worry about who will care for elderly relatives if the relatives become ill and about who will take care of the child if the parents and the relatives become ill or die.

## **V. Assessing a Family for Relative Placement**

With the understanding that abused and neglected children tend to experience better permanency outcomes when placed with relative caregivers instead of in foster homes with strangers, caseworkers who are involved in these placement decisions should thoroughly assess the prospective relative caregiver before recommending placement with a relative. Thorough assessment of relatives should result in fewer placement disruptions.

Caseworkers must follow state statutes and regulations, as well as DSS policies in the assessment of a family for relative placement of any kind. Please note the following are suggestions of areas that should be assessed before DSS recommends placing a child in the care of relatives.

### **Motivation**

Before making a placement recommendation, the caseworker should assess the relative's motivation for seeking to have the child placed in the relative's home. Be aware that relatives who offer to become a placement resource for an abused or

neglected child may be motivated by feelings of loyalty, attachment, obligation, anger, and may be seeking penance.

Loyalty to the family, the parent, or the child might motivate the relative. By agreeing to serve as a placement alternative for the abused or neglected child, the relative may be trying to preserve a tradition of family independence.

Loyalty may influence the relative's perspective of the case. The relative may be clinging to a fantasy that placement will not be long-term and that the child's parents will regain custody of the child.

Loyalty to the child may stem from the child having lived with the relative in the past. The relative may feel obligated to accept placement. The relative may agree to accept placement out of a desire to rescue the child from an abusive parent.

A relative may agree to accept placement of the child based upon a desire to atone for mistakes. The relative may feel that the manner in which the relative raised the child's parent has contributed to the child's involvement in the child welfare system.

Anger directed at the parent and DSS may also motivate a relative. The relative may be angry with the parent because the parent has embarrassed the family, or because the parent failed to accept help from the relative when asked, or if the relative perceives that the parent is interfering with the child's access to relatives. The relative may become angry with DSS because the agency must engage in efforts to preserve and reunify families when not contrary to the child's best interest.

### **Household Composition**

The assessment of a relative's home for placement of an abused or neglected child should include a study of all household residents. The relative's home may contain multi-generational occupants, both related and unrelated. These individuals may have varying life styles, as well as varying ideas about child-rearing and discipline.

In addition, the assessment of the household composition should include an examination of patterns of residency in the home. In this portion of the assessment, the caseworker should explore the occupants' patterns of entering and exiting the household.

### **Caregivers**

All adults who are potential child caregivers should be assessed. The child should not be exposed to unstable, inconsistent care or care that may place the child at risk of physical or emotional harm. The assessment of caregivers should include a detailed background check, including, but not limited to, an inquiry into medical, criminal, educational, employment, substance abuse, and psychiatric histories.

## **Parental Involvement with the Relative**

To ensure the child's emotional stability in the relative placement, the parents' relationship with the relative should be assessed. Relatives should be assessed to determine their ability to comply with the requirements of court orders and to determine their willingness to cooperate with the case plan.

The assessment should include an examination of whether the relative who will have placement and all adult caregivers are able to:

- comply with court orders regardless of personal feelings;
- manage parental involvement;
- understand the quality of their relationships with the child's parents;
- work to resolve past or present issues and the redefining of roles; and
- manage the child's relationship with extended family members.

## **Family Legacies, Cycles, and Patterns**

The assessment should also address behaviors and problems in the family such as, life cycles and child-rearing patterns, structures, and practices. The family members' ability to change patterns should be addressed as well.

The assessment in this area should also include exploration of family legacies. Gather histories about substance abuse, child abuse, domestic violence, incarceration, education, employment, and socio economic status.

Information about dating practices, stages of child development, and the age at which household members exit or reenter the family should be assessed. This portion of the assessment includes investigating histories of running away from home, marriage and divorce, college attendance, pregnancy, drug rehabilitation, incarceration, and military service.

## **Family Resources**

The relative's ability to meet the material, medical, and educational needs of the child must also be assessed. Determine whether the relative is receiving any kind of public assistance. Also, investigate to determine whether there is adequate space in the relative's home to accept placement of the child; and in addition, inquire about access to a telephone and transportation.

## **Condition of the Relative's Home**

Inspect the condition of the relative's home. Make sure it is free of fire and safety hazards, as well as other hazards like firearms, and improperly stored poisons. Inspect windows, doors, floors, ceilings, and plumbing for needed repairs, and make sure the house is not infested with insects or rodents.

## Character References

Finally, the assessment of a relative for possible placement of an abused or neglected child should include character references. These references should be in writing, and the caseworker completing the assessment should verify the information contained in the references.

## VI. Case Planning

The goal of every child protective services case is to achieve a safe, stable, and permanent home for the child as quickly as possible. Therefore, case planning to achieve this outcome must begin the moment that DSS opens a case. DSS will be able to achieve safety, stability, and permanency in the lives of some abused and neglected children without removing the children from their parents' home. However, for those abused and neglected children who must be removed from their parents, identifying a safe, stable, and permanent home for the child may be more challenging.

If a child is placed with a relative at any time during the abuse and neglect proceedings, as soon as the relative becomes involved in the case, the caseworker must communicate the agency's intent to establish a safe, stable, and permanent home for the child. The caseworker must inform the relative that "permanency" for the child means reunification with the child's parents, and when reunification with the parents is not in the child's best interest, adoption, custody, or legal guardianship are appropriate permanency options. To improve permanency outcomes, state and federal laws require DSS to involve the child's parents and guardians, as well as any individual or agency who will be required to provide services to the family in the development and implementation of the treatment plan or the placement plan. Relative caregivers should be involved in this process as well.

In an abuse and neglect case, treatment plans and placement plans are the roadmap for the family, the caseworker, and for treatment providers to achieving a safe, stable, and permanent home for the child. Relatives who provide placement through foster care or who have custody or guardianship of an abused or neglected child must be given notice of all abuse and neglect hearings concerning the child, they should be informed of the right to address the court concerning the needs of the child, and also should be given a copy of all portions of the treatment plan or placement plan which apply to them and to the child in their care.

When it becomes apparent that reunification with the child's parent is not in the child's best interest, if the child is placed with the relative through foster care or kinship care, DSS should petition the family court for termination of parental rights and should explore the feasibility of having the relative adopt the child. If the permanent placement plan for a child is adoption, DSS must give a relative foster parent information about adoption, including financial benefits or other services that might be available.

In the alternative, DSS should determine the relative foster parent's willingness to accept custody or guardianship of the child. If the relative already has custody or guardianship of the child and it is not in the child's best interest to return to his parents, the abuse or neglect case may be closed with the child remaining in the relative's custody or guardianship. The relative should be advised of the right to file a private action for termination of parental rights and adoption of the child.

## **VII. Conclusion**

Relative placement, whether it is foster care placement or custody or guardianship, can be of great benefit to a child in need of out-of-home placement. These placements can provide a child with much needed stability during the removal process, an event that can be very traumatizing to a child who has already endured living in an abusive environment.

Caseworkers who are involved in making placement decisions on behalf of abused and neglected child must have an understanding of various placement alternatives. These caseworkers must also be careful to understand the child's family and must conduct thorough and deliberate assessment of relatives for placement. Thorough assessment is critical as it can make the difference between a successful and unsuccessful placement. Assessment is also important because it has a direct impact on the agency's ability to achieve a safe, stable, and permanent home for a child in out-of-home placement.

## **References**

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