**How Children Move Matters**

Each time a child moves, whether it be a removal from an unsafe situation or a move from one placement to another, it has an impact the child’s sense of belonging, sense of self and can be a source of trauma. No matter the age or developmental stage the move is experienced as a separation or loss.

Everyone working within the child welfare and foster care system has a duty to reduce the experience of trauma for the child by:

1. Minimizing the number of moves that a child faces.
2. Lessening the trauma of any moves that must occur through careful and planned transitions.
3. Providing support for the emotions of everyone involved in the transition.
4. Explaining what is happening to children when they are moved.

As adults we can relate to the experience of trauma for the child and be mindful of their lens. Let’s imagine:

*One day you are driving home from work and you see smoke billowing in the direction of where you live. As you get closer and closer you notice the smoke is engulfing your neighborhood. You drive down your street and emergency personnel are evacuating everyone from their homes. You are told you have 5 minutes to grab your valuables and leave your home. Your mind is racing…where do you go, what do you do, what about your children, your pets, did you leave someone or something behind?*

*Fortunately, the fire department was able to put out the fire from the neighboring fields before it moved on to the houses. You and your family were able to return home. However, even years later the sight and smell of smoke continues to trigger your memory of the traumatic feelings associated with that day: fear, confusion, terror, powerlessness.*

What is the lens of a child who is moved without warning, without notice, without words for what they are experiencing? What are the memories that are later triggered by similar emotions, sensory inputs or by similar events to those occurring near the time of a move?

A child’s view of the world, especially for infants and toddlers, is understood through the context of their attachment relationships. This means they use their “person” (primary caregiver) to relate to the world around them. If their caregiver is present then the child feels a sense of safety and security. However, if that caregiver disappears the child not only experiences loss but also has no one to help make sense of their world. Remember, the biggest developmental fear for young children is the loss of a parent. The child’s sense of self is in jeopardy and each loss will add psychological trauma to the child, which in turn interrupts the tasks of child development.

For this reason, planned transitions are recommended whenever possible. A key goal of planned transitions is to allow an opportunity for the child to experience and express their feelings of ambivalence, fear, sadness, guilt and hope. By acknowledging the ambivalence and allowing its expression, caregivers can help children better cope with moves that accompany an exit from the foster care system. Letting the child know that he was loved teaches him that relationships are important.

Infants – emphasis during preplacement contacts is on transferring attachment and caregiving routines. As many routines as possible should be maintained in the new setting. Following a consistent routine and being available on demand for these infants are especially important after the move.

Toddlers – focus attention on two tactics: provide the toddler with familiar companions and possessions and provide active parenting by a substitute parent during the separation. Moves without preparation give the toddler the message “strangers may come and take you away from your parents anytime without parental permission” which create long term chronic worries and fears.

Oftentimes children in foster care move due to a variety of bureaucratic regulations. For example: relative placement is preferential, “first placement last placement”, place siblings together, need for higher level of care, etc. Although the policies are usually designed to meet the needs of most children, in some cases they may be counterproductive. If there is no opportunity for flexibility in the regulations, then the agency and courts run the risk of recreainge the situation found in a rigid family where individual needs of children are subservient to the needs of the adults. We should always be asking ourselves if the policies and mandates are meeting the needs of the *children* or the needs of the *adults*.

***Note to the Court: The courts must be sensitized to the needs of both families and children so that court orders allow time for preplacement visits. The balance between addressing any fears and worries the child may have and empowering the birth family is a delicate one. As in other types of situations, too rapid a transition may ignore the child’s concerns about the future or the importance of his/her current relationships. Too prolonged a transition may infer that is it not safe for the child to move, or may make it more difficult for the child to complete the process of mourning his current loss. The decision on timing must take into consideration the child’s view and his/her feelings, as well as the relationship between giving caregivers and receiving caregivers.***

**Tips For ‘Planned’ Moves**

*-Moves from Giving Caregivers to Receiving Caregivers (Reunification, Relative Placement, Foster Care, Guardianship, Adoption) -*

**Steps Involved in the Transfer of Behavioral Gains:**

1. **Receiving caregivers observe what techniques worked in the current placement.**
2. **Receiving caregivers try these techniques out in their own home.**
3. **Giving caregivers give the child permission to do as well in receiving caregiver’s home as he/she has done in current placement.**
4. **Case worker and child’s therapist need to support both the receiving caregiver and giving caregiver in the transition process.**
5. **In most cases, having giving caregiver involved with the child and the receiving caregiver (whether reunified with birth parents, moved to a relative placement, foster placement or adoptive placement) after the placement is helpful in maintaining the child’s sense of self and strengthening attachment relationships.**

**TIPS FOR CASE WORKER**

*Throughout the transition period, the case worker’s role is that of facilitator, advisor and coordinator. The case worker should be available to provide emotional support and expertise to any of the members of either family (giving or receiving caregivers).*

1. Schedule and facilitate a Transition Planning Meeting between case worker, giving caregivers, receiving caregivers and child’s therapist.
2. Incorporate the use of a calendar during the meeting to identify dates, times and locations for all to share.
3. The calendar should include visits and projected move date. Avoid final move dates that fall on a holiday, birthday or other annual event. As the loss of a family could be associated with the event for years to come.
4. Take into account what is going on in the child’s life, i.e. an upcoming school play, sporting competition, school break, birthday party, etc. Can the move wait until after any important events for the ***child***?
5. Ideas to incorporate into the planning:

**Infants/Toddlers/Preschoolers**

* Initial contacts with the receiving caregivers should take place in the giving caregiver home and in the presence of the giving caregivers. This allows the opportunity for the receiving caregivers to observe the child’s behavior in the current home.
* Receiving caregivers should first “chat” with the giving caregivers, not centering attention on engaging with the infant/toddler.
* Allow the child to control the pacing of this encounter if he/she is to start to trust the prospective parents.
* Contacts with the receiving caregivers must occur more frequently with shorter time span between the contacts due to the infant and toddler’s underdeveloped sense of time.
* Ask receiving caregivers to bring several toys to the visit. They should leave one ***cuddly type toy*** with the child and take the remainder home with them. \*\*(Then when the child first visits the receiving home there will be toys that he/she first became acquainted with in the current placement. The nonverbal message is: “Things that are okay for you to play with in your current home are okay for you to play with here”.)\*\*
* Share specific information about routines for the child: What are the routines surrounding meals, bathing, awakening, going to sleep (e.g. sing a particular song, read a book)? What are the sleeping arrangements (where, with whom) and sleeping hours (naps, nighttime)?
* Have the current placement begin to transfer the attachment to the receiving caregivers by involving and supporting them in responsibilities, demands and disciplining, i.e. “I need to check on the cake in the oven, would you finish feeding him?” “Come help me tuck her in bed” “Would you please change his diaper?” Doing this will show the child that the giving caregivers trust the receiving caregivers and so can the child.
* The child’s acceptance that things are different is essential. The child needs to know that something big and important is happening in his/her life.
* Visits should occur at all times of day to help with learning the child’s routine and intentionally include daily life routines such as shared meals together, bath time and sleep time.
* Giving caregivers can use a moving calendar similar to Advent calendar *for the child*. The calendar has a door for each date when opened it can reveal specific information “Mommy will pick you up at 2pm”, “Good-bye party at pizza parlor”.
* After two to three visits in the current home the giving caregiver should suggest that the infant/toddler go for an outing with the receiving caregiver. When this occurs it ***must*** be at the suggestion of the giving caregiver. This provides the message to the child: “these are people I trust to take good care of you and bring you back home”.
* The following visit may include a trip to the receiving caregiver home where the child is re-introduced to the toys from the initial visit. Have the giving caregivers accompany the child on the visit to the receiving caregiver’s home.
* Prior to the first visit in the receiving caregiver home the toddler-aged child should be shown pictures of the outside of the house, picture of his/her bedroom and pictures of the family pets. If there are other children in the receiving caregiver home, they should be presented to the child at the first or second visit in the giving caregiver home and should subsequently visit the child prior to visits moving to the receiving caregiver home.
* Pictures of the child can be taped to the child’s bedroom door, bed, toy chest, dresser, and chair at table in the receiving caregiver home.
* Ensure transitional object/comfort item is identified for the child to accompany them on visits (i.e. blanket, stuffed animal, pacifier, doll, pillow). These sensory items are important and should not be overlooked.
* The younger the child the more attention should be paid to the sensory experiences of the infant. The receiving caregivers should try to duplicate as many of these as is feasible, i.e. same baby products, soaps, detergents, and fabric softeners.
* As a child gets older, pay attention to the senses of sight and sound, i.e. same mobile over the crib, other familiar toys, music.
* Every visit ***should not*** include treats or unusual outings.
* Overnight and weekend stays should be progressive. One or two overnight stays is typical, as it is difficult for children this age to go back and forth repeatedly for overnight stays.
* Expect a 2-3 week period of transitioning with 7-10 days of visiting as common for most infants and toddlers. Most children over 3y.o. need several weeks to accomplish all of the goals of the transition. However, every child is different and the key is to allow the plan to be individualized and flexible for each child’s needs.
* If the child is school-age, longer preplacement visits, such as 4-5 day duration are acceptable.
* Ensure enough time between visits to help the child move into the sad or mad phase of the grief process.
* Regression in development often occurs after a move (e.g., an infant who was sleeping through the night might start waking up regularly through the night again). Receiving caregivers should delay changes in routine until the infant feels safe and secure that the receiving parents are trusted to care for him/her (at least a few weeks).
* Remind receiving parents to allow the child to hold onto their memories by not discarding the child’s possessions without the child’s permission. These items may be the only things the child has to remember their giving parents.

**TIPS FOR GIVING CAREGIVERS – (Prior to Final Move)**

* Before the child leaves allow them to pick several pictures to take with them and pick several to leave on the giving family’s bulletin board.
* It is never too late to create a memory book for the child. Having this as a project to complete *with the child* makes it even more meaningful. As you are selecting pictures or creating a page you can share your thoughts and feelings about the memory. Allow the child to also express his/her feelings or memories associated with the picture. Do not feel as though you must be overly creative or talented. The memory book can be as simple as a photo album, online photo book (i.e. Shutterfly) or scrapbook. Anything that the child can take with them that depicts the memories of your time together.
* Allow the child an opportunity to say good-bye to the important people in their life: teachers, classmates, child care providers, after school program, neighbors, friends and extended foster family members.
* Throw a going away party and invite receiving caregivers.
* Tell stories of the child that you plan to share with future children.
* Give the child a framed picture of you (giving caregiver family) with the child.
* Allow the child to take a favorite stuffed animal or blanket to serve as a transitional attachment object.
* Write a letter to the child sharing stories of your time together, special feelings about the child and about yourselves. The letter can be kept in the child’s baby book for the receiving family to share and read with the child for years to come.
* Day of final move:
	+ Have receiving caregivers go to giving caregivers home and help pack the last of the items for the child together.
	+ Do not do this secretively as the child needs to realize that something different is happening on this day.
	+ It is ok to show sadness and happiness at the same time about the child moving.
	+ Both families should join in loading the car.
	+ The giving caregivers literally hand the child over to the receiving parents at the doorway.
	+ Giving caregivers can say, “I’m going to miss you and you’re going to miss us, but it’s time to go now”.
	+ Child should take not only his clothes, but also some special toys or bedding. Such transitional objects are helpful to children. Allowing the child to take their bedding is important, as the familiar smell and texture are reassuring. Do not wash the bedding right away, so the child can maintain familiarity while adjusting.

The child’s ability to move into the sad or mad stages of the grief process is a major factor in determining how long the transition period will be especially in older children with strong attachments to current placement. The transition plan for the older child has to be flexible to reflect the importance of this objective.

After the move, the receiving caregivers should try to keep to the child’s routine and avoid having multiple unfamiliar people hold the child. This will help minimizing confusion for the child during this time of adjustment.

Be wary, most receiving caregivers do not recognize the need for a prolonged visiting schedule and many children and giving caregivers want to get the “whole thing over with”. However, it takes time to move through the stages of grief and rushing it could cause more emotional harm for the child as well as risk the permanency of reunification, adoption or success of the move. On the contrast, too long of a transition period may pose as many problems as one that is too short. The child’s therapist will be an essential component of the process to assist in re-evaluating the readiness of the child to complete the transition.

**Tips For Emergency Unplanned Moves**

–*NO TIME FOR TRANSITION PLANNING-*

*Even when we are unable to prevent an emergency move for a child there are ways in which we can make it less traumatic for the child. The following are some suggestions:*

**TIPS FOR CASE WORKER\***

**Infants and Toddlers**

* Talk to the child. Even if pre-verbal, the infant understands the tone of your voice, the intention of your attention and the calmness of your demeanor. Remember a child’s receptive language begins developing in utero. They understand more than you think!
* Get down on the child’s level; avoid towering above them when communicating with them.
* Make eye contact, speak calmly and quietly. Handle the child gently.
* Give language for what is happening.
* Name emotions: “I know you must feel very worried”, “I know this is scary, my name is (enter name here) and I am going to help make sure you are safe and taken care of”.
* Remember to pack their bottle(s), nipple(s), utensils and sippy cup(s). Infants are often used to a specific style or brand of nipple. Keeping it consistent will help avoid feeding problems in placement and help the child feel a sense of security.
* Ask about the typical feeding schedule for the infant/toddler. How does the baby cue when hungry (cry, root, fidget)? How does the baby like to be held when feeding? What type of formula? Any allergies or food sensitivies?
* The baby’s blanket or comfort item such as a stuffed animal needs to come with the baby. Babies rely on these items to provide a sense of security and familiarity to home. Be thoughtful on what the significance and meaning is for the baby as a mother’s pillowcase or father’s t-shirt may be a sense of comfort to the baby’s sensory experience.
* Ask about what the baby likes when needing to calm down, i.e. rocking, swaddling, pacifier, swinging, music, etc.?

**Preschoolers and Above**

* Prepare the child for the move. Show the child pictures of the receiving family, home, pets to provide the child a visual image. You can also give a verbal description if photos are not available.
* Pay attention to DETAIL, what will help the child in the process?
* Avoid the use of trash bags as it gives the message that the child and his/her possessions are garbage. Instead use suitcases, boxes or even grocery bags over trash bags.
* Involve the parents in helping to pack the child’s belongings for the move as this at some level gives the child permission to go.
* Ask how the child usually gets to sleep at night or during nap. Do they have a comfort item? Do they need assistance getting to sleep? Are they used to music, holding, rocking, swaying, pacifier, etc.?
* Pay attention to the child’s cues as to which sensory modality is primary.
* Talk to the child:
	+ “Most kids are really scared when they move into a new home”. This statement will open the child up to talk about his/her feelings. *As the case worker you must be willing to deal with what happens when you give permission to express feelings.* *You must accept those feelings expressed no matter what.*
* Avoid the tendency to minimize the child’s feelings, i.e. “Don’t be sad” or “It’s ok” are NOT HELPFUL. *The child’s pain does not go away because the adults around them ignore it or are uncomfortable with it.*
	+ Instead use words of security: “You will be taken care of”, “We will make sure you are safe”, “You will see your mommy *(enter day here)*”, “You look like you feel sad. I understand why you feel sad about this”.
* Be honest, do not gloss over the situation by telling the child that everything is going to be “fine”. Be realistic: “Daddy is in jail so you can’t stay with him right now”, “Although you can’t stay with Mommy tonight, you and your sister will be staying together”.
* Admit to not knowing the answers to some questions. When the outcome is uncertain do not provide false reassurance. You can reassure in other ways: “I’m sorry. I don’t know what will happen yet, and I know that’s scary for you”.
* Early and frequent contact by the case worker in order to keep the child informed about plans being made for his/her future is important.
* If the child asks how long this will last, let the child know it depends on: court hearing, parents being located, etc. whatever the truth may be.
* On route to the foster home help the child formulate questions he or she has for the family, i.e. who else lives in the family, are there pets, where do the children go to school, etc.
* On arrival, accompany the child on a tour of the home and help them ask the questions. Afterwards, take the child out for a drink or snack or outside in the yard and discuss what they learned during this mini visit.
* ***The younger the child and the more precipitous the move, the earlier the first postplacement contact with parents must be.*** Children who are placed on an emergency basis have the fantasy that someone has harmed their parents, or they don’t know where their parents are so will never be reunited.
* Avoid making major issues about behaviors immediately following moves, instead identify behaviors as communicating emotions:

Fears, anxieties, nightmares and night terrors

Sleeping excessively to avoid pain

Difficulty sleeping

Overeating

Depressed or too anxious to eat

**TIPS FOR RECEIVING CAREGIVERS**

*As receiving caregivers for the child who was just removed from their birth parents or moved from a previous placement due to a crisis there are ways you can “Set the Stage” in welcoming the child.*

* Maintain a bulletin board with pictures of children who have lived in your home (past and present).
* Tell stories of the children to the child you are welcoming into your home for the first time.
* Call the child’s parent (or previous placement) prior to the child coming to your home and ask them what are some of the child’s favorites, such as food, book, cartoons. *If parents are unavailable ask the case worker to gather this information for you.*
* Prepare the child’s favorite meal for dinner the first day of placement.
* Bake cookies upon arrival of placement. The smell can be inviting and feel welcoming to the child.
* Facilitate a phone call to the parent(s) on the first night and every night possible. Have them read a book together as bedtime routine.
* Display a picture in the child’s bedroom of the child and their parents.
* Begin to create a memory book for the child, *with the child*. You do not have to be talented in scrapbooking. It can be as simple as an album, online photo book (i.e. Shutterfly) or scrapbook. Anything that can share the memories of your time together.
* Avoid discarding the child’s possessions without permission of the child as these items carry memories for the child of their birth family or previous placement family.

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* Take into account what is going on in the child’s life, i.e. an upcoming school play, sporting competition, school break, birthday party, etc. Can the move wait until after any important events for the ***child***?
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* If the child is school age longer preplacement visits, such as 4-5 day duration are acceptable.
* Ensure enough time between visits to help the child move into the sad or mad phase of the grief process.
* Regression is likely after a move. Receiving caregivers should delay changes in routine until the infant feels safe and secure that the receiving parents are trusted to care for him/her (a few weeks).
* Remind receiving parents to allow the child to hold onto their memories by not discarding the child’s possessions without the child’s permission. These items may be the only things the child has to remember their giving parents.

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	+ Both families should join in loading the car.
	+ The giving caregivers literally hand the child over to the receiving parents at the doorway.
	+ If child is upset, giving caregivers can say, “I’m going to miss you and you’re going to miss us, but it’s time to go now”.
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**Post Placement Connections**

*Maintaining connections between the child and prior placement after a move is important. It reinforces to the child that people do not completely disappear and will continue to be part of their “world”. The more family who love and can have a healthy commitment to the child, the better.*

* Have the giving caregivers and receiving caregivers with the child meet one to two weeks after the move, preferably in a neutral location.
* Allow the child to call or video call the giving caregivers when requested.
* Facilitate a continued relationship between the child and giving caregivers via in person contact, letters, cards, phone, etc. Be intentional on the frequency, duration and location.
* Avoid overnight visits at the giving caregivers’ home until the child has fully established his/her attachment relationship to the receiving caregivers. Implementing visits and overnights too soon could cause confusion for the child and interrupt the transition of attachment to the receiving home.
* Invite giving caregivers to family moments (e.g. birthdays, performances, sporting competitions, school celebrations).
* If applicable, the relationship with the giving family could evolve into shared respite or child care if/when needed. The hope is that the giving caregivers can become extended family and natural supports for the child and receiving family.

**Special Considerations for Moves to Adoptive Placements**

*Even though the child may have developed verbal skills, they may not possess the intellectual skills necessary to truly understand the legal significance of adoption. It is helpful to understand the child’s perspective and think in terms of what percentage of the child’s life has been spent in placement.*

*In moving nonverbal children to adoptive placement there is less margin for error.*

**TIPS FOR CASE WORKER** -

* Full disclosure to the adoptive parents about the child’s past is absolutely necessary. This needs to include the child’s temperament, routines, likes/dislikes and medical conditions.
* Identify who will introduce the idea of adoption to the child (usually therapist or case worker).
* The focus of the preplacement contacts is primarily on transferring attachment and empowering the adoptive parents, while alleviating fears of the unknown by having the adoptive parents, who start out as strangers to the child, become known to him/her.
* Case worker, therapist and parents must pay close attention to specifics, particularly nonverbal detail.
* The attachment to the foster parents must be literally handed over to the adoptive parents.
* The grieving begins for infants and toddlers after the move.
1. Arrange First Visits –
* Use pictures or albums of prospective family to introduce them to the child ***prior to*** the first face-to-face meeting (helps alleviate anxiety).
* During photo/video presentation the case worker or therapist needs to listen for fears, worries, or concerns that the child might express.
* The case worker can tell the older, verbal child:

*“You know, there are children who need families to grow up with and there are families who want to adopt children. But, sometimes not all families and all children get along well. My job is to help find the right family for you. I have learned of a family that might be right for you. I would like you to have a couple visits with them, so that you can get to know them and they can get to know you. Then we will all need to decide if it looks like this is a family for you to grow up with. You tell me what you think, they tell me what they think, and I decide what I think”.*

* Give the child homework for when they met the adoptive parents, i.e. find out types of discipline is used, how they show affection, what the dad looks forward to doing with the child, what the mom looks forward to doing, etc.
* Meet the adoptive parents on home ground (foster home) or in an office or other site.
* Meet and interact and share information between foster parents and adoptive parents.
* Initial contact ***should not*** include other children from adoptive family.
* The child and adoptive parents can go for a brief outing.
* Adoptive parents can buy an inexpensive toy, but do not buy clothes or make any major purchases for the child because no placement decision has been made yet.
* Loyalty conflicts for the child will be decreased if he can see the two sets of parents respectful of each other’s position in child’s life.
1. Setting a Commitment to Proceed –
* Following the 2nd or 3rd visit the case worker talks separately with the prospective adoptive family, the child and the foster family.
* Case worker gathers everyone’s opinions
* Specifically follow-up on information collected from child during homework assignments. Does the child think it is going to be easy or difficult to follow the rules? What does he think about the affection (giving/receiving), etc?
* If both the child and the adoptive parents want to proceed bring the child and adoptive parents together. Give the adoptive parents the opportunity to say, “We want you to be our child” and the child to be able to say, “I think these are the parents for me”.
* It is a natural thing for them to want to exchange hugs and kisses or be physically close after such a commitment.
* If the match is not going to work the case manager delivers the message that ***the case worker*** does not think it is the right family for them.
* After the commitment, proceed with transition plan for further visiting schedule and final move outlined (see “Transitions ‘Planned’ Moves” section).

Adoptive parents maintaining contact with *birth family members* does not equate to “co-parenting”. Openness to birth family is supportive of the adoptive parents being empowered to parent their new family member and to be legally responsible for making decisions on the child’s behalf. Adoptive parents do this while still recognizing that past family relationships continue to be important to the child and can help in the child’s continued growth, development, and identity formation.

*\*Case Worker – Applies to any helping professional working with the family (e.g. child welfare case manager, foster care licensing worker, Court Appointed Special Advocate, therapist, guardian ad litem)\**

References

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