

## TRANSITIONS

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### PREFACE

Transition planning and practice applies to any move of any child from one caregiver to another caregiver, including to or from a birth parent. Once the child attaches to a caregiver and that caregiver has become the psychological parent, it is crucial that the transition from the caregiver's home be as emotionally protective as possible. Poorly executed or improperly timed transitions may adversely impact a child's healthy development as well as the child's continuing capacity to attach to others.

*Any* change in primary caregiver is traumatic. A caring transition cannot prevent the trauma of loss, but it is the most effective way to minimize the damage. Failure to transition properly jeopardizes the child's continued ability to attach to anyone, including the ability to form a new secure attachment to a biological parent or a relative. Because visiting simply is not the same as providing day-to-day care, this includes return to a birth parent or relative who has been visiting consistently and appropriately. There will inevitably be trauma when the child is moved to a different day-to-day caregiver, especially when the child has formed an attachment to the current caregiver.

Transition planning and transition visiting are necessary for *any* move to a new caregiver. Time frames for transition visiting will vary with particular children and with age. There is no one plan that fits all children. The following sections set forth the views of various experts on how children experience placement changes, and how agencies, parents, and other caregivers can reduce the adverse effects of a placement change on the child.

### PRESERVING CONNECTIONS AND REDUCING LOSS AND GRIEF

#### Preserving Connections

“The concept of preserving connections can be illustrated with an image of a potted plant. If you take a plant out of its pot, it is automatically in crisis, searching for stability and safety. In the same vein, when a child is removed from home, he or she can feel confused, uprooted, and shaken. Children in these situations often feel a sense of disconnect from their parents; a loss of extended family members (siblings, aunts, uncles, grandparents); friends from the neighborhood, classmates and teachers; and separation from their religious affiliations and cultural ties. It is as if the child’s roots have been cut off. If we expect children to thrive in new environments, we must do our best to transplant with care, maintain connections, and when possible provide opportunities to reestablish roots in positive and meaningful ways.”

Shaening and Associates, Inc. & The New Mexico Supreme Court’s Court Improvement Project Task Force, *Preserving Connections*, rev. August, 2007, p. 3, <<http://shaening.com/projectDocs/Preserving%20Connections.pdf>> [as of November 2, 2011].

#### The Nature of Loss For Children

“The loss of a loved one is an earthquake that fractures and devastates our emotional landscape. Death is the most permanent loss we face; yet there are other forms of loss that can alter, break, or erode our emotional anchors. The most common types of loss for children are moving and divorce. In the modern world, adults control the context and the shape of our children’s relationships. When we decide to move or separate, often we have already taken the time to gradually adjust to these transitions. Yet we then turn around and force our choices onto our children. They have less time and fewer skills with which to adjust.

The pain of loss can be related to the nature of the transition. The sudden death, the abrupt move, and the unanticipated separation may all shatter existing emotional connections, often causing fear and intense emotional pain. When loss is sudden and unexpected, there is much less time for the child to begin adjusting. An anticipated death, separation, or move is easier because there has been time to think, review, anticipate, mourn and, slowly, reshape relationships. Gradual, predictable transitions, although they are painful, make the loss easier to deal with and accept. When informed, the child can prepare for the change ahead.

The pain from loss is also related to the nature of the relationship, the history of other losses, the vulnerability of the particular child, the support system available, and other factors. If a child is close and dependent upon the lost loved one, he or she is likely to experience more severe distress. If the move or the separation takes the child away from the loved one, he or she may experience a similar intensity of pain as if this were a death.

For most children, loss and fear go hand in hand. They do not know what will happen to them. And fear intensifies and complicates the other emotions associated with loss. The fearful child cannot concentrate in school; will misinterpret comments; and will sometimes regress to immature behavior (a young child may start to bed-wet) or self-destructive coping behavior (a preadolescent may drink or experiment with drugs).”

Perry, *Children and Loss*, <<http://www.childtrauma.org/index.php/articles/trauma-a-ptsd/42-children-and-loss>> [as of November 2, 2011].

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### REMOVAL FROM THE BIRTH PARENT'S HOME

#### **Reducing Trauma for Infants and Toddlers Through Frequent Visitation With the Parent(s)**

“Because physical proximity with the caregiver is central to the attachment process for infants and toddlers, an infant should ideally spend time with the parent(s) daily, and a toddler should see the parent(s) at least every two-to-three days. To reduce the trauma of sudden separation, the first parent-child visit should occur as soon as possible and no later than 48 hours after the child is removed from the home. [p. 10-11]”

*Smariga, Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know, July 2007, ABA Practice & Policy Brief for the ABA Center on Children and the Law and Zero to Three Policy Center, p. 11, <[http://main.zerotothree.org/site/DocServer/Visitation\\_with\\_Infants\\_and\\_Toddlers\\_in\\_Foster\\_Care.pdf?docID=3981](http://main.zerotothree.org/site/DocServer/Visitation_with_Infants_and_Toddlers_in_Foster_Care.pdf?docID=3981)> [as of November 2, 2011].*

#### **Helping Older Children Adjust to Loss:**

“Integration is a way of helping children cope with the painful realities of the separation from their birth families that often impact their future behavior and can create extraordinary stress...The five step integration process... is an effort to clarify the child’s permission to be in foster care, to live with new parents, to be loved by them, and to love them back:

##### **Steps in the Integration Process:**

- **Create an accurate reconstruction** of the child’s entire placement history. Creating a lifebook, lifemap, or eomap with a child helps a child to see and understand his or her own history.
- **Identify the important attachment figures** in the child’s life... These attachment figures might be parents, but they could be siblings, former foster parents, or other family members.
- **Gain the cooperation of the most significant of the attachment figures** available. If possible, parent...grandparent or relative to whom the child was attached... Even if not family...there is likely to be one important person (a teacher or former neighbor) who will be willing to work...to make a child’s transition...easier.
- **Clarify the permission message.** It is important for children to hear and feel from people who are important to them that it is all right to love another family....
- **Communicating it to the child**...it is important that children hear from that person that it is not their fault they are in foster care [or being moved] and that it is all right to love another family. This ‘permission’ will go a long way to helping a child relax and transfer his/her attachment to the new family.”

*US Dept H & HS Child Welfare Information Gateway, Helping Your Foster Child Transition to Your Adopted Child, (2005), <[www.childwelfare.gov/pubs/f\\_transition.cfm](http://www.childwelfare.gov/pubs/f_transition.cfm)> [as of December 28, 2011].*

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### MOVING FROM ONE CAREGIVER TO ANOTHER

#### Placement Changes For Infants and Toddlers

“Develop a transition plan for any change in placement. Arrange for the sending and receiving caregivers to exchange information and spend time together with the infant or toddler. Make the change in placement gradually as the baby’s behavior is monitored.”

Cohen & Youcha, *Zero to Three: Critical Issues for the Juvenile and Family Court*, (Spring 2004) *Juvenile and Family Court Journal*, p. 17, <[www.ncjfcj.org/images/stories/dept/ppcd/pdf/spr%2004\\_2%20cohen%20&%20youcha.pdf](http://www.ncjfcj.org/images/stories/dept/ppcd/pdf/spr%2004_2%20cohen%20&%20youcha.pdf)> [as of December 28, 2011].

#### Transitions Between Caregivers

“If a placement change is determined to be best for the baby, or if the family is ready for reunification, advocates should negotiate or obtain a court order for a thoughtful transition process, even when the move is an emergency. If the baby or young child does not know the new caregivers, there should be a visitation period in which the foster parent and relative are both present. New caregivers should be prepared by the caseworker for some resistance or distress by the child at visits as well as when first moved to their home. The new caregiver, along with the case manager, should meet or speak to the former caregivers before the first visit to discuss the child’s needs, habits, behaviors, personality, likes/dislikes, etc. Attorneys should ensure that, when safe and appropriate, the former caregivers will remain a resource for the child and the new caregivers. A more gradual and considered approach increases the likelihood of a successful, secure transition for the child and reduces the impact of losing the relationship with previous caregivers. If the move is predicated on a safety-related emergency, transition planning can include several supervised or therapeutic visits with the previous caregiver that allow the child to ease out of the relationship and feel secure in the new placement. Similar transition planning should occur when a child is moved between child care providers, classrooms, or preschools.”

Maze, *Advocating for Very Young Children in Dependency Proceedings: The Hallmark of Effective, Ethical Representation*, (October 2010) *ABA Practice and Policy Brief*, p. 42, <[www.americanbar.org/content/dam/aba/administrative/child\\_law/ethical\\_rep.pdf](http://www.americanbar.org/content/dam/aba/administrative/child_law/ethical_rep.pdf)> [as of December 28, 2011].

#### Helping Foster Children Handle Transitions

“Transitions are never easy for children, especially those in foster care.

- Children in foster care need time to adjust.
- Children in foster care face many changes all at once: A new home, a new school, new friends—the loss of all that is familiar can be scary and overwhelming.
- New problems may come up after the first month or so. As children settle into their new home, they may start feeling more comfortable. Problems with behavior are common around this time.
- Children crave routine and structure. All children do better when they know what to expect. Having a consistent routine can be comforting to a child in foster care.
- Post a schedule to explain household routines. Transitional objects (for example, a favorite blanket or stuffed animal) can help make transitions easier.
- Encourage your child to share feelings as a way to cope. Name emotions so he will know what to say next time. “Sometimes kids feel worried before a visit”, “You look nervous,” or “You look worried.”
- Prepare for changes by talking about it ahead of time.”

Indiana University School of Medicine, *Helping Your Child in Foster Care Handle Transitions*, 2010, <[www.aap.org/fostercare/pdfs/iu-transitions.pdf](http://www.aap.org/fostercare/pdfs/iu-transitions.pdf)> [as of December 28, 2011].

### Helping Foster Parents Cope with Loss

“A well-planned, cooperatively executed transition from one home to another elicits less intense and less complicated grieving in all parties than an abrupt, unexpected move, or a move about which the foster parents have serious misgivings or conflicts. In some instances, a child may be moved quickly from a foster home because of allegations of abuse or neglect; such transitions lack preparation, clarity, participation, and closure for the parties most affected. With the increasing emphasis on safety for children, such moves are not uncommon in family foster care. Even in situations when the foster parents are the ones requesting the child's replacement because the placement was not successful or because of illness, transfers, or other changes in the foster family, complications in the process of grieving can arise. In such situations, grief is more intense because the foster parents not only grieve the loss of the child, but also grieve the loss of the sense of being competent caregivers, in their own eyes and in the opinion of others... Without a place to express and put these feelings, the foster parents may be overwhelmed and unable to participate in a gradual, cooperative, supportive transition with the agency and the new caregivers. The anger and turmoil surrounding the unwanted transition both short circuits and intensifies the necessary grieving and mourning for the foster parent and the child.”

[Edelstein et al., \*Helping Foster Parents Cope with Separation Loss and Grief\*, \(2001\) \*Child Welfare\*, Vol. 80, #1, Child Welfare League of America, pp. 14-15.](#)

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### REUNIFICATION

#### **Transition Planning Must Be Part of Any Reunification**

“Research shows that for infants, changing caregivers is traumatic. Reunification, or any transition, can have harmful short-term effects on the child, especially for those children between the ages of six and 24 months old. Infants often form secure attachments to substitute caregivers who have loved them and have attended to their daily needs. The person an infant trusts most to continue caring for him is naturally the person who has been changing his diapers, feeding him, bathing him, putting him to bed, and so forth. Because an infant cannot understand why things have changed, removal from his substitute caregiver—even to [return him to] a parent with whom there is a healthy attachment and relationship—may cause distress similar to the initial removal. Removal from substitute care often changes the infant’s daily routine—a common source of security for the child. The longer the infant has been in out-of-home care and the more intense the attachment and sense of security associated with that placement, the more psychologically difficult the reunification process. Supportive therapeutic services and transition planning must be considered to promote a successful reunification.

To avoid another traumatic life event for the infant, *transition planning* should be part of any plan for reunification. Ideally, when reunification is the goal, parents and substitute caregivers will have developed a working relationship, allowing the young child to attach with both caregivers and to observe her primary caregivers connecting with each other.

Any effort to increase the parent’s daily caregiving and to nurture the relationship between the child and parent will support a smooth transition. The parent should begin taking on more tasks of daily care through increased visitation or involvement in the substitute caregiver’s home. If comfortable, the substitute caregiver could visit the parent’s home with the infant on the first few in-home visits, if those have not yet started. Maintaining the status quo in other aspects of the infant’s life during the transition phase—child care, therapists, babysitters, doctors—can ease the process and minimize any distress. Finally, ensuring that the parent is aware of the infant’s schedule and routine and has a plan to reinforce some of this structure may help the infant better cope with the changes.”

Hudson et al., *Healthy Beginnings, Healthy Futures: A Judges Guide*, ABA Center on Children and the Law, National Council of Juvenile and Family Court Judges, & Zero to Three National Policy Center, 2009, p. 1144, <[http://www.americanbar.org/content/dam/aba/administrative/child\\_law/healthy\\_beginnings.authcheckdam.pdf](http://www.americanbar.org/content/dam/aba/administrative/child_law/healthy_beginnings.authcheckdam.pdf)> [as of November 2, 2011].

#### **Transition for Infants and Toddlers**

“[The Transition] phase focuses on smoothing the transition from placement to home and determining what services are required to support the child’s needs and the parent’s ability to meet those needs following reunification. Visits should provide maximum opportunities for parent-child interaction. After the child leaves the foster parent’s care, it is important to arrange visits between the child and foster parent, recognizing the value of that relationship to the child.”

Smariga, *Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know*, July 2007, ABA Practice & Policy Brief for the ABA Center on Children and the Law and Zero to Three Policy Center, p. 11, <[http://main.zerotothree.org/site/DocServer/Visitation\\_with\\_Infants\\_and\\_Toddlers\\_in\\_Foster\\_Care.pdf?docID=3981](http://main.zerotothree.org/site/DocServer/Visitation_with_Infants_and_Toddlers_in_Foster_Care.pdf?docID=3981)> [as of November 2, 2011].

## Together Again

“When children come home from foster care, parents and kids have to get to know each other once more. Parents who’ve been to rehab, therapy, or parenting classes have changed, and their kids have had experiences in care that their parents don’t know about or understand. On top of that, it can be difficult to deal with the anger, guilt and anxiety you all feel, and to show each other the love and happiness you have inside. In this issue, parents write about what helped their families become whole again.”

*Together Again*, (2006) Rise Magazine, Issue 4, p. 1, <[http://risemagazine.org/PDF/Rise\\_issue\\_4.pdf](http://risemagazine.org/PDF/Rise_issue_4.pdf)> [as of December 28, 2011].

## Transition Guidelines

Principles and guidelines for developing visitation plans are applicable to developing transition plans.

The following extracts are from visitation guidelines developed by Rose Marie Wentz.

- Law and best practice says we must develop a **written** visitation plan. An effective plan includes purpose, frequency/length, location, activities, supervision, who attends, responsibilities, what to have at the visits.
- Have the visits occur at a consistent date, time and place, whenever possible.
- The location of the visit should be the **least restrictive, most normal environment**, in the community, that can assure the safety of the child.

### Infants

How often: 2 to 5 visits per week; each 60 minutes minimum.

Where: Home or homelike environment.

What: Parent meets child’s needs.

Who visits: Parents and siblings separate or together. Other key people with emotional attachment.

### Toddlers

How often: 2 to 4 visits per week; each 60 to 90 minutes.

Where: Home or homelike environment; Doctor appointments.

What: Parent meets child’s needs.

Who visits: Parents and siblings separate or together. Other key people with emotional attachment. Listen for who child asks to see.

### Preschool

How often: 2 to 4 visits per week; each 60 to 90 minutes.

Where: Home or homelike environment. Community setting: parks, playgrounds, childcare, doctor appointments.

What: Child chooses what to do during visit; which book to read, what toys, what game. Ask child about their life. Provide discipline.

Who visits: Ask child who he wants to visit. Parents and siblings together or separate. Other key people with emotional attachment.

### **Elementary School**

How often: 1 to 2 visits per week; each 1 to 3 hours.

Where: Child helps to choose home or homelike environment, or where child already is; school, sports, park, restaurant, therapist, doctor.

What: Child helps to choose: What child likes to do; sports, games. What child must do; homework, chores.

Who visits: Ask child who he wants to visit. Parents and siblings together or separate. Other key people emotional attachment.

### **Teens**

How often: At least once a week. 1 to 3 hours.

Where: Teen helps to choose; Where teen already is; school, sports, park, restaurant, mall, therapist, home of parent or caregiver, doctor.

What: Teen helps to choose. What child likes to do; sports, games, shopping. What child must do; homework, chores. Ask child about her life. Discipline.

Who: Ask teen who he wants to visit. Parents and siblings together. Other key people with emotional attachment.

*Wentz, Visitation—The Key to Children’s Safety, Permanency and Well-Being*, pp. 5-6, 27,  
<<http://www.chhs.ca.gov/initiatives/CACChildWelfareCouncil/Documents/Visitation.doc>> [as of November 2, 2011].

### MOVING FROM FOSTER CARE TO AN ADOPTIVE HOME

#### The 3–5–7 Model: Preparing Children for Permanency

“[The 3-5-7 Model for the preparation of children for permanency] is based on three components: (1) the completion of three tasks—clarification of life events, integration of all family memberships, and actualization in belonging to a new family; (2) the answering of five conceptual questions relevant to each child living in placement, Who am I? What happened to me? Where am I going? How will I get there?, and When will I know I belong?; and (3) the use of critical skill elements in the preparation work: engaging the child, listening to the child’s words, speaking the truth, validating the child’s life story, creating a safe space, going back in time, and recognizing pain as part of the process. By incorporating this model, workers and families conducting the preparation work, assist the child in grieving losses, formulating self-identity, establishing trust and security through attachments, and building relationships and openness to join families on a permanent basis.”

Henry, (2005) 27 Children and Youth Services Review, 197,  
<<http://humanservices.ucdavis.edu/academy/pdf/The357model.pdf>> [as of December 28, 2011].

#### Transition Guidelines: Foster Home to Adoptive Home

“With a feeling of closure done in a proper transition, the child will feel secure in his or her new surroundings which will give him the ability to make decisions and operate freely and with confidence; unlike the uncertainty of a quick unregulated move that turns his visible world upside down or in most foster children’s cases, invisible...”

##### **STEP ONE: PREPARATION – Start on notification of an impending move**

“When preparing a child for a new placement or home, it is good to start weeks before the move. Infants two to 6 or 8 months old should sufficiently establish a comfort zone with touch, smell and sight with 4 to 6 visits of 1 to 2 hours each. 8 months to 15 months should have twice that many visits to get to know their new caretakers and not get the stranger anxiety from a move to someone they do not know. They should be held no more than one to two days apart. However, nearing 2 years and older, children can usually grasp that a change is about to occur. Explaining to the child that he is about to have a new home is important in preparing to accept that a move is about to occur...Attachments form at a young age. One to five year olds should take approximately 3 to 6 weeks. The idea is for the child to avoid attachment disorders due to feelings of abandonment and rejection or fear of such...Forcing a quick move will not force the child into bonding with you, but could cause him/her not to bond at all.”

##### **STEP TWO: FIRST MEETING, 2 to 3 hours with the foster parent, adoptive family and child/children preferably in the foster home**

“The adoptive couple is to meet at a familiar place of the child’s (the foster home is usually the best place to start.) The child will be comfortable if he knows that it is ok to have this stranger in his own territory. The foster and adoptive parents should interact together with the child to make him comfortable. The foster parents should allow the adoptive parents’ time to speak and interact with the child. (See his bedroom; ask about his favorite toys or games. Talk about what he or she likes to eat and play with.) If more visits at the foster parent’s home are available, it is in the best interest to have at least 2 more.”

**STEP THREE: 2 or 3 three to four hour visits outside the foster home within 1 to 3 days of each other**

“Plan a meeting at a fast food restaurant or park to meet the child and spend time with him/her. 2 to 3 hours will be sufficient to introduce the adoptive parent in another setting.”

**STEP FOUR: Visiting the new home: A minimum of three day visits at the new home for a period of 4 to 6 hours each within a one week period with the first of these introduced by the foster parent**

“The foster parent should bring the child to their new home for them to stay from 4 to 6 hours. The foster parent should stay no more than 15 minutes unless the child is in distress. Make sure that you discuss with the foster child that the home he is about to visit will eventually become his new home. This allows the child to feel that he/she has permission from their foster parents to be comfortable in someone else’s home...Remember that the child doesn’t really know the concept of ‘foster parent’ or ‘temporary parent’ until much older as in 5 or 6 yrs. Repeat the day visits at least twice more but let the adoptive couple pick the child up from the foster home after the first visit at the new home. This will get the child used to going with the new parents and still be assured that he will be back home and with whom he has been for so long. It will relieve tension about the uncertainty of leaving foster mom and foster dad if he/she has lived there for a time...If the new family only sees the child once or twice per week, it will take him/her longer to get to know you. Multiple visits in a shorter time is better than the same number of visits spread over a longer period; for example, 4 visits each week for two weeks is better than 4 visits over a four week period.”

**STEP FIVE: 4 to 6 overnights in a period of two weeks**

“After the child has had at least 2 to 3 day visits with the new family, plan an overnight on a day when the adoptive parents will be home the next day to spend time with the child. Continue overnight visits until there have been at least 4 to 6 overnights in the new home alternating with overnights at the foster home. Eventually, the child will spend all of the nights at the new home and only days at the old home. The amount of time will depend on the comfort of the child. At this time, depending on the child's comfort, a three to four day stay is recommended...As the visits progress, the time spent at the foster home will decrease until the child is more at the new home than the old. There may be a time when the child will probably not want to go with the new parents and want to stay at the foster home. This is normal; because the child has an attachment to the foster home and senses some loss and is not yet as comfortable in his new setting.”

Ewald, *Healthy Children: Healthy Adults Transition Guidelines*, (2004) *Fostering Families Today Magazine*, 1-3, Foster Care Support Foundation, Inc. <<http://www.fostercare.org/Default.aspx?tabid=83>> [as of December 28, 2011].

## **FROM FOSTER CHILD TO ADOPTED CHILD**

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### **Helping Your Foster Child Transition to Your Adopted Child**

For foster families who choose to adopt the child or children in their care, there are a number of ways to help these children make the emotional transition for being “a ward of the State or the Court” to being “a son or daughter” of specific parents. While parents may appreciate the difference in the child’s role within their family, children may not clearly comprehend the difference between being a foster child versus being an adopted child when they continue to live in the same family. There are specific things families can say and do to help children understand these differences. This factsheet, available from the United States Department of Health and Human Services, describes:

- Talking with children about the changes
- Activities to help children understand their own history and background
- Helping children adjust to losses
- Helping children transfer attachments

US Dept H & HS Child Welfare Information Gateway, *Helping Your Foster Child Transition to Your Adopted Child* (2005). <[www.childwelfare.gov/pubs/f\\_transition.cfm](http://www.childwelfare.gov/pubs/f_transition.cfm)> [as of 12/28/2011].

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### CHECKLIST

\_\_\_ **Time for Transitioning:** Timing needs to be set to the particular child. Both the prior family and the new family need to take their cues on readiness from the child, whatever the context of the prior family and the new family.

\_\_\_ **Permission to Grieve.** Losses are inevitable when a child changes homes even when it is a change the child wanted. The child needs permission to grieve those losses.

\_\_\_ **Permission to Love.** Children need to hear and feel from the people who are important to them that it is all right to love another family.

\_\_\_ **Time and permission to say Good-bye.** Children need to say good-bye to all of their important connections, caregivers, neighbors, baby-sitters, friends, teachers, class-mates, including pets.

\_\_\_ **Belongings.** Children need to have things that belong to them, to be able to take their belongings to a new home, and to have those belongings respected at the new home.

\_\_\_ **Continuing Contact.** Ideally, prior primary caregivers and other significant connections remain caring persons in the child's life. All children can benefit from multiple healthy relationships.