

Korina Barry ([00:00:07](#)):

Hello and welcome back everyone. My name is Korina Barry. I'm the Director of Outreach at the Center for Advanced Studies in Child Welfare. And today I'm talking with Jenny Tesmer, who is a LEND Fellow, and she'll be sharing a little bit more about this podcast series she's working on and sharing a little bit more about today's interview. So hi, Jenny, how are you doing?

Jenny Tessmer ([00:00:28](#)):

Pretty good. Yeah. Doing okay, how are you?

Korina Barry ([00:00:32](#)):

Good, good. Um, so we're going to talk a little bit about the second episode in your series. Can you share a little bit more about who you interviewed?

Jenny Tessmer ([00:00:41](#)):

Yeah. So I interviewed for this. So for this particular episode, um, I was really curious to hear a little bit more about the, the side of parents or foster parents or adoptive parents. Um, so just totally different perspective. And I interviewed a woman named Gail. She shared with me some of her experiences with, um, with participating as a emergency foster parent, uh, shared about her experiences with the kids that she has lovingly. Some of them even like kept in touch with, to this day. Um, and really talked a lot about how disability unfortunately is not as presented to foster parents. Um, it sounds like disability was something that would more, more or less like come up while the child was in foster care. Um, and to no one's fault. It's just that I think that like the parent may have not realized that, Oh, my child has a disability and then once the child is in or was in Gail's care, um, what would happen is maybe school would get involved or something like that and, you know, bring it to Gail's attention or Gail would bring it to the schools attention. Um, so she had picked up on some of those instances happening with the possible diagnosis. Um, there were also times too when, uh, she did know about a disability, so it, it kind of was there, but it just wasn't, as I think talked about with foster care parents, it sounds like there might not be a lot of training on disability, um, for parents who do want to participate as foster parents, or I guess perhaps, maybe adoptive parents too. Um, and so just a very different perspective on like the, the care side.

Korina Barry ([00:02:46](#)):

And Jenny, would you like to say anything else to our listeners about your episode?

Jenny Tessmer ([00:02:50](#)):

Um, you know, I, I just hope everyone listens with some open eyes, open hearts around the, the care and the love that foster parents really put in towards, towards the kids who are staying with them for however long.

Jenny Tessmer ([00:03:12](#)):

Before the episode begins. I want to let you know that this interview contains subject matter relating to the sexual and physical abuse of minors. In addition, there's also content covering youth, experiencing abandonment, substance use, mental health and suicide.

Jenny Tessmer ([00:03:32](#)):

This afternoon we have Gail who is sitting with me here, and we're just going to talk a little bit about foster care and how that intersects with, um, neurodevelopmental disabilities, um, my name is Jenny. I am a social work student here at the U and, um, although I am a social work student, I don't work in the child welfare program. So this is a pretty brand new area for me, at least on the academic level, but on like a personal level. Um, I am an adoptee, so I have been in foster care in the past, but it was more, um, it was very different back then because it was in the nineties and it was also in South Korea. So I know foster care has done differently depending on state. And so I can't imagine country how that looks. And then also in the School of Social Work, we talk a little bit about disability in our classes, but it doesn't really intersect a lot.

Jenny Tessmer ([00:04:23](#)):

And so we really appreciate you talking with us Gail and sharing your expertise on what you know.

Gail M. ([00:04:29](#)):

So I'm Gail Meyer and, um, my husband and I have done foster care in Hennepin County for the last 22 years. We started off doing long-term foster care, which is usually anywhere from six months to could be up to three years depending on the child. And then for the last, um, I guess about 16 years, we've done shelter foster care, which is the emergency foster care. So when the kids first come in the system, they usually go into some type of emergency shelter, um, home or facility. And, um, that usually is, uh, anywhere from three to five days to up to three months.

Jenny Tessmer ([00:05:16](#)):

Okay. I see. Wow. Okay. So then for emergency, like how do you have enough notice or when do you find out that a child will be living with you?

Gail M. ([00:05:24](#)):

So Hennepin County uses a facility called St. Joseph's Home for Children, which is run by Catholic Charities. And, um, we usually have, well, sometimes it might be a three, three hour notice and sometimes it could be a day or two that we know the kids might be coming in.

Jenny Tessmer ([00:05:46](#)):

Okay. I see. Do you have a lot of repeat kids or is that mostly a one-time?

Gail M. ([00:05:52](#)):

Hopefully it's a one-time, but sometimes kids come through more than once. Unfortunately. Um, we've had some kids that have come through multiple times, but that's not usually the case and we hope that's not the case over the last 22 years, we've had close to 600 kids come through our home.

Jenny Tessmer ([00:06:11](#)):

Oh, wow.

Gail M. ([00:06:11](#)):

So lots and lots of kids, Doing emergency shelter care. We often have kids, um, like 50 kids a year.

Jenny Tessmer ([00:06:20](#)):

Okay. I see. Yeah. What was the longest time that a kid has stayed with you then?

Gail M. (00:06:26):

Um, our longest is probably about three years, three and a half years. We had a couple of, um, teenage girls that we actually, they were not, um, able to be adopted. So they were in the longterm foster care program. And, um, they actually aged out with us at 18. They still continued in the, the 18 to 21 foster care program, but wwere on, um, decided to live on their own for that part of it. One was in college and the other one was working.

Jenny Tessmer (00:06:59):

Okay. I see. Do you ever get some, do you get siblings pretty frequently?

Gail M. (00:07:04):

Oh yeah. Those, those two. were not siblings.

Jenny Tessmer (00:07:07):

Oh, I see.

Gail M. (00:07:07):

They, um, they actually ended up being very good friends that were, uh, we had overlapping through the years, but we often get, um, sibling groups of, um, five, six kids.

Jenny Tessmer (00:07:20):

Okay. I see. Wow. Yeah, that's a lot of kids. Wow.

Gail M. (00:07:24):

It is. It is.

Jenny Tessmer (00:07:24):

Okay. And how many kids do you have kids of your own?

Gail M. (00:07:27):

So our oldest son is now 30 and he was seven when we started and then we have a daughter who's 25 and she was three when we started. And then we adopted two foster kids along the way. Um, one is now 21, um, and the other one just turned 18.

Jenny Tessmer (00:07:46):

Okay. I see. Okay. Wow. That's so your kids kind of have other siblings then too, if you want to look at them that way as well,

Gail M. (00:07:53):

Yes,

Jenny Tessmer (00:07:54):

That's awesome. Do you keep in touch with a lot of the kids that you foster?

Gail M. (00:07:57):

I do. I do. Um, maybe not a lot considering close to 600. Um, a lot of kids have found me through Facebook through the years and it's fun to catch up with them that way.

Jenny Tessmer (00:08:07):

Absolutely. Very cool. Very cool. And then my understanding is you also have a background in social work. I do. I do. Where you in child welfare when you were in social work?

Gail M. (00:08:18):

Well, um, I actually, uh, graduated from Concordia College up in Morehead, back in '83. And at that point, when I came out with a degree in Social Work and English, um, social workers were making like 13,000 a year. And I said, I can't live on that. Um, but anyways, that I think lit the fire in me that at age 36, I decided I wanted to do foster care. And take care of kids that way and use my, my knowledge taking care of kids.

Jenny Tessmer (00:08:52):

It's very cool though Gail. That's awesome. Yeah. I mean, Traci here at, um, at the School of Social Work has been, you know, talking about how you're very involved and very strong advocate for children who are needing foster care sounds like emergency or non-emergency.

Gail M. (00:09:09):

Yeah, through the years I've done a lot of, um, training of other foster parents, um, training of initial, like when, when foster parents are trying to decide if they want to get into it or not. I do, um, some speaking at adoption events. Um, and then for the last couple of years I've been with Traci on a child wellbeing committee from Hennepin County.

Jenny Tessmer (00:09:31):

Very cool. Very cool. Um, so then Gail kind of looking also, or starting to think a little bit here about the, you know, the intersectionality of disability and, um, the foster care system or child welfare system, I guess too, if you really want to look at like the broad spectrum of it. Um, you and I have talked a little bit about what neural developmental disability means, and we've talked a little bit about like what specific disabilities that, you know, fall into neurodevelopmental. Um, would you say that there have been, um, quite a few children that you've had who have a neurodevelopmental disability?

Gail M. (00:10:10):

Well, um, a lot have had ADHD.

Jenny Tessmer (00:10:13):

Okay

Gail M. (00:10:14):

And quite a few have, um, FAS or FAS, um, affects,

Jenny Tessmer (00:10:20):

Okay. I see.

Gail M. (00:10:23):

22 years ago, uh, you know, a lot of change through the years, but I think the biggest, the biggest issue or the hardest thing for foster parents is not knowing when we get these kids, what sometimes they have. And sometimes in fairness, the social workers and the parents don't even know. Um, and so sometimes we're faced with trying to get them in for assessments, which is hard. Um, like I was telling Traci a little while ago when as, so the difference being, um, regular foster care at that point, um, the, usually the social worker has a little bit more info about the family by that point.

Jenny Tessmer (00:11:08):

Okay, sure.

Speaker 3 (00:11:10):

Emergency shelter. The kids have just been picked up by the police or they've just gotten a court order and they're removed from home or school and they come to St. Joe's and then to our home. So oftentimes very little is known about their background or what, you know, what issues they might have. Um, so it's a little bit different with emergency shelter. Um, it unfortunately takes sometimes three to four months to get the kids in, to be assessed for psychiatry. Um, you know, all of the behavior, um, all of those issues. It's, it's hard sometimes because there is a waiting period before we can get the kids assessed. And in that time period often there's no meds. So we're dealing with well, sometimes they've had meds, but they're not up-to-date with them, so they don't come in with them. Um, so then you have to try to make an appointment to find out where they've been seen in the past. If they have to go through a new assessment to get their meds again. Um, just a lot involved with, sometimes we're dealing with, um, kids with a lot of issues that we don't have a lot of support for.

Jenny Tessmer (00:12:22):

Yeah. Sounds like it that's man, that's tough.

Gail M. (00:12:27):

It can be. And in emergency shelter. Um, I would sometimes have six kids at a time, sometimes up to eight kids. So I went this last year. I've been taking a break, but I would, you know, have a full house of kids. And so if you've got one or two that are really disrupting, that can be really hard.

Jenny Tessmer (00:12:46):

Yeah, absolutely. And I'm sure there's, you know, the kids might have some fear around, you know, do I tell this person that I have ADHD, even if they know, you know, they might be, um, like nervous or maybe afraid that you won't have them anymore. You know, that could be a fear.

Gail M. (00:13:05):

All kinds of things. So, um, through the years we've taken, um, uh, years ago I took babies and so I picked up newborns from the hospital. Um, it could be, you know, two, three days old and I've taken kids up to age 18. So all the different ages, all different, um, you know, both boys and girls, um, these kids are coming from for the most part, a lot of trauma. So we see a lot of trauma based, um, things.

Um, 80% of the kids we've had in our home have a parent that's addicted to drugs and or alcohol. And often because of that, addiction comes the neglect, not getting kids to school, not getting them to doctor appointments. Um, oftentimes comes the physical abuse when they're using. Um, and then unfortunately are really sad is the sexual abuse that we we've seen with a lot of kids through the years because mom's got different boyfriends coming in and out of the home.

Jenny Tessmer ([00:14:15](#)):

Oh, okay. I see. Yeah. Yeah.

Gail M. ([00:14:17](#)):

And those, unfortunately, sometimes those prey on the, the younger girls and boys. So those are the hard issues that, yeah. You're just trying to, when, when we get kids for, you know, two, three months, we're just trying to give them a little stability, showing them what life can be like in a non well, I always called our home a controlled chaos because when you have six kids or four kids, you know, you're going to have some chaos, but it's controlled chaos. We get kids that some of them have never had a bed to sleep in. Some of them have had a mattress on the floor that six people sleep on. Sure. A lot of them have never had a table to sit at, um, just basic things that we've grown up with, or a lot of us have that these kids haven't had.

Gail M. ([00:15:10](#)):

So it's a lot of teaching and in the shelter, emergency care is where we see most of that because of then, by the time they leave our home and go to a regular foster home or go to a relative, they've had that time to at least to get used to those, those things. Um, I think the biggest thing that we've seen through the years, so most of the, not most but many of the kids have ADHD. And then quite a few through the years have, um, fetal alcohol syndrome. And that's one of the hardest ones to deal with. Um, I'm still in contact with one of our, probably second place third placement we had back 20 some years ago.

Jenny Tessmer ([00:15:56](#)):

Oh, really.

Gail M. ([00:15:57](#)):

Two little girls. And the youngest one was five. I think they were five and seven. The seven year old had a heart condition. So she had a hole in her heart. So we were doing a lot of doctoring for that. And then the youngest one, um, had fetal alcohol. And so, you know, those one, two, three step directions, they don't work. You have to do one step directions, one thing at a time, um, the brain is just wired differently. And, um, it's a lot of repetitive, but those were things that I had to learn. I mean, well, I knew some of that from my background, but there was no one there to immediately tell us, this is how you're going to need to foster this child.

Jenny Tessmer ([00:16:42](#)):

Right. Right. And I'm sure each child with, you know, you could put two children next to each other that both are on the spectrum, but because it's a spectrum, it's just, it's going to look so different. So,

Gail M. ([00:16:54](#)):

Well actually with that little one, it had me telling the worker, Hey, this kiddo needs to be tested for this because I believe she's got this. Okay. And it took me calling up the U and coming to see Dr. Chang way back then to have her assessed.

Jenny Tessmer ([00:17:09](#)):

Okay. Yeah.

Gail M. ([00:17:10](#)):

So a lot of it is foster parents have to do a lot of work. We're the advocate for the kiddo.

Jenny Tessmer ([00:17:15](#)):

Absolutely.

Gail M. ([00:17:16](#)):

Um, oftentimes social workers are so busy with so many cases. They just don't have the time. But, uh, we, we welcome that whenever, you know, any extra hands to help.

Jenny Tessmer ([00:17:29](#)):

Absolutely. Yeah. Yeah. That's amazing that you still keep in touch with both. You said both of the girls, Right?

Gail M. ([00:17:35](#)):

Yes, yes. Yes.

Jenny Tessmer ([00:17:36](#)):

That's awesome. Well, you know, and, and yeah, I, I can understand you had said that, um, fetal alcohol syndrome and that whole spectrum, um, how that can be the most challenging. And I, I can very much understand that with, um, just having worked with some kids in the past who have, who have that diagnosis and, um, you know, you don't, you don't ever want to think of the kids, like just their as just their diagnosis, but that one really does. I mean, it does really influence their ability to learn, to focus to, I believe also, um, like if they're overstimulated, you know, that can be something that makes, um, dysregulated behaviors come to play. So I can, I can see how that, That could be hard. Yeah.

Gail M. ([00:18:22](#)):

And now those two little girls, they actually ended up getting adopted. And, um, unfortunately the parents that adopted them and I think two or three other girls at the time, the adopted father turned out to be a sexual abuser.

Jenny Tessmer ([00:18:40](#)):

Oh no. Oh.

Gail M. ([00:18:41](#)):

So they were ripped from that home and then adopted by another family eventually up North. But so even, and they both came from one of the, the Bloomington Police at the time. It said it was the worst incest history they'd ever seen.

Jenny Tessmer ([00:18:57](#)):

Oh, no. Okay.

Gail M. ([00:18:59](#)):

So unfortunately for those kiddos, they were with us for probably, I don't know, maybe six months before they moved to a possible adoptive home. And then that's that adopted home that did all of that. So, no, it's, it's oftentimes a lot of, um, sadness that goes along with this journey. The youngest is now 26. And I think she's had, I don't know, maybe three babies of her own, who've all been taken from her and all placed for adoption and they all have special needs. It's it's often.

New Speaker ([00:19:39](#)):

Unfortunatley the cycle has repeated.

Gail M. ([00:19:40](#)):

It's often generations that it doesn't get fixed.

Jenny Tessmer ([00:19:45](#)):

That's hard. That's really hard.

Gail M. ([00:19:46](#)):

Very hard. Very hard.

Jenny Tessmer ([00:19:46](#)):

Yeah and you know, in the disability community, people are all, you know, I don't want to think of them as fragile by any means, because they're not fragile. They're very strong, resilient, but it is a population that I feel like unfortunately gets taken advantage of more seriously. And if you have something that really like, if you have, um, something that's disrupting your cognitive thinking, um, it makes you even more vulnerable because you think, Oh, this is normal or this is supposed to happen. Or, you know, my foster parents or my adoptive parents, they do this because they love me. But it's, you know, unfortunate when it's not, it's things like abuse and neglect that just get repeated over and over again, it's hard.

Gail M. ([00:20:29](#)):

And a lot of these kids have gone through so many years of abuse that to them that's normal.

Jenny Tessmer ([00:20:34](#)):

Okay. Wow. That's hard.

Gail M. ([00:20:36](#)):



And even if they have a, a bio mom or dad that's, you know, abusing them, they don't, that's all they've ever known. So to them that's normal or that's, you know, what they've grown up with and they don't want to be yanked away from that, even though, you know, the system is out to help them in trying to protect them. They don't see it as that.

Jenny Tessmer (00:21:03):

Yeah. I wonder what, like the system, the child welfare system in general can do to help with making, you know, cases more proactive instead of reactive. Cause it sounds like they're not as, uh, with not being aware of a neural developmental disability, um, it can really put kids in such greater risk and then it's reactive because it's like, Oh, we got to remove and then place again or figure out another situation.

Gail M. (00:21:34):

Well the hardest part with fetal alcohol is that usually the mother does not want to admit that she was using alcohol during her pregnancy.

Jenny Tessmer (00:21:46):

I see the shame,

Gail M. (00:21:48):

The shame of it could Um, so you're not going to get a mom waving her hand going, Hey, my kiddo needs help because I was using alcohol when I was pregnant with him or her. Now they have this brain disorder and I need help because of this. It's usually more from what I've seen more, more lying about. No I wasn't using or, Oh, maybe just a couple of times.

Jenny Tessmer (00:22:14):

I see. Yeah. That's a really good point.

Gail M. (00:22:15):

A lot of those kids don't get brought to light right away.

Jenny Tessmer (00:22:19):

That's such a good point. You bring up,

Gail M. (00:22:21):

I think kids with you had mentioned before, like autism, I think those kids are identified sooner and I think help is given to them sooner because it's, it's more, well, it's nothing that the it's not perceived as something that the mother did that was wrong. This child was, you know, so they're more able to ask for help. And I think help is quicker to be given through different, you know, different agencies.

Jenny Tessmer (00:22:55):

Yeah. Yeah. That makes sense. Less stigma, less shame. Um, makes it a lot easier to ask for help. So absolutely. Have you by chance worked with, so with the kids, with like ADHD and I mean, and Fetal Alcohol Syndrome, do you work a lot with the teachers then as a foster parent?

Gail M. (00:23:17):

Um, yes. Um, so when kids were with us, long-term they would actually move into our school district. Um, and yes, then I had a much closer rapport with the teachers, um, in our own, um, city with shelter kids, emergency shelter, we get the kids back to their homeschool.

Jenny Tessmer (00:23:43):

Oh, I see.

Gail M. (00:23:44):

So we keep them at their homeschool, um, just for the continuity of their teacher and their friends. We're trying to make it as easy as possible for them. We don't want them to have to move schools. Um, but then we have a little bit less contact with the teacher and knowing that it's just short term, it could be a month that we have them. It could be just two months or it could be a couple of weeks. Um, but the kids with ADHD, a lot of those kids have a lot of the behaviors in the school that is hard.

Gail M. (00:24:19):

And we get a lot of, I get a lot of calls from behavioral specialists, especially in Minneapolis schools that they, they don't know what to do with the kids and the kids act up and, um, fighting, kicking. And, and so they're usually asking me what to do. Even though they might've had them for a couple of years and I've only had them for, you know, sometimes a few weeks or a month. Um, so we, I try to work with them to try to, you know, come up with different things that we can, um, follow through at home also with, you know, whatever they're trying to accomplish at school. But, but that seems to be the biggest issue right now that we see in a lot of schools that the behaviors have gotten out of hand and the teachers and the behavioral specialists don't know what to do.

Gail M. (00:25:16):

A lot of these kids reward programs don't work. Um, and, in the last couple of years, I've had a lot of kids that, you know, seven, eight, nine years old and they get suspended from school. Could be one day, two days, three days. I had a little boy last year, that seven years old, I think he was in first or second grade. And he had hit a teacher, which was an automatic three-day suspension.

Jenny Tessmer (00:25:48):

Oh, I see. Okay.

Gail M. (00:25:49):

And for a little kid like that, to him, that was a reward to stay home from school. Cause he didn't like school.

Jenny Tessmer (00:25:56):

Yeah. That's a good point.

Gail M. (00:25:57):

So I often will ask for in-school suspension, but usually teachers and the principals say, well, we don't have the manpower for that.

Jenny Tessmer ([00:26:08](#)):

Yeah. Okay. And I'm sure there's some truth to that. Um, you know, thinking, just thinking about like the schools that I have worked with in the past, as far as like communicating with teachers, like some of these classrooms have, you know, 30 children.

Gail M. ([00:26:25](#)):

Correct.

Jenny Tessmer ([00:26:25](#)):

And I can't imagine how nerve wracking that would be for a teacher.

Gail M. ([00:26:29](#)):

I think we need to get more knowledge to the behavioral specialists. Give them more tools to work with these kids because it's not going away. The problem is increasing, not decreasing.

Jenny Tessmer ([00:26:43](#)):

Yeah, absolutely. And like you said, it does for a lot of kids it feels like a reward.

Gail M. ([00:26:48](#)):

Oh, most kids, it's a huge reward, they get to stay home. They don't have to go to school. They don't have to, you know, do any work, which is often hard for them.

Jenny Tessmer ([00:26:57](#)):

Yeah. Yeah. Pushes them can push them behind. And then when they are back at school and make them feel left out that they're not at the same level of their peers. So. Absolutely. Yeah. Well it sounds like, um, I mean, as an emergency foster parent and just a foster parent in general, that is a lot of things to try to, um, advocate for in all the systems you're advocating for, for your child for an amount of time, you don't know you'll have them.

Gail M. ([00:27:25](#)):

Correct. And a lot of these kids do not come in with an IEP, but then we're advocating to get them assessed for an IEP as quickly as possible. And a lot of schools don't want to do that. So you need to, a lot of schools, you really have to push them to no, we need to have this child assessed and see what's going on.

Jenny Tessmer ([00:27:45](#)):

Yeah. Yeah. I wonder if it's like, they're afraid of the label that a disability or a diagnosis could put on the kid?

Gail M. ([00:27:54](#)):

No if, if the, if the child has an IEP, it means they need more help, which means more paras in the classrooms, more money going out for that. So a lot of times it's a money issue.

Jenny Tessmer ([00:28:06](#)):

I see. Okay. Yeah.

Gail M. (00:28:09):

But it has to come down to the kids. It has to be about the child that needs the help getting the help.

Jenny Tessmer (00:28:15):

Right, right. Yeah. Absolutely. For the, for kids too. So like we talked a little bit now about schools as far as like what the County does to also support foster parents, do they do. Um, and I know it might be different in emergency cases, but do you ever like work with the social worker pretty closely that is working with the child or is it because their case loads are so.

Gail M. (00:28:40):

Well we hope to

Jenny Tessmer (00:28:40):

Yeah.

Gail M. (00:28:41):

I mean that's, that's the ultimate goal is to, you know, have a caseworker that can work alongside us. Um, I often encourage the social worker to be the one at those IEP meetings or, you know, helping with the school, social worker, being that contact because as a shelter home, I'm only on for a short time where the social worker, the Hennepin County worker would be there for long-term until the child either is adopted or going back to the home.

Jenny Tessmer (00:29:12):

And what kind of resources, um, do the caseworkers social workers do for kids with disabilities that you've seen so far?

Gail M. (00:29:21):

I think the biggest thing is just trying to get them appointments to get the help that they need,

Jenny Tessmer (00:29:26):

Like medical appointments, mostly?

Gail M. (00:29:28):

Medical, Um, being assessed by, you know, for the behavioral needs.

Jenny Tessmer (00:29:38):

Yeah. That makes sense. Um, and I'm sure too, like you're trying to behind the scenes do some stuff too about like, where can I take this kid? Or like what, what will this kid need or what exactly can I request from the caseworker that this kid gets more of or less of probably a case-by-case basis?

Gail M. (00:29:59):

Correct.

Jenny Tessmer ([00:30:00](#)):

Yeah. Okay.

Jenny Tessmer ([00:30:02](#)):

Um, well There's a lot of things that we have just covered and heavy loaded stuff and you know, it does make me think about it. Cause in, you know, in graduate school here as a social work graduate student, we just talked so much about how broken the systems are. And I, um, you know, I have friends who are they are IV-E Fellows, so they're working with different counties in the child welfare system. And I hear from them a lot too. Just about how broken the system is. And we don't talk at all in our classes really about disability and how it intersects, but then hearing your perspective, it's just been so much, so eye opening, you know, to hear from, from a foster parent, this is what's going well, this is what is not going well. This is what foster parents need more of. I'm wondering from you though, like if you had any advice for, um, social workers who are working with kiddos in the child welfare system with a disability, what advice or what would you tell them that would be helpful for, for them to hear from a foster parent perspective?

Gail M. ([00:31:12](#)):

I think just supporting the foster parent and foster family as much as they can. Um, sometimes it can feel overwhelming as a foster parent that you feel like you're doing this all by yourself. Um, and I know that's not the case, but it feels that way. Sometimes these kids, you know, depending on the social worker, sometimes they might see them once a month. Um, and you know, if they've got 20 cases and you know, that could be 40 kids, it's a lot of kids to, to keep track of. But so sometimes just, just knowing that they're there to help when they need, when we need them is a, is a huge thing. Um, I think as foster parents, like Hennepin County, um, they do a lot of trainings. Okay. Um, some of this is just kind of learned on the job though. Yeah. Um, I know I saw a statistic recently that, um, across the country of the US 50% of foster parents that have been licensed do not renew their license a year after.

Jenny Tessmer ([00:32:29](#)):

Oh, okay.

Gail M. ([00:32:30](#)):

So 50% for whatever reason. Now, some of those might be relative foster placements. So, you know, maybe that child went back home and they didn't to keep their license. But I think some of those are ones that, you know, foster parents sometimes get into this, not for the wrong reason, but they think it's going to be easy and they're just going to have these little babies to love or, you know, and they don't realize all of the, the extra, the work and, you know, it's, it's tough. Tough it's probably the toughest job you'd ever have as a foster parent.

Jenny Tessmer ([00:33:05](#)):

Yeah. I can, I could totally see that. Yeah. A lot of emotional labor, um, time, I'm sure. There's hours of sleep that are lost. Yeah, absolutely. And I, you know, you, you did mention too in that, that there's like some training that goes on. Would you mind speaking about what that training looks like?

Gail M. ([00:33:27](#)):

So for, um, in the state of Minnesota, and I think it's probably similar around the country, um, we have to have 12 hours of training every year. One hour has to be of mental health training and one hour has to be for, um, fetal alcohol. Um, every five years we have to do a comprehensive SIDS and car seat training. If we're going to take care of little ones,

Jenny Tessmer (00:33:56):

Could you tell everyone what SIDS means?

Gail M. (00:33:58):

SIDS is when you know, they unexpectedly die in the crib.

Jenny Tessmer (00:34:02):

Oh. Sudden infant death. Right. Okay. Yeah. So it sounds like some very valuable training is going on behind the scenes in there,

Gail M. (00:34:08):

Oh yeah.

Jenny Tessmer (00:34:09):

Yeah. And the process for applying to be a foster parent, is it pretty extensive or what does that look like?

Gail M. (00:34:17):

Oh, shouldn't get me started on that one. Um, you know, unfortunately I think like in anything you get people that sign up for it that have no, no right to be

Jenny Tessmer (00:34:35):

Okay. Yeah that's fair.

Gail M. (00:34:38):

To become a foster parent you need to have a stable living situation. Um, you can rent or you can own a home or apartment. Um, basically you're being, a background check is being done. And if your background is clear, if you don't have mental health issues of your own, if you've been, um, they like to see that you haven't had like a, a major, like a death in the family or something major in the last year or two, um, you can't have, um, you can't be like going through, um, treatment for alcoholism at the time. That has to be something in the past. Um, but otherwise pretty much anyone can get licensed to be a foster parent. Which, yes, we always need foster parents, but we need good foster parents. Um, and I think through the years there's been a lot of people licensed that shouldn't have been.

Jenny Tessmer (00:35:47):

Yeah. That's fair. That's totally fair. Um, you know, unfortunately we hear some pretty sad stuff in the news too, about foster parents taking advantage of kids and, you know, thinking about like kids with a disability, again, just how vulnerable they are. So heartbreaking to hear that. Um, yeah.

Gail M. (00:36:07):

You know, in the background, I mean, when a licensing worker licenses a home, obviously there's a little bit more to it that they're meeting with the, the family, um, they're meeting with the parent, whatever, whoever is doing the foster care. Um, but you know, if the, if the right boxes get checked, they're going to be a foster parent.

Jenny Tessmer (00:36:31):

I see.

Gail M. (00:36:31):

And a lot of times they just don't have, I I've seen way too many people go into it with rosy colored glasses that think everything's just going to be, you know, perfect. And then they end up getting mad at the system. They get, they say the system's broken. They get mad at the social workers because it's not what they expected. And it is, it's like I said, it's the hardest job you'll ever do. Taking in kids that coming from backgrounds that you don't know anything about, coming from all that trauma and just you're loving the kids as best you can. And, um, it's, it's tough.

Jenny Tessmer (00:37:15):

Absolutely.

Gail M. (00:37:16):

We had a tough case a few years ago, four kids came in and the oldest was a teenager about 15 and the youngest was three. And they were just removed from their parents' home. Um, very abruptly because a three-year-old foster child had died in their home. And, um, it turned out that they, the parents were actually doing relative foster care for a three and five-year-old that were niece and nephew to them. So these kids, cousins. And that had to be one of the hardest cases I've had dealing with these kids coming from that trauma of knowing that child had just died in their home and knowing that the parents were probably going to be indicted and prosecuted for the death of that child. And when you've got a 15 year old knowing somewhat what's going on, but not knowing how the system works. And they were with us for probably four months, a little bit longer than normal. Um, and the oldest had, um, all the kids were on meds, but the oldest one had, um, panic attacks, anxiety.

Jenny Tessmer (00:38:48):

Understandable, right?

Gail M. (00:38:49):

Yes. Yes. I mean she came though with all of that already being diagnosed as having that.

Jenny Tessmer (00:38:55):

Okay. Probably just exacerbated everything then too.

Gail M. (00:39:01):

Yes.

Jenny Tessmer ([00:39:01](#)):

All that change, trauma.

Gail M. ([00:39:03](#)):

I remember sitting on the bathroom floor with her as she was having a panic attack and trying to help her, you know, talk through it, um, myself, knowing that the parents were probably going to be arrested, but not knowing when and not knowing for sure. It was just a really tough situation. Really tough. Um, two years later, the parents were both just sentenced. I think the mom to like 30 years and the dad for 12 or 15 years. Um, fortunately the parent, these kids are now with their grandparents and hopefully they can heal and start to move on, but long, long process, two years for kids not to know.

Jenny Tessmer ([00:39:51](#)):

Yeah. Yeah, absolutely.

Gail M. ([00:39:54](#)):

Anyways, but you know, that, that, it's not a typical, but it happens one of my, one of my, um, a story from probably 15 years ago, I had a little, Oh, let's see, little girl was probably three and the boy was maybe five and their baby sister was in the hospital because she had been shaken and they didn't know if she would survive and they didn't know if it was the mom or dad.

Jenny Tessmer ([00:40:28](#)):

Okay.

Gail M. ([00:40:29](#)):

And so they pulled the kids and I had them with me and we were downtown driving to an appointment. And one of them asked about my parents, and both of my parents had just recently died within seven months of each other. And I just said, my mom's up in heaven. And they were just asking a couple questions and we got home and I had a call from their social worker that their mother had just died the night before in her sleep.

Jenny Tessmer ([00:40:57](#)):

Oh.

Gail M. ([00:40:58](#)):

I think of like a heart attack or something. I don't remember the exact, but so I've got these little kids that I need to break the news to. I, and I don't even remember at the time, I kind of think I asked the social worker to come out and talk with me to talk to the kids.

Jenny Tessmer ([00:41:14](#)):

Yeah. You're not alone in doing that.

Gail M. ([00:41:16](#)):

Right. Right. I don't like to do those things alone. I would rather have the supportive, ongoing, you know, worker with the kids. But, um, that was quite the moment that having to say, you know, your mom died.



And, and uh, at that point they had some faith in their family and saying that, you know, she was in, in heaven. Okay. Um, but that was one of those you go, Oh my goodness.

Jenny Tessmer (00:41:44):

Yeah. Yeah. As a foster parent, you know, you have to be ready to deal with really any, anything they're your kids, you know, they're your kids. So yeah.

Gail M. (00:41:53):

And I get a lot with the teenage girls where I get a call from school or social worker saying, Hey, I hear they're going to, they they've been telling people they're going to kill themselves. So I have to go have that conversation that, Hey, you know, you're special, you're loved. I know it's hard right now. You know, we have to make a plan. Um, I get the crisis team involved too with that then too, to make sure that there's a plan that they're not going to kill themselves. And most of the time they say, no, I'm not going to do that. Or, you know, someone just blew that out of proportion, but we have to have that conversation too.

Jenny Tessmer (00:42:32):

Yeah. Like in an, like if you're not, if you go into, you know, Parenthood in general, without thinking that that's, that couldn't be a conversation, that's, you know, it's a really, um, heavy awakening, so

Gail M. (00:42:46):

Right.

Jenny Tessmer (00:42:46):

Yeah.

Gail M. (00:42:46):

Right.

Jenny Tessmer (00:42:47):

Abs, so foster care is not for the faint of heart, is what you're saying?

Gail M. (00:42:50):

It is not. And, and the parents that go into it and think that, you know, it's, these kids are just going to love you unconditionally. Oh no. They've been, you know, ripped from what they perceived as love from their parents and well, and these parents did, they do love them, but it's just all this other messiness that goes with it. And the biggest thing that we can, I mean, through the years too. Oh, so many visits we've had. So the, the ultimate goal is always reunification, always reunification unless the parents are in prison, but they always want to reunify. And that's hard as foster parents to watch because they see the parent, you know, falling time after time, after time and not, you know, not showing up for visits and the kids just being broken hearted and, and you still have to keep dealing with that.

Gail M. (00:43:44):

Um, but that's probably the hardest part is when parents don't show up for visits and you've got these crying kids and you have to tell them, you know, I know your mom and dad or whoever it is. I know they love you. They just couldn't be here for whatever reason today.

Jenny Tessmer ([00:44:00](#)):

Yeah. And that's so hard.

Gail M. ([00:44:01](#)):

They still need, they need to know that, that the parents, you know, even if they're strung out, if they've just ODed, whatever that parent still loves them, but they've got a lot of stuff that they have to work on before they can get reunified.

Jenny Tessmer ([00:44:13](#)):

Absolutely. Yeah. And it's always good to, like you said, the goal is reunification and as long as maybe as long as the kids know that too, that can give them some faith. Right?

Gail M. ([00:44:24](#)):

Well, but that's a tricky part too, because it doesn't always happen.

Jenny Tessmer ([00:44:29](#)):

Yeah, sure.

Gail M. ([00:44:30](#)):

So it's that fine line of, yes, this is what we're working towards, but at the same time, most social workers have to have a plan B of, if that doesn't happen, where are these kids going to go for permanency? Because permanency is always the, you know, the very end goal. And we've, you know, through the years, we've had handful of times where they'd been ready to move back to the parents and literally all packed up and ready to go. And sometimes in the car to go back to the parents and the parent has taken off.

Jenny Tessmer ([00:45:03](#)):

Oh, okay. I see.

Gail M. ([00:45:04](#)):

So they can't handle it. They're just like, Nope. I'm not going to do this.

Jenny Tessmer ([00:45:09](#)):

Yeah. Well, You know, this, every thing you're describing really, I'm not trying to laugh, but it's just, it's interesting how like, you know, foster care and how messy everything can be for the kids, everyone involved, it's such a, like, um, a mirror to what needs to happen to make just society a more loving place,

Gail M. ([00:45:33](#)):

And it's easy for everyone to say the system's broken.

Jenny Tessmer (00:45:37):

What are we going to do about it? Is the other question, I suppose,

Gail M. (00:45:40):

Correct. How are we going to help these kids and these parents. Ultimately it comes down to the parents, you know, helping them with whatever they're dealing so they can be better parents.

Jenny Tessmer (00:45:53):

Yeah, absolutely. Yeah. I know in, you know, in school we talk a lot about like the family unit and how, when, you know, families always try to maintain homeostasis that could either be from a healthy perspective where, you know, there's like a stable routine and house and parents with a job then kids in school, or it could be even parents who are, um, you know, struggling with addiction. And the kids think that when, you know, mom or dad are like, you know, high or doing something else with drugs that that's considered homeostasis. And even if they're away from any of that, it's so, um, just jarring for the kids to not have that and to help families maintain a homeostasis. I think that would be in a more, um, healthy way for every all people involved in the unit. Yeah. What, what do we do? How do we, how do we keep that unit homeostasis? It's hard to know. It's really hard to know.

Gail M. (00:46:52):

I would love to see more, um, facilities, shelters for, um, especially moms that are dealing with substance problems, where they can bring their kids with them as they're working through these and, you know, treatment. Um, cause a lot of times, you know, it's hard for the kids that they go through a lot of trauma when they're taken away from home, even though home wasn't good. Definitely. Definitely. Yeah. And then the other big piece that we're seeing that we haven't even really touched on is, is all the mental health. That's another huge issue with a lot of these kids coming through is the mental health issues and more need for residential treatment and day treatment and schools not being able to handle them and the parents can't handle them.

Jenny Tessmer (00:47:46):

Do they talk any time in the screening process about disability?

Gail M. (00:47:53):

You know, It's been 22 years since I've gone through that. So I can't tell ya. Um, I'm not sure I don't. They would be telling people that yes, there's a lot of different things going on with these kids, but I don't even know if the licensing worker or workers know everything that could be going on with these kids, if that makes sense.

Jenny Tessmer (00:48:15):

Yeah. Yep. I hear what you're saying. Um, so it sounds like, you know, they do talk about how like the trauma that kids, that, that kids who are in foster care come with, however, what that actually presents like in the moment.

Gail M. (00:48:34):

Right. Well, I was just thinking book knowledge totally different than actual reality when you're, you know, actually in the midst of it when you're in the throws of taking care of these kids. And so you're

trying to think of all the things you've learned and how are you getting to, and in a lot of foster families, families have kids of their own. So they're trying to juggle everything, trying to help these kids, but still trying to protect their own kids and trying to mash a whole family together. And it's not easy.

Jenny Tessmer ([00:49:06](#)):

Yeah. Yeah. That is a lot to balance. And to, you know, also teaching your own kids like this is how, Um, You know, other people's families, how this shows up in their, in their children and you know, we want to welcome them. We don't want to be afraid of them.

Gail M. ([00:49:26](#)):

Well,

Jenny Tessmer ([00:49:26](#)):

and having those conversations.

Gail M. ([00:49:27](#)):

and you're, it's important for foster kids to know that they're part of your family. They don't want to be separated from your family. They want to be treated like your kids. So that's the part of behind the scenes that they can't always see that you're still giving your own kids, letting them know that, you know, they are very special. They're, you know, I don't know how to say that, but you know, um,

Jenny Tessmer ([00:49:53](#)):

You talk to them like you would with them, with your children.

Gail M. ([00:49:56](#)):

Right. Right.

Jenny Tessmer ([00:49:56](#)):

Is that what you're saying?

Gail M. ([00:49:57](#)):

Um, well it, it just the fine line of, yes, you are now part of our family, it's just short term, but you're not telling them that because you don't know how long it's going to be. But I think that's the biggest thing you'll hear from foster kids through the years that yeah, this family took me in, but they didn't treat me like they treated their own kids or they treated their own kids differently. They gave them things they didn't give me.

Jenny Tessmer ([00:50:21](#)):

I see.

Gail M. ([00:50:22](#)):

And that's where you have to be not secretive, but you have to be smart in how you still, you know, cause these kids are going to be gone in however long, usually.

Jenny Tessmer ([00:50:34](#)):

Yeah. You would hope that they are reunifying

Gail M. ([00:50:37](#)):

Right they are working towards reunification. But so you're, it just, it's, it's tricky. Absolutely. Our very first placement was just a short term. Um, little girl who turned one when she was with us, her name was Kelly and I'll never forget taking that very first little girl and thinking, Oh my gosh, you know, looking around like, are you kidding? You just place this one little girl with me, you know, like where's her family. I mean, I knew, but it was still that odd, you know, sensation of I'm taking care of this little girl. And then our next placement was two little boys that, um, so our daughter was three and our son was seven and these two boys came in to our home and the one little boy was four and the other one was six. So right in between our two. And, um, probably a month into it real, real soon on, Um, they were all watching or playing. I think they were watching a movie in our den, which was right next to our kitchen. And our little daughter was sitting in a chair and the four year old boy decided he wanted her chair, but she didn't want to move. And he didn't like that. And he went and he actually took a shoelace out of one of his shoes. And he came up from behind her and tried to strangle her.

Jenny Tessmer ([00:52:08](#)):

Oh no. That's scary.

Gail M. ([00:52:10](#)):

And actually left a mark on her neck. And fortunately our older son was right there to, you know, and "Mom!", And, you know, chaos of course ensued and in to stop him though from, from doing that. But she actually had like a rope burn on her neck that I still have a picture of to these day, to this day. But it was my immediate wake-up call that these kids have gone through so much that they need supervision 24 seven. And that's the other hard part that a lot of foster parents don't realize, and it takes an immediate wake up call to go, Whoa, I can't leave these kids alone at all. And that's another reason why we, uh, through the years, um, most social workers or most licensing workers, most systems will tell you have kids younger than your own kids. Okay. Your kids should be the oldest ones as you're doing the foster care. Not always true, but for the most part, just so that they can protect themselves if they need to. That was one of my first wake up calls that "Whoa!" You're trying to hurt my kiddo.

Jenny Tessmer ([00:53:16](#)):

Yeah. Yeah. That'd be terrifying. Yeah. I'm sure you handled it gracefully, but that would be terrifying.

Gail M. ([00:53:22](#)):

Yeah. Yeah. Um, we ended up having those two for gosh, close to a year and then they were reunified with an aunt out in Washington and that fell apart and they came back to our home and then they are actually adopted by, um, some neighbors of ours. Okay. So it's been interesting watching them there. They're both in their mid twenties now. Okay. Long time ago. No those things you remember.

Jenny Tessmer ([00:53:48](#)):

Yeah. Yeah. And I so appreciate hearing your, you know, your personal stories too, and your experiences, um, just because, you know, it's, it's one thing, like you said, the book is different than Person knowledge. And honestly, when, when I have been thinking about how, um, you know, the child

welfare system, how it does intersect or not intersect with disability, it sounds like it doesn't intersect enough is what I'm, how I'm interpreting, um, the content from this conversation. And I would be really curious just to hear from you, like what, like what future questions should we be asking then to social workers about like, what, what do we do? Like how should we do this differently?

Gail M. ([00:54:34](#)):

I don't know if you'd get any answers. Um, most social workers are, I don't want to say struggling, but they're trying to stay above water. Um, most counties are trying to keep the case loads as low as they can. Um, I know that's been a big one in Hennepin County that, you know, for a time caseload's were 20, 20 cases per, and that's just too many. So they've tried to get them down to like 12. Um, so it's manageable because I, uh, you know, uh, social work is, um, social workers. That's a high burnout job. It's, uh, you know,

Jenny Tessmer ([00:55:12](#)):

And we can see why now, after just hearing your anecdotes here, so.

Gail M. ([00:55:17](#)):

Yes social workers are dealing with, you know, they're trying to help all of these kids and the families and the foster care families. And oftentimes it feels like it's all falling apart. So if they have, you know, 20 cases, you can imagine it's just too much. I remember a couple of years ago I was, um, I had a social worker that had, he was new, um, just out of grad school, I think, or he he'd only been in the field a couple years and he started out, he told me he started off. So I'd had, I think two cases with him. And I think he said he started off with 10 to 12 cases. Okay. The next time I saw him, he was up to 15 cases. And the last time I saw him, he told me he was done in two days because he was up to 19 cases and he was overwhelmed and he couldn't do it anymore.

Jenny Tessmer ([00:56:09](#)):

Wow. Yeah.

Gail M. ([00:56:10](#)):

And he lasted a year.

Jenny Tessmer ([00:56:11](#)):

Oh my gosh. Only a year.

Gail M. ([00:56:13](#)):

And he was a great worker.

Jenny Tessmer ([00:56:14](#)):

Yeah. I'm sure.

Gail M. ([00:56:15](#)):

But it's just too much.

Jenny Tessmer (00:56:18):

Yeah. There's a lot of outstanding workers who just cared tremendously. Right. And yeah. When you're stretched. So thin like that, I can't imagine.

Gail M. (00:56:28):

Right. So I think it's just, you know, as a social worker too, building a rapport with the foster home, as much as you can to act as a team, you know, I guess that would be the biggest thing I would say is a lot of times, as a foster parent, you don't feel like you're part of the team. You feel like you're just taking care of the child and everyone expects you to do all of this, but they're not including you as part of the team. Myself with my background, I inserted myself as part of the team, but a lot of parents don't do that and they don't know how to do that. So I would say as a, as a social worker or a new social worker, you know, really appreciate that foster home. And tell them that you appreciate that foster home, you know, that family and, and help with whatever ways you can, as far as transportation and just, you know, being there to emotionally help that foster mom or dad to in any way they can. But, mainly treating them as part as the team.

Jenny Tessmer (00:57:27):

Definitely. Yeah. That's amazing advice. And I think, um, foster parents who are listening or, you know, who are people who are thinking about being foster parents would also appreciate hearing that too. It's like, okay, this is something I can do. I can advocate for myself. Especially if, um, I mean disability or no disability present in your shot in the child. Um, you know, you still want to know that like, Hey, I'm part of a team we're all on this together. As cheesy as that sounds, but like, you really are.

Gail M. (00:57:58):

So a lot of times, And you don't hear much from the social worker through the years, you know, I've had cases where you don't hear a lot and all of a sudden they're going to court and they go to court, you know, multiple times. And you're not, sometimes you're invited what usually you could go if you want to, but sometimes you've got five kids at home and you can't go to court and you're waiting to hear what happened in court and you don't know what's going to happen. And, and you just feel like you're not part of the process. And you feel like you're not, you know, you don't have a say in these kids' lives, which you don't, but at least if your input can be, you know, taken a little bit, um, um, guardian ad litem are very important in foster care. I don't know if you have studied much on guardian ad litem, but there's

Jenny Tessmer (00:58:42):

I personally have not.

Gail M. (00:58:43):

So a guardian ad litem is appointed by the court as a neutral party. So they, um, like Hennepin County has some guardian ad litem that are, uh, paid positions. And a lot of them are just volunteers. But they get to know the kids, they get to know the parent and then they get to say to the judge, this is what we think should happen. Um, and so they're vital for foster parents to be able to communicate with.

Jenny Tessmer (00:59:12):

I could see that definitely just having a neutral person involved. For sure.

Gail M. (00:59:16):

Right. Through the years a lot of us foster parents have blamed the judges, when things don't go right. Um, we, we see that a lot of times the social workers do their best to, you know, communicate to the court, what should happen and what should not. And a lot of the times the judges like in Hennepin County judges are on, I think now it's a, three-year rotate three year rotation. So they go, you know, they might be in criminal court, they might be in family court. They might be in juvenile court. They might, um, civil and not have, not a lot of them like this area of court. Um, it's tough. And so a lot of times we get judges that, you know, if the kids are in care for a length of time, sometimes the judges change. Sometimes they're just looking at this on paper. Um, sometimes they reunite before they should, and then the kids come back in the system and that doesn't, that's not good for anyone. Um, yeah. But a lot of times we've seen that, you know, the social worker is doing everything they can, but then you've got the County attorney involved and you've got, you know, the, the parents attorneys and they're all trained to, you know,

Jenny Tessmer (01:00:33):

It's almost like too many cooks in the kitchen situation, But yeah. I hear you though with like really listening to the foster parents, listening to what life has been like,

Gail M. (01:00:42):

Well, and it's not listening to us for what we want, but what we see as maybe best for the child.

Jenny Tessmer (01:00:49):

Right. Absolutely.

Gail M. (01:00:50):

And how the parent, how the child is reacting after visits. This is so tough. A lot of times we see the really tough behaviors after visits.

Jenny Tessmer (01:00:59):

Sure. Yeah. Yeah.

Gail M. (01:01:01):

So that type of thing

Jenny Tessmer (01:01:03):

I can imagine that, cause you're saying hello, and then you're saying goodbye in such a short amount of time, if you don't see them. So

Gail M. (01:01:09):

Right. A lot of tears. Yeah.

Jenny Tessmer (01:01:11):

For sure. For sure. Well, Gail, we like, and I say, we, I mean, I know it was just me and you in the room, but I'm sure people who are listening, you know, like just greatly appreciate your, your time, your



energy, your, you know, the love that you put in to all of your foster children. I mean, clearly it's gone, it's just gone so well because you've been doing it for so long.

Gail M. ([01:01:35](#)):

Well it's been quite the journey.

Jenny Tessmer ([01:01:37](#)):

Rewarding Yeah. Yeah, absolutely.

Gail M. ([01:01:40](#)):

And Its, you know, we've, we've loved doing it. It's a labor of love and it's, um, hard work, but it's, it's been awesome helping all these kids through the years.

Jenny Tessmer ([01:01:50](#)):

For sure. For sure. And just hearing you speak too about, like I said, like really hearing you talk about the absence of disability with your, with the kids, um, it just brings up a lot of important things for all of all people involved to be wondering and thinking about what can we be doing to make this..The system just more aware of disability. And it sounds like there are way more questions than answers.

Gail M. ([01:02:18](#)):

Yeah. And like I said, you know, we don't want to say that this system is broken, but just trying to figure out how to, you know, do the best for the kids. Um, even though it is broken, sometimes I received, uh, a note on Facebook a few years back from a girl that, um, was actually in college at the time. And she and her brother had been with us for a summer three months, um, back, um, when she was like 14 and the brother was like 11 and she sent me a message on Facebook that she was in college and doing really well. And that she, um, her English professor, they had a writing assignment that they had to write about someone that had, that had made an impact in their life. And it couldn't be a relative. And she said, I immediately thought of you. And she said, I want you to know that, um, in the three months we were with you, you gave me the childhood I never had. And it just, it was like, Oh my goodness. That's exactly why we do what we do. You know, just, um,

Jenny Tessmer ([01:03:32](#)):

Oh, that's so heartwarming.

Gail M. ([01:03:34](#)):

Yeah. It's just stuff like that, that we go, yup. This is why we're helping these kids on their journey. And it is, it's a journey. And it's different seasons of life, different chapters. So if we can help these kids in this chapter of their life, hopefully someone else can, you know, continue with the next chapter.

Jenny Tessmer ([01:03:55](#)):

Yeah. Yeah. That's beautiful. I love that. That's, that's amazing. I bet that makes you feel like, you know, just so rejuvenated.

Gail M. ([01:04:04](#)):

We need that.

Jenny Tessmer ([01:04:06](#)):

Yes. For sure. For sure. Well, I'm just going to do a quick recap here then of our conversation. I know we've talked about a lot, so this is going to be, you know, kind of a rough recap, but, um, you know, really what we've been able to talk about and cover a lot is how disability does and does not show up in the screening process, how the kids sounds like more often than not, don't even realize that they have a disability until they're living with foster parents.

Gail M. ([01:04:36](#)):

Sometimes.

Jenny Tessmer ([01:04:37](#)):

Um, and the people who are involved like teachers, foster parents, schools, um, or, well, I said teachers, but really like all people who work at a school with the kiddo also are feeling really stretched with knowing how to best support kids.

Gail M. ([01:04:55](#)):

Well and then, real quick too, to add in there, oftentimes the schools aren't equipped because a lot of these families, um, move so often that the kids switched schools. So often. So they fall between the cracks. That, you know, if they were in the same school for, you know, three, four years, obviously they would have probably caught it by then, but they're moving so often that they don't catch it. And often that's, I've seen that oftentimes when the parent knows that the kiddos' struggling at school, they take them out of that school and put them in another school. It's just, they're coping. And then a lot of these parents don't have stable housing. And so they're moving from shelter to shelter oftentimes too.

Jenny Tessmer ([01:05:41](#)):

Yeah. All great points to bring up. Definitely.

Gail M. ([01:05:44](#)):

And so it just, yeah, it's a huge,

Jenny Tessmer ([01:05:48](#)):

It's like poverty with child welfare, with disability, with education, like all of those intersecting and the more pieces that come together for intersecting, it just creates like a whole different, I mean, we could do like 20 different podcast episodes on that too.

Gail M. ([01:06:03](#)):

If we could fix society so people didn't have the drug and alcohol addictions. So they would have the stable housing, so they'd have the stable job. So you know, all of that.

Jenny Tessmer ([01:06:14](#)):

Yeah. And speaking of addiction, you know, with, we also talked about, um, fetal alcohol syndrome and how the shame still of really saying like, yeah, I was, um, drinking when I was pregnant and how that

doesn't come out ever really in conversation, at least not effortlessly. Um, that can also be a reason why that doesn't get caught and with kids a lot sooner for intervention. Um,

Gail M. ([01:06:41](#)):

Well I know like I've even, um, sometimes we've had kids where I've had to say to the social worker, you need to talk to the parent or to the mom and ask if she was using, but don't, you have to let her know that you're not accusing her of something you just need to know to be able to help the child. Because if you say, were you drinking, their first response is going to be no. Because they think they would be in trouble for doing that. So it has to be more of the back door coming and saying, Hey, we're noticing these things with, you know, this, your, your child. And we're wondering if maybe you were using and if you were, I mean, obviously you don't want to say it's okay, but I mean, pretty much it's okay. We just need to, you know, know how to help this kid. Now this kiddo.

Jenny Tessmer ([01:07:33](#)):

Absolutely. Yeah. Great. That's a really great point to add, too, and hearing about your experience with even knowing how to have that conversation is really important because yeah, it's a tough conversation to have. And if you're going in with the intention of like, this is going to be a nonjudgmental thing, but it could, it could easily come off that way. So yeah, loving, loving the child, loving their family as a whole. Um, and then potentially also, I mean, we didn't really say this explicitly, but potentially educating more social workers on what disability looks like, and neural developmental disability with all of its, um, you know, implications with, uh, cognitive functioning and, um, even like muscle and nerve disorders and ticks and you know, those, all of those really educating social workers more on what those look like and how those present so that they can also be part of the process of saying like, Hey, we're noticing, um, these particular behaviors, have you thought of this?

Jenny Tessmer ([01:08:43](#)):

Or I would recommend that, you know, your child gets referred for this particular screening and yeah. Just training social workers and how to even approach that in a sensitive, nonjudgmental way. Cause there's nothing wrong, nothing wrong with them, but it does for sure need to be, um, the door at least needs to be open to start having those conversations.

Gail M. ([01:09:06](#)):

Right.

Jenny Tessmer ([01:09:06](#)):

So, yeah. Well thank you so much Gail for taking time to talk and you know, we really appreciate it. And um, I just, I, I greatly appreciate hearing even like your personal stories too. It just brings so much more to the, to the audience, to our learning everything. So great.

Gail ([01:09:24](#)):

Well, thank you.

Jenny Tessmer ([01:09:24](#)):

Yeah. Thank you, Gail.