

Module 4: Placement

Licensing Pre-Service Curriculum



Trainer Guide

Office of Child Welfare

12/1/2019

Module 4:

Placement

Time:

11 hours

Module Overview:

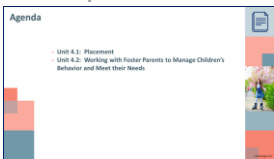
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The purpose of this module is to provide an overview of the placement in the traditional foster home.

Agenda:

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Unit 4.1: Placement (TG: 3 , PG: 2)

Unit 4.2: Working with Foster Parents to Manage Children's Behavior and Meet their Needs (TG: 68, PG: 40)

Materials:

- Trainer's Guide (TG)
- Participant's Guide (PG)
- PowerPoint slide deck
- Markers and flip chart paper
- Video:
 - ***I Like Adoption***
 - <https://www.youtube.com/watch?v=GgrooIXfZOI>

Module References:

- Fostering Perspectives Newsletter, Vol. 13, No. 2, May 2009
<http://fosteringperspectives.org/fpv13n2/transition.htm>
- Department of Children and Families employees must follow the Florida Code of Ethics, Operating Procedure No. 60-5, Chapter 5, March 22, 2018.

Activities:

Due to small size of most licensing classes, all activities should be completed individually or as a whole class.

Unit 4.1:

Activity A: Meeting Foster Care Providers (TG: 6, PG: 4)

Activity B: Bringing Families Together (TG: 14, PG: 8)

Activity C: First Night (TG: 29, PG: 21)

Activity D: Permanency Options (TG: 35, PG: 23)

Activity E: Which Permanency Option Would You Choose? (TG: 38, PG: 25)

Activity F: Trauma Sensitive Transitions (TG: 49, PG: 33)

Activity G: Creating a Life Map (TG: 65, PG: 39)

Unit 4.2:

Activity H: Partnering to Address Trauma (TG: 78, PG: 44)

Activity I: Building Resilience and Healing (TG: 81, PG: 46)

Activity J: The Invisible Suitcase (TG: 89, PG: 54)

Activity K: Minimizing Trauma at Initial Placement (TG: 95, PG: 57)

Activity L: Self-Reflection (TG: 103, PG: 60)

Activity M: Normalcy Planning (TG: 115, PG: 67)

Unit 4.1: Placement

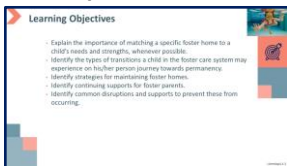
Unit Overview:

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Learning Objectives:

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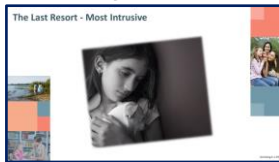
PG: 2

The purpose of Unit 4.1 is to explore the placement stage of assessment and licensing including how children are matched to foster homes, how to assess for strengths and needs in order to provide support and training, the steps foster parents must take, and the requirements parents must meet in order to be eligible for re-licensure. Licensing Specialists are expected to use professional judgment to ensure that on-going assessments are conducted and supports are provided to prevent placement disruption and encourage foster home retention.

1. Explain the importance of matching a specific foster home to a child's needs and strengths, whenever possible.
2. Identify the types of transitions a child in the foster care system may experience on his/her personal journey towards permanency.
3. Identify strategies for maintaining foster homes.
4. Identify continuing supports for foster parents.
5. Identify common disruptions and supports to prevent these from occurring.

Placement Matching

Slide: 4.1.3



PG: 3

Slide: 4.1.4



PG: 3

Already having explored the circumstances that bring children into care during CORE training, it is clear that placement into foster care is the last resort because it is the most intrusive.

Why follow a least to most intrusive process?

Wouldn't we want to get a child away from his/her home as soon as possible if we suspect abuse, abandonment, or neglect?

Endorse reasons that include, but are not limited to:

- The child has the strongest attachment to their family first and the family's and community's culture. We focus on least intrusive to minimize the trauma to children when they must be removed from their homes.
- Reunification is usually the permanency goal unless "egregious abuse" occurs or if the family has an extensive DCF history in which previous services that were provided failed to reduce risk factors for the child in the home.
- We must not always assume home removal is the first and best option. Removal from the home is very traumatic and we must be certain to follow the least to most intrusive process.

Trainer Note: Review with participants, Chapter 65C-45, F.A.C., Placement Matching.

Slides: 4.1.5

PG: 3

Placement Matching

Analyze the child's age, gender, sibling status, special physical, educational, emotional and developmental needs, alleged type of abuse, neglect or abandonment, community ties and school placement, and potential responsible caregivers that can meet the child's needs.

Use the Unified Home Study to determine if a relative or non-relative is responsible and capable of meeting the child's needs.

- Relatives first, then persons with an established relationship with the child
- Adoptive parents of siblings
- Utilize the Multiethnic Placement Act of 1994, 42 U.S.C.A. §671(a)(18), and the Interethnic Adoption Provisions.
- Comply with the provisions of the Federal Indian Child Welfare Act.
- When goal is reunification, place in as close proximity as possible to the caregiver.

Licensing 4.1.5

Although Licensing Professionals may not be responsible for making the placement decision, how do they impact the child's well-being and experience while they are in licensed care?

Endorse ways that foster care Licensing Professionals impact a child's well-being while in licensed care that includes, but are not limited to:

- Training and licensing relative caregivers, fictive kin or familiar non-relatives
- Recruiting, training, and assessing quality, caring foster parents
- Assisting with matching the child to the right foster parents
- Coaching and mentoring foster parents
- Identifying resources for foster parents
- Working with the whole team towards reunification and Case Plan tasks

Trainer Note: For the following Activity invite medical, therapeutic, and residential care licensing providers as guest speakers to provide an overview of their programs and local resources.

These should be very introductory, approximately five-ten minutes each. They should be followed-up with Lunch-and-Learns for details as the participants will not be able to remember the details of the programs at this time. Or, have the guest speakers come in at the end of training for a full “Provider Fair Day”.

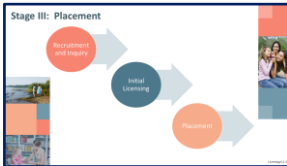
Activity A: Meeting Foster Care Providers

Time:	30 minutes (based on three speakers)
Purpose:	Participants will have the opportunity to hear about the various types of foster care programs and how the different levels of licensure apply to an eligible child’s needs.
Materials: <i>Slide: 4.1.6</i>	<ul style="list-style-type: none"> • PG: 4, Foster Care Providers worksheet
Trainer Instructions:	<ul style="list-style-type: none"> • As much as possible during your introduction of speakers, emphasize partnership and collaboration. This is also an opportunity to inform Licensing Specialists about how these different agencies work within your local system of care (i.e. how the contracts are defined in terms of services and referrals, local numbers of children in the programs, etc.) • Instruct participants to listen to the speakers and to feel free to ask questions. • Ask participants to reflect on the speaker by answering the questions on their worksheet. These questions include: <ul style="list-style-type: none"> - What do each of the programs provide in terms of services? - How does the team determine which service is right for each child?

<p>Participant Instructions:</p>	<ul style="list-style-type: none"> - <i>How does the team access these services for children?</i> - <i>How do foster parents prepare for the different levels of licensure?</i> - <i>What is the Licensing Specialist's role within each of these types of foster care?</i> <p>Debriefing: Following the speakers, trainers will need to spend some time responding to questions participants may have.</p> <p>1. Answer the following questions based on the guest speaker's presentations:</p> <ul style="list-style-type: none"> - <i>What does each of the programs provide in terms of services?</i> - <i>How does the team determine which service is right for each child?</i> - <i>How does the team access these services for children?</i> - <i>How do foster parents prepare for the different levels of licensure?</i> - <i>What is the Licensing Specialist's role within each of these levels of licensure?</i>
<p>Activity STOP</p>	

Stage 3: Placement

Slide: 4.1.7



PG: 5

It is the responsibility of the Licensing Specialist to gather and interpret the results of assessments and communicate findings to appropriate parties to ensure that members of the team are knowledgeable regarding the strengths and needs of foster parents so that children receive excellent parenting and foster parents are provided with the support and resources they need.

Depending on local roles and responsibilities, the Licensing Specialist may have a key role in the placement process or a minimal role. Some areas will have an actual placement team who are responsible for making placement decisions and communicating with team members regarding placement. Keep in mind that these professionals may or may not have a full understanding of a foster parent's strengths and needs and they may not have visited the foster parent's home. Because the Licensing Specialist has the key relationship with the foster parent, it is important that Licensing Specialists participate in as many of the following tasks as possible:

- Review and evaluate the foster parent profile to assist with the proper matching and placement of children.
- Conduct purposeful home visits as required.
- Provide effective and timely interventions to prevent placement disruption and retain foster parents.
- Identify and communicate needs of foster parent or children to appropriate parties to ensure that services are rendered in a timely manner.
- Serve as a liaison between the foster home/children and Case Managers.
- Assess foster parents to identify and provide for on-going training needs.
- Inspect the home to assure continued compliance with home inspection standards in Chapter 65C-13, F.A.C.
- Develop and implement strategies to encourage foster parent peer-to-peer support.
- Investigate reported safety concerns in a foster home.
- Develop and implement corrective action plans to respond to identified safety concerns in a foster home.

How can the Licensing Specialist increase other team member's understanding of the foster parent's strengths and needs to ensure informed placement decision-making?

Endorse:

- Create one-page profile summaries of each foster parent/home.
- Provide the team with a summary of strengths and needs.
- Ensure that photographs of the home are accessible to team members.
- Alert the team to any current information that is relevant to placement that may not be known to team members.
- Share any changes in the home or with the foster parent.

Partnership Commitments Regarding Placement

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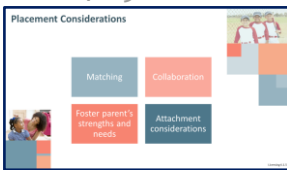
PG: 5

In Module 1, partnership commitments were thoroughly explored. One of those commitments relates directly to placement so it is important to keep it in mind during this unit.

Responsible placement:

- Children will be placed only with caregivers who have the ability and are willing to accept responsibility for the care of a child in light of the child's culture, religion and ethnicity, special physical or psychological needs, unique situation, including sexual orientation and family relationships.
- DCF, CBC, and agency staff provide caregivers with all available information to assist in determining if they are able to appropriately care for a child. Caregivers must be willing and able to learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. DCF, CBC, and agency staff assist them in gaining the support, training, and skills necessary for care of the child.

Slide: 4.1.9



PG: 6

Placement Considerations

Following licensure, each placement is carefully considered for the best match, considering the individual needs and challenges of each child and his/her family. It is recommended that the Licensing Specialist meet with the Case Manager at the home when the placement is being made or within 24 hours of the placement.

The goal of a careful matching process is to ensure the most appropriate fit between the needs of the child and the strengths of the family.

- Matching is the task of reviewing the assessments of potential families along with those of available children to determine the best family to provide safety, permanency, and well-being for a specific child or sibling group.
- The selection of a potential foster parent should be a collaborative effort between the child's Case Manager, foster parent, Licensing Specialist, placement services, and other professionals.
- The Licensing Specialist is most aware of the foster parent's strengths and needs so that input is critical.
- In seeking families for children, Child Protective Investigators or Case Managers should first explore families to which the child already has some attachment (e.g., relatives or current or previous foster parents). This may be particularly important for older youth. If no appropriate resources for the child exist within the child's current network, "matched" families (non-relative families unknown to the child) should be considered to meet the child's needs for foster placement.
- There is a range of possibilities between a good and poor match. In most matches, the family is a good match for some of the child's issues, a minimal match for some, and a poor match for others. It is imperative that the family be a good match for the child's most critical needs or issues. Additionally, potential foster parents should be highly

motivated to develop the necessary knowledge and skills to meet all the child's needs.

What can you do to help ensure a good match?

Endorse:

- Support clear communication and coordinated team effort.
- Gain an understanding of the child's individual needs.
- Support close geographic proximity to the child's own home.
- Advocate for placing siblings together.
- Ensure the placement team is fully knowledgeable about the foster family's skills, knowledge, and desire to parent the child.
- Work with the team to ensure that foster parents are provided with the resources needed to meet the child's needs.

How can you help a family determine if they are able to meet a child's needs?

Endorse:

- Build rapport so that you can engage families to work towards change.
- Show families their many strengths.
- Be honest in discussing the family's needs.
- Provide all information available regarding the child's needs and the permanency goal.
- Share information about the birth family that the foster parent will be expected to work with.

How do you support the foster parents and the child through the placement?

Endorse:

- Regular visitation
- Open, honest discussion
- Listening to needs
- Provide emotional support
- Guide, coach and mentor

- Providing services as needed
- Advocating for foster parents and child when needed
- Ensuring the home is safe and comfortable for the child
- Encouraging the foster parents to provide input into the case plan and other decisions made by the team
- Making sure foster parents have everything they need
- Helping the foster parents make sure the child has physical and emotional connections to birth family to reduce the trauma of loss

Trainer Note: Explain that judges also make placement decisions that may not necessarily align themselves with the assessment of a good match (and foster parent strengths and needs). As such, the Licensing Specialist should be encouraged to identify retentive supports that can be installed to support the placement while remaining in communication with the Case Manager and judiciary through appropriate channels of communication.

Additionally, go on the Center for Child Welfare website and identify the current Child Placement Agreement policy and tool that is designed to be utilized when children are being placed that require special consideration and higher-level behavior management.

Slide: 4.1.10



PG: 7

Types of Placements

When considering placements, it is important to remember that children can be placed in licensed and unlicensed setting requirements depending on the circumstances. The three types of placements are:

- Relative
- Non-relative
- Licensed Foster Care

Unlicensed settings are placements such as relative or non-relative settings that do not undergo the licensing process.

- Relative and non-relative placements have the option to become licensed if they meet the requirements. For example, when child is already placed in a relative or non-relative unlicensed home and the family decides to apply for licensure.

- These placements may be child-specific if the child was already placed in the setting prior to licensure. Particularly if the relative or non-relative may not meet all licensing requirements but have the potential for waiving non-safety related items.
- Additionally, consider the ICPC or OCS process which recommends placement of children from out-of-state or county that are child specific. These placements can also go through the licensing process.

Licensing Specialists are expected to be knowledgeable about the current Child Placement Agreement policy and tool that is designed to be utilized when children are being placed that require special consideration and higher-level behavior management. Licensing Specialists need to help foster parents understand the agreement and advocate with foster parents that the agreement is developed and followed.

Activity B: Bringing Families Together

<p>Time:</p> <p>Resources: <i>Slide: 4.1.11</i></p> <p>Trainer Instructions:</p> <p>Participant Instructions:</p>	<p>45 minutes</p> <ul style="list-style-type: none"> • PG: Bringing Families Together worksheet <ul style="list-style-type: none"> – PG: 8-10, Foster Parent Information – PG: 10-19, Child/Youth Information • <i>Instruct participants to review foster parent information and child information.</i> • <i>Ask participants to answer the questions that follow the information.</i> • <i>For each child, participants will be matching the foster parent that would best meet the child's needs. Assure participants that there is more than one correct selection so they need to support their decision.</i> • <i>Participants will also determine the role of the Licensing Specialist in supporting the match.</i> • <i>Debrief activity with large group. Remember that there are no definitive responses for this activity so use this to assist participants in analyzing information and applying critical thinking to decision making.</i> 1. Review foster parent and child information. Respond to the prompts that follow each. 2. Upon completion, discuss responses in the large group.
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Trainer Version

Foster Parent Information

Nancy's Story

Nancy (31) is a single foster parent who completed her license a year ago. She has had several placements that have lasted a few days throughout the full year. She currently has one foster child in her home. He is seven and has some learning disabilities. Her parents fostered when she was little and she had a lot of foster brothers and sisters coming and going. As adults, she still keeps in touch with a few of her foster siblings. She is proud of how good her family was to the kids and has heard that many of the kids felt they had come to her parents' home just-in-time. That is the kind of home she wants to be. She is excited about helping kids who really need a fresh start. She does admit that she feels like she may not be able to handle kids with physical disabilities and feels she is not prepared to take on very young children. She wishes she had made the decision to foster years ago. She loves to see what a well-informed, dedicated team can do to make the difference in a child's life. She admits that fostering is very emotional for her. There are so many joys and such despair. She loves laughing with children, watching them learn new skills, and building dens under the dining room table. She cries for their pain and she worries about the placements. She stresses over visitations. Nancy works while her foster son is at school. Nancy's mother sometimes picks him up from school when Nancy has to work late.

List the strengths and needs of each parent using the information provided.

Strengths:

- Lifelong commitment
- Has foster parenting experience
- Experience with children with disabilities
- Has mom as a support system

Needs:

- No young children
- Needs support so she can work

Kelly and Jim's Story

Kelly (50) and Jim (52) have one birth child, Sebastian (10). They completed their license a few months ago and are awaiting their first placement. They had never really thought about fostering, but they had friends who did it and shared how rewarding it was, so they thought they would try. They felt they could offer a loving home as well as support the children during a difficult time. They felt their life experience and experience with their

own child would help them be good foster parents. They are a very kind couple with a warm presence. They enjoyed the licensing process and learned so much about parenting children in out-of-home care. They learned that their own parenting style would need to be altered to help children who have been traumatized. This scares them a little, but they are confident they can do it. However, they are hesitant about exposing their own child to extreme emotional outbursts or worse. They know that some sacrifices have to be made by not only them but by their son as they begin to accept children in their home. They have said they can take children of any age but would prefer children around their son's age or younger. They are nervous about the initial placement as they don't know the age of the child(ren) entering their home and are not certain how to prepare.

List the strengths and needs of each parent using the information provided.

Strengths:

- Desire to help
- Parenting experience
- Awareness that fostering will impact the entire family
- Willing to learn

Needs:

- Concerned about first placement so they need extra support when it occurs
- Previous parenting style must change

Bianca and Graham's Story

Bianca (39) and Graham (37) have two birth children, Scott (15) and Penelope (17). They enjoy being parents and having a family. They wanted to share their love and their home with more children. They would love a house-full but know they cannot effectively meet the needs of too many children at one time. They have been fostering for nine years. They have had twenty-five placements during that time. They are currently fostering three children, two of whom are siblings and are soon to be reunified with their mom. Their other foster child is up for adoption as parental rights have recently been terminated. Bianca and Graham are highly involved in the church and community. They are also active participants in the foster care community. Bianca and Graham take fostering very seriously and strive to be advocates for the children as well as their birth parents. They have worked with children who have displayed many trauma-related behaviors over the years. They say they have seen it all.

List the strengths and needs of each parent using the information provided.

Strengths:

- Experience in fostering
- Capacity to manage behaviors

- *Understanding of trauma*
- *Successful placements*
- *Community involvement*

Needs:

- *Professionals ready to be a team*

Hannah's Story

Hannah (58) has been a foster care provider for three years. She has provided care for a number of children over the years and has adopted one child, Zach (14). Hannah is a retired pre-school teacher and her birth children are grown. Fostering seemed the natural next step. Her adult children have provided her with much encouragement and support. The decision to become a foster parent was one she made with her family and they continue to help by offering practical support. They even participate in foster parent in-service training events. Hannah has shown the ability to embrace children into her family as if they have always been a part of the family. She is willing and able to embrace children of all ages, abilities and ethnicities. Hannah sometimes struggles with relationships to birth parents because their actions often frustrate and anger her.

List the strengths and needs of each parent using the information provided.

Strengths:

- *Fostering experience*
- *Adoption experience*
- *Family support*
- *Willing to accept all children*

Needs:

- *Support in working with birth parents*

Child/Youth Information**Ali, Aliyah, Miriam, Haider, Jafar, Ahmad**

This is a very special sibling group with two sets of twins. The elder twins are Ali and Aliyah (12/05), followed by Miriam (05/07), then Haider (07/09), and lastly twins Jafar and Ahmad (01/11). Aliyah is more reserved and quiet but has a pleasant personality. She enjoys cheerleading, dancing, and enjoys traditional girl things. Her twin Ali can be reserved too, but becomes very talkative when a topic interests him. He loves to jump on a trampoline, is very adventurous, and likes to try new things. Miriam is sweet, affectionate, and can be a bit shy at first, but is quite a little chatterbox once she gets to know you. She also enjoys cheerleading and dance. She likes school and gets good grades. Haider is a sweet and loveable boy. He gets along with his siblings and likes to play with stuffed animals and play

video games. Ahmad is very energetic and likes to stay active. He loves to play outside. He takes a lot of pride in his appearance and enjoys looking good and playing with different hairstyles. His twin, Jafar, is more reserved and likes to be helpful. He is kind and generous and likes to do anything fun. Like his twin, Ahmad, Jafar likes to make sure he looks good.

Their parents are working very hard to reunify with them within the next six months. The agency is working closely with them family to achieve the six-month timeframe.

Answer:

- **What are the children's needs?**

Someone who honors birth family connections
Caregiver who can manage the entire group
High energy caregiver

- **Select the family you believe would best meet the child(ren)'s needs and express your rationale.**

Kelly and Jim – These children do not have any challenging behaviors, placement should be short term, may be a very positive experience, two parent household for multiple children.

- **Assess the potential impact of the match on the children.**

None of these children have unique needs so all of them should do well in a positive environment that supports reunification with their birth family.

- **What is the potential impact of the match on the foster family?**

The foster family may be overwhelmed by the number of children, so they will need support with getting the children to appointments and events as well as family time with their birth family.

May need additional beds or household items very quickly.
The son may feel he is sacrificing a lot.

- **Determine what would be needed from the Licensing Specialist to support the match.**

Emergency dollars to support immediate purchases the foster family may need to make.
Assistance with arranging to get the children to all of their appointments and events.

Jimmy, Taylor, Stephanie, Diane, Brad

This sibling group is comprised of five children: Jimmy, Taylor, Stephanie, Diane, and Brad. These children have a lot to offer a family: they're all loving, kind, and currently residing

with a non-relative who is unable to continue caring for them. They're hopeful to find a family willing to keep all five of them together.

Jimmy is the oldest child in the sibling group and is quiet. His focus is on family and he tends to be protective of his siblings and other extended family members. He enjoys sports, his favorite being football. He enjoys playing on a football team and is eager to continue doing so in the future. He also enjoys watching movies, getting on the Internet, and playing board games and video games in his free time.

Taylor enjoys gymnastics, drawing, swimming, shopping, watching TV, and playing around on her cell phone and tablet computer. She hopes to become a veterinarian in the future. She wants people to know that she is "cute, fancy, strong, funny, talented, a Christian, a gymnast, and intelligent".

Stephanie is the middle child in this sibling group and she enjoys sports especially swimming and playing soccer and watching TV. She aspires to become a singer someday and wants people to know that she is "funny, awesome, talented, and a Christian".

Diane enjoys going to the park, swimming, playing with Lego blocks, shopping, and doing "girly" stuff like painting her nails and getting her hair fixed. Her favorite colors are pink, purple, and blue. She hopes to join karate in the near future, something she has been dreaming of for quite a while.

Brad is the youngest sibling and has an easy-going personality. He's a sweet boy who generally does what he's told (even by his older siblings). He loves to play with dinosaurs and animals and hopes to become a bus driver when he grows up. He loves to watch TV, loves animals, enjoys playing with blocks and colors, and loves to play outside.

The father of this sibling group is incarcerated and the mother is experiencing major depression. She is currently hospitalized and relatives have been contacted about the children's need for care. The expended family lives in another state, so the agencies now are working on getting home studies completed however this process may take up to three months.

Answer:

- **What are the children's needs?**

Caregivers who can keep the sibling group together.

Caregivers who can help them remain connected to their school, community activities, sports, church, etc.

Family that is willing to work with the birth mom and extended family.

- **Select the family you believe would best meet the child(ren)'s needs and express your rationale.**

Bianca and Graham (if two of the children they have are reunified) – They have a strong commitment to family and have expressed wanting a house full but cannot afford it. Because this is for a short period of time and there are agency resources they should be able to manage this. Also, they have a strong faith community for help and support.

- **Assess the potential impact of the match on the children.**
Children would have an opportunity to continue activities and would have support for their faith. Also, they will meet two new young people.
- **What is the potential impact of the match on the foster family?**
The family may be overwhelmed by the number of children.
Financial impact.
- **Determine what would be needed from the Licensing Specialist to support the match.**
Emergency dollars to support immediate purchases the foster family may need to make.
Assistance with arranging to get the children to all of their appointments and events.

Melissa, Judy, Barrish, Marcus

Melissa, Judy, Barrish, and Marcus are a sibling group that is very attached to each other. Melissa, born in November 2003, is a beautiful girl with a very positive and caring spirit. and is very friendly. She enjoys getting her hair done, and she loves fashion. Melissa also loves to talk on her cell phone. She is very helpful. She does chores without being prompted and she helps take care of her siblings. Melissa can be very shy, but she warms up quickly to people. She does receive special education services. She attends regular classes but has accommodations made for her. She generally makes good grades.

Judy, born in September 2006, has a beautiful smile and she is very friendly. Judy is very attached to her siblings. She loves to travel and see new things. She loves children and interacts very well with small children and babies. Judy loves technology. She is very good with computers and tablets. She does receive special education services. She spends most of her day in a resource classroom.

Barrish, born in August 2009, is a very curious child who talks to anyone and asks many questions. He has a very pleasant disposition. Barrish does have to be prompted to do daily tasks. Barrish loves football. He also likes toy trucks and cars. He loves animals and he loves to play outside. Barrish receives special education services. He spends most of his day in a resource classroom.

Marcus, born in October 2011, is a very loveable and energetic young boy. He loves to play with toys. He loves cars and trucks. Marcus likes to watch TV and also likes to play with blocks and do puzzles. Marcus is a very active child. He enjoys being around people he knows and he is very attached to his siblings. Marcus responds positively to prompting, redirection, and verbal praise. He has moderate behavioral and emotional needs and requires constant supervision. Marcus receives special education services. He spends most of his day in a resource classroom.

Both biological parents are addicted to meth and there are no relatives willing to take these children. The children were self-parenting most of the time during the last year and neighbors made multiple reports about their lack of supervision. The school has also made reports regarding lack of hygiene, food, clothing and not having basic needs met.

Answer:

- **What are the children's needs?**

Caregiver with knowledge about education systems
 Caregiver with the time to assist with special needs
 Caregiver who can keep them together
 Structure and consistency

- **Select the family you believe would best meet the child(ren)'s needs and express your rationale.**

Bianca and Graham - They have a strong commitment to family and have expressed wanting a house-full but cannot afford it. Because this is for a short period of time and there are agency resources they should be able to manage this. Also, they have a strong faith community for help and support. They express having seen it all so the special needs these children bring should not be too challenging.

- **Assess the potential impact of the match on the children?**

In this home the children would have consistent support.
 Clear parent-child roles.
 May be challenging for them since they have been self-parenting. Expect resistance.
 They may get the educational support they have needed.

- **What is the potential impact of the match on the foster family?**

The family may be overwhelmed by the number of children.
 Financial impact.
 May experience fulfillment in giving.

- **Determine what would be needed from the Licensing Specialist to support the match.**

Emergency dollars to support immediate purchases the foster family may need to make.

Close work with Case Manager to support a relationship between the caregivers and the school.

Nathaniel

Nathaniel is an endearing seven-year-old boy who has a lot of love to give to a family. He enjoys spending time outside, riding on his scooter, blowing bubbles, and swinging. He also likes playing with doll houses, and even doing chores. Nathaniel is an active participant in classroom discussions at school.

Nathaniel is of African American and Native American heritage and needs parents who will preserve his connection to his tribe and ensure cultural connections are forged and maintained.

The best fit in a family for Nathaniel will have an active lifestyle, be very loving, and be able to patiently provide structure, stability, and predictability, which Nathaniel needs to heal and grow. He does best with one-on-one attention and close supervision for safety and guidance.

Nathaniel was being raised by his mother and was sexually abused by his uncle (mom's brother). He disclosed the abuse to a teacher at school. Nathaniel and his mother live with his grandmother and the uncle also lives in the same home. The uncle was court ordered to not have contact with Nathaniel but it was discovered that the mother and grandmother allowed him to move back into the home. They believe that Nathaniel is making up the story.

Answer:

- **What are the children's needs?**
 Caregiver that understands sexual abuse.
 Caregiver to embrace child's heritage.
 One-on-one attention and structure.
- **Select the family you believe would best meet the child(ren)'s needs and express your rationale.**
 Kelly and Jim – two parent family with one child so they may be able to offer more one-on-one time. They have a support network. Starting off with 1 child would not be too overwhelming.
 *Another option would be Hannah because although she is a single parent, she has experience in working with many children, is retired, and she only has one child.

- **Assess the potential impact of the match on the child?**
Child would experience living with another child.
The structure would be challenging, but helpful.
- **What is the potential impact of the match on the foster family?**
Potential positive relationship for the son.
May have challenging feelings about the birth family not believing and protecting the child.
- **Determine what would be needed from the Licensing Specialist to support the match.**
Contact with Case Manager to obtain information on child's culture.
Suggestions on family activities that may help form connections.

Thai

Thai is a likable thirteen-year-old child. Thai is yearning to be part of a family who will provide love, stability, and guidance to him. Thai is fun to be around and has a very sweet personality. He is quite the conversationalist and is rather engaging. Thai describes himself as helpful, intelligent, silly, and respectful. Thai does well in school and enjoys looking nice. He does not like to be bored and thrives when he has an element of physical activity in his day.

Thai enjoys animals immensely. A prior respite family of his had a hobby farm and caring for the animals provided Thai with a sense of satisfaction, helpfulness, and a way to expend energy in a positive way. His favorite television channel is Animal Planet and he can tell you a lot of exciting facts about animals.

Thai is doing well with school. He is getting along well with peers, completing his homework as assigned and his interest in reading has increased. Thai responds well to earning rewards for positive behavior.

Thai is in need of a family who can provide stability for him at last. A calm, consistent, and structured environment would be best for Thai as he acclimates to family life. Thai's treatment team feels that it would be best for him to be the youngest or only child.

Thai was sexually abused by his father from age four to six and was sent to live with his grandmother until she passed away a year ago. His mother has some developmental challenges and has not been able to establish housing or stability to provide consistent care for Thai. Now she is receiving services from ADA and they are hopeful she will be able to reunify with Thai in the next six to nine months.

Answer:

- **What are the children's needs?**

Safety and structure.

Caregivers who can offer life skills mentoring.

Caregivers able to help him identify future goals and develop a plan to succeed.

Connection to a family that may extend beyond his time in foster care.

- **Select the family you believe would best meet the child(ren)'s needs and express your rationale.**

Hannah – In this home Thai would be the youngest child and there is only one other child in the home. The caregiver is retired so she can devote more time to Thai.

- **Assess the potential impact of the match on the child.**

Opportunity to get attention needed.

Opportunity to build healthy family relationships.

Able to feel safe.

- **What is the potential impact of the match on the foster family?**

Will need to be vigilant regarding any sexual behaviors.

- **Determine what would be needed from the Licensing Specialist to support the match.**

Regular contact with the foster parent to make sure all is well.

Nicolas

Nicholas is a helpful and polite seventeen-year-old boy with endearing brown eyes. His favorite color is blue and his favorite food is pepperoni pizza. Nicholas likes to draw and play games that include *Monopoly*, *Clue*, *Yahtzee*, *Chess*, and *Checkers*. One of his all-time favorite movies is *The Page Master*, which is about a boy who likes adventure and uses his imagination, much like Nicholas himself.

Nicholas enjoys school and has a strong desire to do well. He says gym is his favorite class because he likes playing sports, especially basketball. Nicholas has also participated in Special Olympics and likes bowling. Nicholas enjoys singing, playing with toys, reading books, and putting together puzzles.

Nicholas would benefit most from nurturing and patient parents who will be able to devote time and attention to him. Furthermore, he needs parents who will be understanding of his challenges, have realistic expectations of him, and be willing to be patient during transition.

Nicholas has been in and out of foster care for the last six to seven years as his father has struggled with drug and alcohol dependence and his mother is deceased. Recently his

father was incarcerated and has a very long sentence due to involvement in a violent crime. At this point in his life, Nicholas does not desire to be adopted, but would like a family that he can spend his favorite holiday, Christmas, with after he becomes an adult. He would like a family who also shares some of his interests, which include: spending time outdoors, going to the lake and swimming (in the shallow end), playing in the sand, and listening to country music. He is open to being part of a home with other children he could get to know better, as well as a home with pets that could include either a dog or cat.

Answer:

- **What are the children's needs?**
 A forever connection with a family.
 A family committed to providing support to an older child.
 A safety net.
 Help with setting goals and developing a plan for his future.
- **Select the family you believe would best meet the child(ren)'s needs and express your rationale.**
 Bianca and Graham - They have a strong commitment to family and have expressed wanting a house-full but cannot afford it. Because this is for a short period of time and there are agency resources they should be able to manage this. Because they have faith-based values, they may be more likely to offer extended support.
 *Nancy is another possibility.
- **Assess the potential impact of the match on the child?**
 Nicholas may gain connections beyond this family through their faith community.
 An opportunity to connect with other siblings his age.
- **What is the potential impact of the match on the foster family?**
 Gaining a forever relationship without having to parent a younger child.
 Expansion of their family.
- **Determine what would be needed from the Licensing Specialist to support the match.**
 Connection with Independent Living.

Activity STOP

Each foster family will have different information needs. What are some questions they may have?

Endorse:

- Why is/are the child(ren) being placed?
- Has the child(ren) been in foster care before?
- How long is the child(ren) expecting to be in foster care?
- If the child has siblings in out-of-home care and they are not going to be placed together, what is the visitation plan?
- What is the case plan goal? What are my tasks in the case plan?
- What special needs does this child have, such as medical, dental, educational and/or behavioral? What are the requirements for care of these special needs, i.e., transportation, foods, medications, appointments, therapy, meetings, etc.?
- If the child needs clothing or shoes immediately, what is the clothing allowance and how long will it take to be reimbursed?
- After placement, how long does it take to receive the board payment?
- Who do I call if the child is in severe distress in the middle of the night?
- What is the child's understanding of why he/she has been separated from his/her parents?
- What food, toys, possessions, stories and/or pictures help comfort the child?
- Is it okay for the child to call his/her parents/family when he/she would like to?

Slide: 4.1.12



PG: 20

Helping Children Adjust to Placement

It is a very traumatic for children to be removed from their family or any move including a planned move from one placement to another. They experience a sense of loss, fear, and confusion. Awareness of these emotions and providing a safe way for the child to talk about these emotions can minimize the trauma.

- If there is a family profile or pictures of the foster home and family available, sharing this with the child prior to placement may help them emotionally and mentally prepare for meeting the family. This may relieve some of their fears.
- Here are some tips for Licensing Specialists to emphasize with foster parents to make a child feel comfortable on his/her first day/night of placement in their home. These tips will be further discussed during the next activity, First Night.
- Licensing Specialists will need to discuss with foster parents how important it is that they:
 - Support children speaking with their parents after getting settled in if this is within court guidelines. If the parents are not able to engage right away, support a phone call as soon as possible.
 - Speak with the birth parents and ensure they will provide great care for their child(ren) and ask for any guidance on the needs and preferences of the child(ren).
 - Have a conversation as to what they would like children to call them.
 - Help the child feel safe by telling him/her about their family and the neighborhood.
 - Explain and show children where they will sleep, and if applicable, who shares the room.
 - Give them a tour of the home and consider putting non-institutional signs on the doors (Child's Name Bedroom, bathroom, laundry etc.) until the child is comfortable with where everything is located.
 - Inform the child about the rules about bedtime.
 - Encourage children to tell them if they are hungry and be clear and sensitive about explaining what they can eat, e.g., can they go into the refrigerator?

- Explain where the bathroom is and that a light will be left on so they will be able to find it easily. Inform them which towels are theirs.
 - Ask if they would like help putting their things away and where they can put their belongings.
 - Ask about their favorite foods, toys, clothing, and music.
 - Ensure that the child's living space and freedom in the home mirrors the other household members.
- Research shows that children who visit with their parents regularly are much less traumatized by being in care than those who go for long periods without seeing their family.

Activity C: First Night

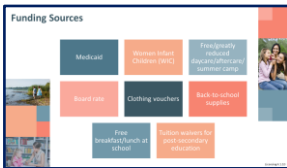
Time:	20 minutes
Purpose:	This activity gives participants an opportunity to explore ways to help the foster child adjust to their first night in foster care.
Resources: <i>Slide: 4.1.13</i>	<ul style="list-style-type: none"> • PG 21: First Night worksheet
Trainer Instructions:	<ul style="list-style-type: none"> • <i>Instruct participants to review the First Night worksheet.</i> • <i>Explain that the first column on the table offers suggestions that foster parents can implement to assist with the “first night” of placement.</i> • <i>Instruct participants to develop at least one task the Licensing Specialist can do to assist the foster parent in implementing the suggestions in column A.</i> • <i>Use the suggested responses below to debrief the activity in the large group.</i> • <i>Conduct the debriefing by having each small group share in a round robin format until all of the suggestions have been covered.</i>
Participant Instructions:	<ol style="list-style-type: none"> 1. Review the First Night worksheet. 2. The first column on the table offers suggestions that foster parents can implement to assist with the “first night” of placement. 3. Develop at least one task the Licensing Specialist can do to assist the foster parent in implementing the suggestions in column A.

Column A – Foster Parent Suggestions	Column B – Licensing Specialist Suggestions
Have a conversation as to what they would like to call you.	<p>Explore with foster parents during the final licensing process possible names they will feel comfortable with.</p> <p>Have a conversation with foster parents during training about some of the names children use in referring to foster parents and what some of the reasons may be for them being comfortable or uncomfortable with a particular name.</p>
Help the child feel safe by telling him/her about your family and the neighborhood.	<p>Make sure that the Case Manager has a photograph of the home and foster parent(s) so they can show it to the child before placement.</p> <p>Provide a one-page overview to placement staff that describes the foster parent, the foster parent's home, neighborhood, and family and ensure the overviews are being given to the staff member that will be taking the child to the home.</p>
Explain and show them where they will sleep and if applicable who shares the room.	<p>Get to know the layout of the home yourself.</p> <p>Discuss with the foster parent things like leaving a light on, leaving the door open, etc.</p>
Inform the child about the household rules, including bedtime.	Role-play with the parent how they will discuss the rules with the child.
Tell them if they are hungry what they can eat, e.g., can they go into the refrigerator?	<p>Help foster parents think about how access to food is different in families.</p> <p>Remind foster parents to ask the placement staff or person bringing the child to the home if food was limited in the child's home.</p>
Explain where the bathroom is and that a light will be left on so they will be able to	If possible, get night lights donated and provide them to foster families.

find it easily. Inform them which towels are theirs.	
Ask if they would like help putting their things away and where they can put their belongings.	Encourage parents to stay close by and be available even if the child does not ask for help.
Ask about their favorite foods, toys, clothing, and music.	Encourage PI's and Case Managers to gather this information from families when children are removed or following removal.
Activity STOP	

Funding Sources

Slide: 4.1.14



PG: 22

Children removed from their parents or caregivers have access to funding and services. Relative Caregiver funds are the only funds not available prior to adjudication.

When the child is legally in foster care and in a licensed setting, the child is eligible for a variety of funding sources including Title IV-E fund entitlements which may include:

- Medicaid
- Women Infant Children (WIC) nutritional program
- Free/greatly reduced daycare/aftercare/summer camp
- Board rate (money for child and child's upkeep, which should not be perceived as a paycheck for foster parents)
- Clothing vouchers
- Back-to-school supplies
- Free breakfast/lunch at school
- Tuition waivers for post-secondary educational institutions and other qualifying vocational/technical programs (tuition and certain fees identified by the Department of Education that are waived)

While all children in care may not receive these entitlements per se, these are funding supports that are, overall, what a foster child may receive. Individual agencies also host foster parent appreciation and holiday events as a measure of gratitude and for retention purposes.

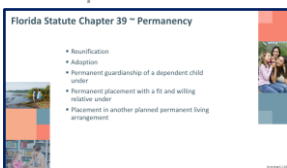
Permanency

Slide: 4.1.15



PG: 22

Slide: 4.1.16



Who remembers what we mean when we say the word permanency?

Endorse:

Permanency is both a process and a result that includes a permanent connection with at least one committed adult who provides:

- A safe, stable and secure parenting relationship
- Love
- Unconditional commitment
- Lifelong support in the context of reunification, a legal adoption, or guardianship, where possible, and in which the youth has the opportunity to maintain contacts with important persons including brothers and sisters.
- A broad array of individualized permanency options exist; reunification and adoption are an important two among many that may be appropriate.

So now that we know what permanency is, what are the permanency options available to the children we serve?

Endorse:

The Permanency Goals available under this chapter, listed in order of preference, are:

- Reunification;
- Adoption, if a petition for termination of parental rights has been or will be filed;
- Permanent guardianship of a dependent child under s. 39.6221, F.S.;
- Permanent placement with a fit and willing relative under s. 39.6231, F.S.; or
- Placement in another planned permanent living arrangement under s. 39.6241, F.S.

Trainer Note: Before posing the next question, ensure participants have Chapter 39 readily available as they will need it to answer the question below.

Can someone look up the definition of adoption?

It will be in the definition section of Chapter 39, F.S.
When found ask the person to read it.

Can someone look up the definition of reunification services?

Ask them to read it.

Trainer Note: s. 39.01, F.S.

(6) “Adoption” means the act of creating the **legal relationship between parent and child where it did not exist**, thereby declaring the child to be legally the child of the adoptive parents and their heir at law, and entitled to all the rights and privileges and subject to all the obligations of a child born to the adoptive parents in lawful wedlock.

(65) “Reunification services” means social services and other supportive and rehabilitative services provided to the parent of the child, to the child, and, where appropriate, to the relative placement, nonrelative placement, or foster parents of the child, for the purpose of enabling a child who has been placed in out-of-home care to **safely return to his or her parent** at the earliest possible time. The health and safety of the child shall be the paramount goal of social services and other supportive and rehabilitative services. The services shall promote the child’s need for physical, mental, and emotional health and a safe, stable living environment, shall promote family autonomy, and shall strengthen family life, whenever possible.

It seems clear from this definition exactly what these permanency options are.

The next 3 permanency options are not that simple to understand, we are now going to do an activity to help us gain clarity.

Activity D: Permanency Options

<p>Time:</p> <p>Purpose:</p> <p>Resources: <i>Slide: 4.1.17</i></p> <p>Trainer Instructions:</p> <p>Participant Instructions:</p>	<p>30 minutes</p> <p>Groups will learn through teaching the specifics of the permanency options.</p> <ul style="list-style-type: none"> • PG: 23, Permanency Options worksheet • Access to Florida Statutes • Optional: Flip chart paper and markers <ul style="list-style-type: none"> • Assign one permanency option to each participant depending on the size of the group. <ol style="list-style-type: none"> 1. Permanent guardianship of a dependent child under s. 39.6221; 2. Permanent placement with a fit and willing relative under s. 39.6231; or 3. Placement in another planned permanent living arrangement under s. 39.6241. • Ask participants to create a teach-back of the permanency options. In other words it's their turn to teach the class. • Provide 15 minutes to prepare and 5 minutes to present. <ol style="list-style-type: none"> 1. Create a teach-back of the permanency option assigned to you. <ul style="list-style-type: none"> • Permanent guardianship of a dependent child under s. 39.6221; • Permanent placement with a fit and willing relative under s. 39.6231; or • Placement in another planned permanent living arrangement under s. 39.6241. <ol style="list-style-type: none"> a. Be prepared to present your findings.
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Activity STOP

Slide: 4.1.18



PG: 24

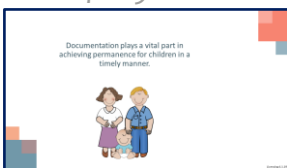
Determining the Best Permanency Goals

CFOP 170-9, Family Assessment and Case Planning

It is important to assess the following factors when determining the best permanency goal for a child in out-of-home care: (F.A.C. 65C-30.012)

- (a) Whether interventions provided will alleviate the causes of removal;
- (b) Current family relationships and other significant relationships that provide the child stability and a sense of connection and provide possible permanent living options. This includes connections with family members from the child's home of removal;
- (c) Physical, Medical, Emotional, Psychological, Developmental and Educational Needs. The Child Welfare Professional shall give consideration to matching the child with caregivers able to provide for the child's needs on a long-term basis. The Child Welfare Professional shall ensure that the caregivers are provided the education, training and support necessary to enable them to meet the child's needs;
- (d) Placement options that provide the most family-like and least restrictive settings. The Child Welfare Professional shall explore the current caregiver's ability and willingness to provide a permanent home for the child;
- (e) Child's Preferences. The Child Welfare Professional shall provide youth of sufficient age, maturity, and understanding with information and education regarding permanency goal options to assist the child in making an informed decision as to his or her preference in achieving permanency.

Slide: 4.1.19



PG: 24

In addition to the assessment they make on the items noted above, Chapter 39 outlines the factors/conditions needed to be met that make each of these permanency options relevant for the child when reunification or adoption is not the best option.

Documentation plays a vital part in achieving permanence for children in a timely manner.

Activity E: Which Permanency Options Would You Choose?

Time:	30 minutes
Purpose:	Participants will apply what they have learned regarding permanency options.
Resources: <i>Slide: 4.1.20</i>	<ul style="list-style-type: none"> • PG: 25-26, Which Permanency Option Would You Choose worksheet
Trainer Instructions:	<ul style="list-style-type: none"> • <i>Individually read the 4 scenarios and choose which permanency option you think is the best.</i> • <i>Discuss as a class and see if you agree.</i>
Participant Instructions:	<ol style="list-style-type: none"> 1. Individually read the 4 scenarios and choose which permanency option you think is the best. 2. Discuss with your table group and see if you agree.

Activity Scenarios Permanency Decisions ~ Answer Key

Scenario 1

Mr. and Mrs. Smith, 60-years-old, have been foster parents of 2 1/2-year-old Jerome since he was 12-months-old. The conditions resulting in placement continue to exist. The Smiths have foster-parented a number of children throughout the past 25 years. Approximately 15 years ago, they adopted three of their foster children. These children are now in their late teens/early twenties; two of them graduated from high school. The other child quit school when she became pregnant. These children had a stormy adolescence due in part to the rigidity of their parents.

Jerome is healthy but receives little to no stimulation in this home. It is only after reminders that the Smiths take Jerome to the doctor for his checkups and immunizations. He is often left to play alone with the TV on. Mr. Smith is on disability. Mrs. Smith spends much of her time sitting in the living room. Her health is ok. The Smith children are not a resource for Jerome.

Jerome seems to have a warm affectionate relationship with both Mr. and Mrs. Smith.

Adoption is the preferred decision for the first scenario.

Adoption doesn't mean that this family is the most suitable to adopt but that the goal should be adoption. Give reasons why. Even though participants might have thought

out their decision with little information, they need to be given information on the preferred decision and why it is preferred. Remind them that they are part of a check and balance system (other agency personnel and the court) which assists with the decision-making process.

Scenario 2

Frank, age 14, has lived with his present caregivers, family friends, for two years. Prior to that, he lived in four foster homes after entering the child welfare system when he was eight years old. All of his homes have been in the same city area in which he grew up. His mother is a drug addict. After three in-patient attempts at rehabilitation, she has entered a halfway house where she is reportedly doing well. She recently resumed visitations with Frank every other week.

Frank's father is a very passive individual who rents a room in a boarding house and sees Frank about every other month. Parental rights were terminated two years ago. Frank's caregivers do not want to adopt him but have indicated an interest in caring for him until he is 18 if they can receive financial assistance. An adoptive home in the county has been identified for him, but Frank is adamant that he does not want to be adopted. He wants to remain with his family.

Another Planned Permanent Living Arrangement is the preferred goal. Guardianship is less appropriate: (Guardianship is the choice when the child and the adult are not likely to need supervision or services.) Frank is 14 and could benefit from independent living services to prepare him for independence at age 18, and the caregivers have expressed a need for financial assistance.

Scenario 3

Two children, ages 2 1/2 and 18-months, were placed in foster care fifteen months ago due to the mother's homelessness which is continually caused by poor relationship choices. Medical neglect of the baby has also been documented. Family preservation services were offered prior to entering care. Since placement, reunification services were offered. Mother has visited sporadically.

Chyanne, 18-months old and Robert, age 2 1/2, have had three unsuccessful foster home placements.

Adoption

F.S. 39.8055 - Filing a petition for TPR is required for this case under ASFA. Remind learners of the "12 out of 22 month" rule.

F.S. 39.806 - There are grounds for TPR as the failure of the parent to substantially comply with the Case Plan for a period of 9 months after an adjudication of the child constitutes evidence of continuing maltreatment. Also, the mother, while able, has

*failed to maintain frequent and regular contact with the children through visitation.
F.S. 39.806(1)(e)3*

This could also be an aggravated circumstance due to the 6-month abandonment.

Scenario 4

Krista, age 10 years, was placed in foster care when her father killed her mother in a violent rage. She loves her father and visits him regularly in prison. She also has regular visits with an older half-sibling (mother's child by another relationship). Both paternal and maternal grandmothers have said that Krista could come to live with them, but they do not wish to adopt her. Also, Krista is opposed to adoption.

Permanent Placement with a fit and willing relative is considered to be appropriate for this case.

Permanency decisions are made based on documentation/ongoing assessments and the circumstances of the case. Understanding the child's wishes as well as the caregivers' is vital when choosing the best permanency option.

Activity STOP

Slide: 4.1.21**PG: 27**

Ensuring that the best possible option is chosen at the beginning can ensure that permanency is achieved in a timely manner.

Trainer Note: Remind participants that reasonable efforts to achieve the permanency goal shall be made during the first 12 months following the date the child was removed from his or her home. Brainstorm with the group what they can do from the beginning of a case to assure the most appropriate permanency option is chosen.

Endorse:

- Ensure that they assess the child's needs and wishes (if age appropriate) for permanency as well as have a clear understanding of the impact the permanency option will have for the parents and/or caregivers.
- Review each permanency option carefully to ensure the family meets the criteria needed for each option.

Do you think there are times when it may seem evident that reunification may not be successful?

Have you heard about children being in foster care for long lengths of time with no permanency or lifelong family?

There is a way that we can bring children permanency in a timelier manner and that is by concurrent Case Planning. To make no decision is to make a decision to keep a child in limbo.

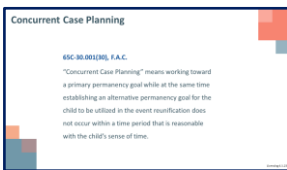
How would you define concurrent Case Planning?

The federal Adoption and Safe Families Act (ASFA) of 1997 (Public Law 105-89) recognized each child's need for stability and permanency by requiring timely decisions about permanency. An

approach to improve permanency outcomes is Concurrent Permanency Planning.

Now that we know more about what Concurrent Case Planning is all about, let's look at Florida Administrative Code and see what is required of Case Managers.

Slide: 4.1.22-23



PG: 27

Refer participants to **PG: 27** and ask a volunteer to read out loud.

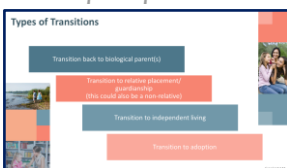
F.A.C. 65C-30.006(3) Every case involving a child in an out-of-home placement shall be evaluated to determine if concurrent Case Planning is appropriate.

F.A.C. 65 C-28.004(6) When a concurrent Case Plan is in effect, the child shall be placed in a setting where the caregivers are willing to both assist the biological family in successfully completing required tasks, which shall allow for the safe return of the child to his or her home, and be willing to provide a long-term, permanent and stable living arrangement in the event that reunification is not achieved. In the event that reunification is not an option, all efforts shall be made to find an adoptive placement for the child as expeditiously as possible if adoption is the goal of the Case Plan.

F.A.C. 65C-28.006(2) When there are concurrent goals, an early decision-making evaluation shall be part of each permanency staffing.

Types of Transitions

Slide: 4.1.24



PG: 28

After a child is placed in out-of-home care, they will experience one or more transitions that have the potential to be traumatic. Planning for these transitions and involving all partners and the child will assist in reducing trauma for the child and family.

In thinking back to case flows and the goals for the child, it is clear that reunification is our ultimate goal. While trying to reach reunification, it is necessary to have concurrent goals so the child can achieve permanency.

Each of these goals result in a different type of transition:

- Transition back to biological parent(s)
- Transition to relative placement/guardianship (this could also be a non-relative)
- Transition to independent living
- Transition to adoption

When talking about transitions, it is necessary to discuss other disruptions in foster care including:

- Unplanned runaway by the child
- Unplanned changes in the foster family
- Discovery of deal breakers by the foster parents

Transition Back to Biological Parent(s)

This is an exciting time for the child, the biological parent, the foster parent, and the whole team. The plan has worked. The biological parent(s) have made the necessary or required changes to participate in an in-home safety plan and the child is returning home.

But, this time may also create some tension or anxiety:

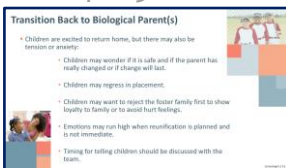
- Children may wonder if it is safe and if the parent has really changed or if change will last.
- Children may regress in placement due to anxiety.
- Children may want to reject the foster family first to show loyalty to family or to avoid their feelings.
- Emotions may run high when reunification is planned and is not immediate.
- Timing for telling children should be discussed with the team.

Transition to Relative Placement/Guardianship

Sometimes relatives (or non-relatives) come forward during the placement experience. Relatives, non-relatives, and parents who are non-offending may motion for and gain custody even while the previously custodial parent is still working a case plan.

Additionally, there may be relatives, often paternal relatives, who do not know the child, but upon learning of her/him, seek custody.

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Slide: 4.1.26



PG: 29

This can be stressful for several reasons:

- The child may not know the relative very well.
- Foster parents must work with a new partner on the team.

The transition may happen suddenly and without warning. However, if a child has been out of the home for a certain amount of time (six months) and is under TPR, there will be a court hearing.

It is important to note that foster parent guardianship is not the preferred option because of permanency concerns for the child. It is not as permanent as adoption and may threaten feelings of stability.

Transition to Another Foster Home or Group Home

For any number of reasons, children may have to move from one foster home to another foster home or group home. These transitions can be just as traumatic as any other transition for children and the families they are leaving.

Children in this situation are often uncertain, afraid, and grieving.

- To make these transitions as painless as possible, adequate information sharing is needed. For the Licensing Specialist and Case Manager, this means working with the child's parents to learn about the child's likes and dislikes, bedtimes, routines, favorite foods, and other things that will help the child feel more comfortable, and then passing this and other information on to the foster parent.
- This also means sharing information with the child as well. The child should know at all times what is happening to them and why.

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Transition to Another Foster Home or Group Home

For any number of reasons, children may have to move from one foster home to another foster home or group home.

Some common questions children may have:

- Will you respect me?
- Will you help me maintain connections?
- Will you accept me for who I am?

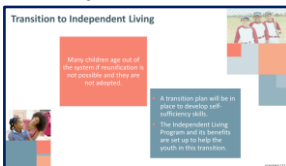


PG: 29

- Based on the responses from children in the *Fostering Perspectives* writing contest, there are a lot of things young people want to know before moving to a new foster home. Core questions may include:
 - Will you respect me? Respect means different things to different children. It can include treating their belongings well (even if they are worn or dirty), honoring their religious faith and supporting church attendance, treating every child in the home fairly, and never referring to them as a “foster child”.
 - Will you help me maintain connections? This includes visits and other contact with family members and also connections with friends, former foster parents, etc.
 - Will you accept me for who I am? Children frequently blame themselves for moves. We must constantly make it clear to the children that what is happening is not their fault and that they are not being punished for something they did.

Transition to Independent Living

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Adolescents face a range of developmental issues, and as teens approach adulthood, living independently becomes a significant goal. While youth with intact families may struggle to achieve self-reliance, youth in out-of-home care face formidable obstacles. The transition to adulthood and self-sufficiency can be challenging for any young person. Living on one's own can be quite demanding - from paying for housing and other living expenses to navigating paperwork required for insurance or taxes to managing many new responsibilities. Today, many young people are dependent on their families for longer periods, often remaining or returning to live at home well into their twenties and receiving both emotional and financial support.

Generally, youth who have experienced foster care do not have the same safety nets and support networks as others their age, and the transition challenges can be even greater.

- Research and experience shows that youth are more likely to succeed if they are exposed to protective factors - conditions

that buffer risks and improve the likelihood of future positive outcomes (Zolkoski & Bullock, 2012).

- Many children age out of the system if reunification is not possible and they are not adopted. In this case, they will transition to Independent Living.
- This transition should be planned well in advance as part of the concurrent planning process. A transition plan will be in place and the youth will have been working, since his/her 13th birthday, on developing skills in self-sufficiency.
- When a youth turns 18, he/she is officially an adult, and as such, will be leaving the Child Welfare System (although a case can stay open until he/she is 19 if requests are made), but supports are in place to help the youth make a successful transition.
- This is both an exciting and overwhelming time for anyone, but a child who is leaving foster care faces more challenges such as:
 - a higher risk for unemployment
 - poor educational outcomes
 - health issues
 - early parenthood
 - long-term dependency on public assistance
 - increased rates of incarceration
 - homelessness
- The Independent Living Program and its benefits are set up to help the youth in this transition.

Transition to Adoption

The adoption adjustment period can be a vulnerable time as children are confronted with the reality that they will not return to their birth family. While they may have seemed fine and even happy through the foster/adoption process, children may cling to a last hope of reunification. That's why it's important to engage the child in the adoption process and listen carefully to what he/she has to say.

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Children often have questions about their birth family. It is crucial to tell the truth—even when it’s difficult—and to validate the child’s experiences and feelings.

When a child is freed for adoption, it may be the foster placement or another family that adopts. There are many benefits to foster parent adoption including:

- Greater knowledge of a child’s experiences prior to placement and knowledge of what behaviors to expect from the child
- Fewer fantasies and fears about the child’s birth family, because they often have met and know them as real people with real problems
- A better understanding of their role and relationship with the agency and perhaps a relationship with their worker (if the same worker stays throughout the duration of the child’s placement)
- No need to move to a new family and experience additional loss
- Permanency more quickly
- Allowing biological parents to know who is permanently caring for their children

Trainer Note: *Invite a foster parent that adopted and an Adoptions Specialist to visit class and share information. The adoptive parent can focus on the transition from foster parent to adoptive parent and share their story, as well as provide the Licensing Specialists with suggestions. The Adoptions Specialist needs to share current adoption information on what Licensing Specialists can do to support smoother transitions from foster care to adoption. They should share information on available children, timeframes, common obstacles, and successes that provide a realistic picture of waiting children.*

If you are not able to secure speakers, obtain this information from the appropriate parents and staff prior to class. Having a video clip from local parents and staff is one idea, and you may also arrange a speaker phone call to a parent so that the class can receive this important insight.

Show Time (7 minutes) – Video Review (10 minutes)

Slide: 4.1.30



Showtime: Video Review

I Like Adoption
<https://www.youtube.com/watch?v=Ggr00IXfZOI>



Licensing 4.1.17

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Trainer Note: This video is a reminder that every child is adoptable. It reinforces how important it is to remain diligent in efforts to ensure permanency for every child. The family that is profiled in the video is a very diverse family that has adopted children from all over the world.

I Like Adoption<https://www.youtube.com/watch?v=Ggr00IXfZOI>

After watching the “I Like Adoption” video, what are takeaways regarding the transition to adoption?

Endorse:

- Every child is adoptable.
- Adoptive families have the capacity to parent children very different from themselves.
- Children can thrive in a loving, supportive environment.
- Children are resilient.
- Quality parenting is not just an ideology, but an achievable reality.

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Partnership Commitment – Smooth Transitions

- If a child must leave the caregiver's home for one of these reasons and in the absence of an unforeseeable emergency, the transition will be accomplished according to a plan which involves cooperation and sharing of information among everyone involved, respects the child's developmental stage and psychological needs, ensures they have all their belongings, and allows for a gradual transition from the caregiver's home and, if possible, for continued contact with the caregiver after the child leaves.
- Loss is frightening for anyone, but for a child who has experienced trauma, each loss is a reminder of the first losses. Transitions are times of great stress, dysregulation, regression, and acting out.
- Transitions are losses as much as they are gains. Even in happy transitions, there is loss.

Activity F: Trauma Sensitive Transitions

Time:

60 minutes

Purpose:

To introduce Licensing Specialists to the importance of working in partnership with others to meet the needs of children and families.

Resources:

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- **PG: 33-35, Trauma Sensitive Transitions Staffing worksheet**

Trainer Note: Explain to participants that planning successful transitions is a team responsibility because it takes a coordinated effort to ensure that the child's experience is carefully orchestrated to reduce trauma. Share that this will be a role-play staffing and everyone will have a role. If your class is too small for a role-play, have them complete the worksheet as part of a large group discussion.

Trainer Instructions:

- Assign the following roles to each participant: Foster parent, Case Manager, Guardian ad Litem, CLS Attorney, and Licensing Specialist. For the IL transition, you will need an IL Specialist. For the adoption transition, you will need an Adoption Specialist. You may also add a relative or transition parent as appropriate.
- Conduct a staffing where each transition summary is discussed and every member of the team contributes in planning a trauma-informed transition.
- Use the following questions to guide the staffing discussion:

Staffing questions:

- What does the child need to reduce the trauma of transition?
- What needs does the foster parent have?
- How can the foster parent help meet the child's needs?
- How can the Case Manager, Guardian ad Litem, CLS Attorney, the Licensing Specialist, and others help meet the child's needs and the foster parent's needs?

<p>Participant Instructions:</p>	<ul style="list-style-type: none"> • <i>Instruct participants to consider the perspective of the role they are playing and respond accordingly during the role play.</i> • <i>After staffing each child, debrief the experience and thank everyone for participating in the role-play.</i> <ol style="list-style-type: none"> 3. Read the transition summaries below. 4. Assign the following roles to each participant: Foster parent, Case Manager, Guardian ad Litem, CLS Attorney, and Licensing Specialist. For the IL transition, you will need an IL Specialist. For the adoption transition, you will need an Adoption Specialist. You may also add a relative or transition parent as appropriate. 5. Conduct a staffing where each transition summary is discussed and every member of the team contributes in planning a trauma-informed transition. 6. Use the following questions to guide the staffing discussion: 7. Staffing questions: <ol style="list-style-type: none"> a. What does the child need to reduce the trauma of transition? b. What needs does the foster parent have? c. How can the foster parent help meet the child's needs? d. How can the Case Manager, Guardian ad Litem, CLS Attorney, the Licensing Specialist, and others help meet the child's needs and the foster parent's needs?
<p><u>Transition to Biological Parent</u></p> <p>Cassandra who is 14-years-old, her mom, Cathy, and her team worked hard to help her recover from a lack of basic care including not having access to food and shelter when she was with her mom. As a result of having Cassandra removed from her, Cassandra's mom made a decision to get off drugs and agreed to enter a treatment program. Although Cassandra's mom has more tasks to do on her case plan, she now has the support she needs to keep moving forward. Unfortunately, this has happened previously and Cassandra's mom stayed clean and sober for almost a year before using again. Mary, the foster parent, has met Cassandra's mom, Cathy at court and although it was awkward, Mary let Cathy know that Cassandra really misses her. Cathy thanked her for taking care of Cassandra. At the permanency hearing, the judge determines that as soon as the providers involved with Cassandra and her mom deem them stable enough, Cassandra can return to her mom's care. This move will not be immediate, however, in response to the news, Cassandra returns to the foster parent's home and packs. She then shuts out the family</p>	

emotionally and spends her days waiting for the therapists to give the judge approval for reunification.

Transition to Relative Placement

Jessica's dad's sister, Aunt Maggie, has been trying to convince the dad to step up and seek custody of Jessica. However, he does not feel prepared to be a single parent and he continues to offer minimal support while Jessica's mom struggles with mental illness. Recently Jessica's mom was hospitalized after threatening to kill herself and Jessica. As a result, three-year-old Jessica was placed in licensed care because her father could not be located. After finally reaching the father and completing a home study, it was determined that Jessica would not be safe with him until he implemented some changes. He was relieved because he verbalized not being in a position to care for a child due to the fact that he does not have a consistent place to live and he struggles with addiction. He recommended we contact his sister, Maggie for assistance. Maggie knows Jessica and often kept her on the weekends until Jessica's mom started avoiding her because she said she was going to report her for not taking care of Jessica. It has been about six months since Maggie last saw Jessica. The judge orders Jessica to be placed with Maggie within 24 hours. Jessica has been in this foster home for three months and everyone has fallen in love with her. In addition to a deep attachment to Jessica, the family was planning to take her to their family reunion and purchased clothes and a plane ticket for Jessica which was approved prior to Maggie's petition for relative placement.

Transition to Another Foster Home or Group Home

Julie is a 13-year-old girl who had been living with her paternal grandmother because her mother abandoned her. Her mother was a known prostitute and was involved in illicit drug use. The grandmother was unable to manage Julie's behaviors and the school contacted the Department after Julie was found having oral sex with a male classmate on school property and the grandmother refused to pick her up from school. The grandmother said she had no help and was unable to keep taking care of Julie, so she was placed in foster care.

Julie was placed with a single mom who has one birth daughter who is 16 years old. The foster mother hoped this would be a good arrangement for Julie and also a good experience for her daughter. Initially, Julie seemed to be doing well in the placement and her teachers reported she was performing better at school as well. Recently the 16-year-old daughter overheard a conversation between Julie and a male arranging a place to meet and have sex so she informed her mother. The foster mother and Case Manager met with Julie and discussed birth control, pregnancy and safety with her. Julie agreed to be careful, but would not open up in the conversation.

Recently Julie's behavior spiraled out of control. She started running away and was picked up by the police in the early hours of the morning. She has been making contact with unknown males on the internet and her text messaging suggests she is vulnerable to

sexual exploitation. Everyone on the team is worried she is heading in the same direction as her mother. This disruption in the household has become extremely stressful for the foster mom and her daughter so after trying to work with Julie and the team for several months, with Julie making no changes, the foster mom has asked that Julie be moved from her home.

Transition to Independent Living

Mike came into foster care at age 14 due to ongoing substance abuse by both parents which left him on his own a lot without the resources to take care of his basic needs. When DCF removed him from his home, he went to live with one of his best friend's family and he has become part of that household. The family was very supportive of his interests and pushed him to excel academically. Now he is 17 years-old and desires to move out into an apartment close to the community college where he will begin classes soon. Mike has not had consistent contact with his parents and sometimes he seems depressed that they are still unable to remain clean and sober. He is hopeful that one day they can have a great family. Mike has been working part-time at the Dairy Queen and now has a very good savings account. In the past, Mike has been known to give money to friends in need without thinking it through. The family he lives with have expressed concern that Mike's parents will find out where he lives and ask him for money or a place to stay and Mike will not be able to say no.

Transition to Adoption

Austin, a precocious six-year-old, is a member of a sibling group of three children. Due to extensive sexual abuse and subsequent child-on-child abuse between Austin and his seven-year-old female sibling, they were placed in two separate foster homes and their infant sibling was placed with a relative in another state. Austin has done very well in treatment and his therapist believes he is ready to move to a forever family. Austin is very bonded with the single foster parent who is struggling with the decision that she cannot commit to adopting Austin. Austin has been allowed to have supervised visits with his sister who has not been matched with a family yet.

Professionals do not believe the siblings would ever do well in a home together, so the permanency plan is to find them separate adoptive families. Austin has expressed sadness that he and his sister cannot live with the same family, but he is wanting to be adopted. He rarely mentions the baby until he is around other babies or sees family photographs.

Trainer Version**Transition to Biological Parent: Cassandra****Staffing questions:**

1. What does the child need to reduce the trauma of transition?
 - Permission to love her mom
 - Support while she waits
 - Emotional space but consistent care and support
 - Encouraging messages
2. What needs does the foster parent have?
 - Reassurance that this is normal
 - Encouragement that the family support will make a difference
 - Clear information from Licensing Specialist and attorney about timeframes
3. How can the foster parent help meet the child's needs?
 - Allow more physical and emotional space.
 - Discuss child's needs with other family members.
 - Keep child updated.
 - Express care and concern.
 - Give her permission to love her mom and to want to move home.
 - Support family time visits.
4. How can the Case Manager, Guardian ad Litem, CLS Attorney, the Licensing Specialist, and others help meet the child's needs and the foster parent's needs?
 - Support in planning her transition.
 - Continued support and reinforcement of her therapy.
 - Be an advocate for Cassandra and her mom.
 - Find out exactly what her mom has to do to gain approval from the therapist. Talk to the team and gain their support and advocacy.
 - Find out if Cassandra can have weekend visits? School transition?
 - Help mom set everything up and work with the system and resources.

Transition to Relative Family: Jessica

1. What does the child need to reduce the trauma of transition?
 - Jessica needs to extend her attachment towards her relationship with her aunt.
 - Jessica needs calm reassurance that this transition will be okay, conveyed in verbal and non-verbal ways, as she is so young.

- Jessica needs the Licensing Specialist to collaborate with her aunt to try to maintain consistency in her care and routine.
 - Jessica needs 'transitional objects', or objects that will give her comfort through touch and smell. For example, sheets, bedding, stuffed animals, and special toys.
 - Jessica needs continued connection with her siblings.
2. What needs does the foster parent have?
 - Reassurance that this is normal.
 - Encouragement that the family support will make a difference.
 - Clear information from Licensing Specialist and attorney about timeframes.
 3. How can the foster parent help meet the child's needs?
 - Share information about routines, likes, dislikes, etc. with aunt.
 - Support for the transition, possibly including offering respite, offering to be part of celebrations, etc.
 - Respect for Maggie as the caregiver including respecting her boundaries and wishes.
 - Consider if the trip is important for Jessica and would it be helpful to invite the aunt.
 4. How can the Case Manager, Guardian ad Litem, CLS Attorney, the Licensing Specialist, and others help meet the child's needs and the foster parent's needs?
 - Work in advance towards transition.
 - Discuss what works best for Jessica.
 - Consider if a longer transition period would be in Jessica's best interest especially concerning attachment issues? Would it be allowable?
 - Provide the aunt with information about all assessments and services Jessica is receiving.

Transition to Another Foster Home or Group Home: Julie

1. What does the child need to reduce the trauma of transition?
 - Julie needs to know about the home she will be moving to.
 - Julie needs a conversation about rules and expectations in the home.
 - Julie needs to know how to gain freedom to engage in normal activities.
 - Julie needs to know that the parents and professionals will work with her to set healthy boundaries.
 - Julie needs an opportunity to maintain contact with her maternal grandmother.

2. What needs does the foster parent have?
 - Reassurance that because this placement did not work, they provided an opportunity for Julie that she just was not able to accept
 - Encouragement that they made a difference by showing her a different lifestyle
 - Clear information from about timeframes
 - An opportunity to maintain a connection if they would like to
3. How can the foster parent help meet the child's needs?
 - Share information about routines, likes, dislikes, etc. with the new caregivers.
 - Support for the transition, possibly having ongoing contact, etc.
 - Share conversations that have occurred with the school personnel to support Julie.
 - Support contact with the maternal grandmother.
4. How can the Case Manager, Guardian ad Litem, CLS Attorney, the Licensing Specialist, and others help meet the child's needs and the foster parent's needs?
 - Share all information with the new caregivers prior to placement.
 - Discuss interventions that are ongoing with Julie.
 - Provide any information regarding long-term permanency plans for Julie.
 - Maintain communication between the maternal grandmother and the caregivers.

Transition to Independent Living: Mike

1. What does the child need to reduce the trauma of transition?
 - Coaching to gain life skills.
 - Guidance in exploring college, vocational, and job options
 - Reassurance that support is available
 - Permission to continue to need adult guidance
 - Affirming messages in his capabilities
 - Support and encouragement
2. What needs does the foster parent have?
 - Encouragement to remain involved
 - Clear information about timeframes
3. How can the foster parent help meet the child's needs?
 - Support the youth in developing skills in self-sufficiency when he is still living with the foster family.

- Explore with Mike the meaning of family and his role in your family. Especially discuss his expected presence in family holidays, traditions, and events.
 - Invite Mike to come to home during college breaks.
 - Allow him youth to seek advice and assistance when needed and appropriate.
 - Be a lifelong resource for the youth.
 - Help the child access other supports and opportunities.
 - Helping the youth gather his important documents and keeping these documents up-to-date including:
 - Birth certificate
 - Social security card
 - Medical and school records
 - Florida driver's license
 - Florida identification card
 - Foster care records
 - Voter's registration card
 - Health insurance card
4. How can the Case Manager, Guardian ad Litem, CLS Attorney, the Licensing Specialist, and others help meet the child's needs and the foster parent's needs?
- Helping the youth gather important information and providing support/guidance in:
 - How to get continued financial support and continued assistance through Road to Independence (RTI) Program, Aftercare funds and services, Transitional Support Services, Temporary Cash Assistance (TCA), Food Stamps, Supplemental Security Income (SSI), Pregnancy/parenting assistance, etc.
 - Budgeting money and managing a bank account/credit cards
 - How to find a place to live
 - How to run a household (responsibilities) and how to care for a child after foster care
 - How to get a job, how to stay healthy
 - How to continue his/her education
 - What to do if he/she needs legal advice
 - Help the youth gather his/her important documents and keeping these documents up-to-date including:
 - Birth certificate
 - Social security card
 - Medical and school records
 - Florida driver's license

- Florida identification card
- Foster care records
- Voter's registration card
- Health insurance card

Transition to Adoption: Austin

1. What does the child need to reduce the trauma of transition?
 - Reassurance that it is okay to miss his sister
 - Permission to miss his sister
 - Support in having supervised family time with his sister
 - Careful transitioning and time to adjust
 - Reassurance that he is loveable and the transition is not a rejection
2. What needs does the foster parent have?
 - Support in accepting limitations
 - Reassurance that her care for Austin matters
 - Permission to make decisions best for her family
 - Support in grieving
3. How can the foster parent help meet the child's needs?
 - Help create a life book that may help with finding an adoptive family.
 - Advocate for the right adoptive family.
 - Give Austin reassuring messages.
 - Share all information about Austin that would help other caregivers.
4. How can the Case Manager, Guardian ad Litem, CLS Attorney, the Licensing Specialist, and others (Adoption Specialist) help meet the child's needs and the foster parent's needs?
 - Include comprehensive information in the child study.
 - Include the foster parent in decision making.
 - Keep everyone updated on progress.
 - Incorporate Austin's connections in helping him transition.
 - Seek a family willing to continue Austin's connection with his sister.

Activity STOP

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Foster Parent as Transition-Maker

At its core, the job as a foster parent is to prepare a child for transition. It is an inevitable truth that there will be transition either through reunification, relative placement, independent living or adoption (perhaps by the foster parent).

As the *transition-maker*, foster parents are expected to establish the foundation for a child's successful transition by:

- Providing a loving and safe home where the child feels connected and wanted
- Being a sensitive and responsive caregiver who develops a nurturing relationship with the child that helps the child heal and responds to child behaviors and responses through traumatic sensitive-care while maintaining their own platform
- Helping the child develop his/her own strategies for resilience as well as building skills in self-regulation, self-control, social interaction, and cognition
- Helping the child prepare for the future through support and encouragement of child's interests, education and cultural background, and supporting connections and relationships
- Talking with children about the changes that occur with transition
- Helping children understand their own history, and helping children adjust to losses
- Planning as well as anticipation of how they will support children through emotional highs and lows

What kinds of things can you do to ensure the smoothest possible transition when it comes unexpectedly and immediately?

Endorse:

- Plan for this outcome in advance.
- Keep updated journals or notes about what changes have occurred in habits, likes and dislikes, routines, and interests so that you can quickly describe ways that the new caregiver can maintain consistency.
- Make sure that children have some things that are precious to them that could be transitional objects, i.e., stuffed animals, prized books or photos, etc.
- Offer ongoing contact (to the degree you are comfortable) so that the child can feel that he/she is gaining more people who love him or her, rather than losing everything familiar.

Partnership Commitment – Avoiding Disruption for Child

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Once a family accepts the responsibility of caring for the child, the child will be removed from that family only when the family is clearly unable to care for him/her safely or legally, when the child and his or her biological family are reunified, when the child is being placed in a legally permanent home in accordance with the case plan or court order, or when the removal is demonstrably in the child's best interest.

Disruptions in Foster Care

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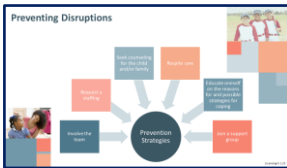


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Disruptions often occur when foster parents request the removal of a child into another foster placement. This can happen when a foster family has experienced an unplanned illness or life event, discovered a non-negotiable that they did not know existed, or they feel they do not have the skills to care for a child's emotional or physical needs including behavioral problems.

It is ideal for a child to remain in the same placement until permanency is achieved. It is clear that changing foster homes will create another loss in the child's life, another trauma. So this

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decision must be taken seriously with careful thought and planning.

Preventing Disruptions

Even when it seems inevitable that a disruption will occur, make every reasonable effort to continue the placement.

It is possible, and advisable, to come up with prevention strategies for dealing with the situation that is threatening the placement. These strategies include:

- Involving the team to help resolve the problem as early as possible
- Request a staffing to help stabilize and identify additional supports if needed
- Seeking counseling for the child and/or family
- Respite care to give everyone time to reflect and regroup
- Educating oneself on the reasons for and possible strategies for coping with the deal breaking behaviors
- Joining a support group

When Disruption Does Occur

Unfortunately, despite best efforts, disruption does occur and there are times that it is best for the child to move to another placement.

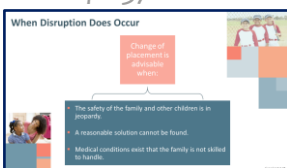
Change of placement is advisable when:

- The safety of the family and other children is in jeopardy.
- A reasonable solution cannot be found.
- Medical conditions exist that the family is not skilled to handle.

Always request a staffing so the move can be planned and not abrupt for the child and the new placement better suited to meet the child's needs.

There are two specific disruptions that occur frequently that are worth mentioning, Disruption Due to New Placement and Disruption Due to Unplanned Runaway.

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Slide: 4.1.38



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Disruption Due to New Placement

Children in foster care may have challenges they face that require them to transition to a different foster home, residential setting, or therapeutic environment.

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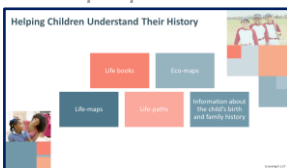
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Disruption Due to Unplanned Runaway

Running away is a coping behavior. Youth run for many reasons, but three common reasons include:

- Missing their biological family and the need to remain connected with them. Often, they run to family and friends to "touch base" so they may maintain these connections.
- Struggling with connections and attachments to foster caregivers (and Case Manager) and feeling unconnected and uncared for without the support and guidance they needed.
- Struggling for autonomy and normalcy. Foster youth, like all youth, have a growing need to experience independence and freedom. The rules and restrictions placed on them during placement often hinder their needs for these experiences. They also often see themselves as adults already.

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Helping Children Understand Their History

There are many ways families can help children in answering these important questions and in understanding their unique history.

- Life books, eco-maps, life-maps, and life-paths are all tools foster parents can use to help children of various ages understand and find ways to visually represent the answers to questions of how they came to be separated from their biological family and where they will ultimately belong.

- A life book is essentially an account of the child’s life in words, pictures, photographs, and documents. While life books can take many forms, each child’s life book will be unique to that child. Foster parents can assist in creating a life book for a child by gathering information about a child and taking pictures of people and places that are—or were— important to the child.
- An eco-map is a visual representation of a person and the important people and activities in his/her life. A child’s eco-map may have a circle in the middle of the page with a stick figure of a child, along with the question “Why am I here?” Lines are drawn out from the circle like spokes to other circles representing the court, other foster families, siblings, school, or to other topics such as “things I like to do” to visually represent what and who is important to a child and to help the child understand how he/she came to live with the foster family.
- Life maps or life paths are visual representations to help children understand the paths their lives have taken and the decision points along the way. They may have stepping stones to represent a child’s age and a statement about where and with whom they lived at that age. They may have lines that go to a drawing of a house representing any foster homes a child lived in, the years the child lived there, and a mention of who lived with the child at that house, if known.
- The most important information to include in any of these tools to help children understand their past history is information about the child’s birth and an explanation of why and how the child entered foster care and how decisions about moves and new placements were made. A baby picture and pictures of birth parents should be included, if possible. If no information is available, children can draw a picture of what they might have looked like. Statements such as, “there is no information about Johnny’s birth father in his file,” at least acknowledge the father’s existence. The importance of honesty, developmental appropriateness, and compassion in any explanation of difficult and painful circumstances that

bring children into care is important for children.

- Working with these tools provides an opportunity for the child to experience and work through the feelings of loss; therefore, they are beneficial therapeutic methods to help children with the grieving process.
- It is important to keep in mind, however, that revisiting their history may bring up a memory that acts as a trauma trigger. Be aware of the child's triggers and prepare to act as an emotional container for the child's experience.

What are some of the possible items to collect in a life book?

Endorse:

- Developmental milestones (when a child first smiled, crawled, walked, talked, etc.)
- Common childhood diseases and immunizations, injuries, illnesses, or hospitalizations
- Pictures of a child's birth parents and/or birth relatives and information about visits
- Members of the foster family's extended family who were/are important to the child
- Pictures of previous foster families, their homes, and their pets
- Names of teachers and schools attended, report cards, and school activities
- Any special activities such as scouting, clubs, or camping experiences
- Faith-based activities
- What a child did when he/she was happy or excited and ways a child showed affection
- Cute things the child did, nicknames, favorite friends, activities, and toys
- Birthdays or religious celebrations or any trips taken with the foster family

- Allowing children to just “drift” into another family or adoption within a family without acknowledging the very significant changes may lead to later difficulties.
- Foster parents need to help children consider and understand their own history.
- Foster parents need to help the child understand the reasons for the changes, help them adjust to the losses, and help them transfer their attachments.
- In helping children, foster parents need to consider each child’s needs as they are related to the child’s age, health, personality, temperament, and cultural and racial experiences.

How can the Licensing Specialist assist the foster parent in creating the life book?

Endorse:

- Secure copies of photographs and provide them to the foster parent.
- Ask the Case Manager to obtain significant items from the child’s parents if appropriate.
- Ask the Case Manager for photos or information about the child’s siblings and extended family as appropriate.
- Provide the foster parent with supplies and materials that may be available within the licensing agency.
- Sponsor a life book craft night for caregivers.
- Contact local craft stores regarding a partnership that would assist with supplies and also teach classes to caregivers.
- Share an example of the one you created for a child in your life.

Activity G: Creating a Life Map

Time: 45 minutes

Purpose: For participants to learn how to make their own life map so they can teach others.

Materials: • **PG: 39, Sample Life Map**
Slide: 4.1.41

Trainer Note: You will need to have supplies available to make this a fun, interactive activity. Recommended supplies include: colorful construction paper or cardstock, markers, stickers, colored pencils, hole-punch, ribbon or rope, magazines, double-sided tape or glue, etc.

You will need to have all of the materials on a general table or set up materials on each table prior to the activity.

Trainers are encouraged to create their own life map prior to training that they will share with the class prior to having participants make their own.

Trainer Instructions:

- Review the **Sample Life Map** with participants.
- Instruct participants to use the materials available and create their own life map that they will be able to share with caregivers and children that they will work with.
- Encourage them to spend time creating it so they will feel good about using it in training and one-on-one conversations.
- After participants have completed their life maps, have each person share their life map in front of the class.

Participant Instructions:

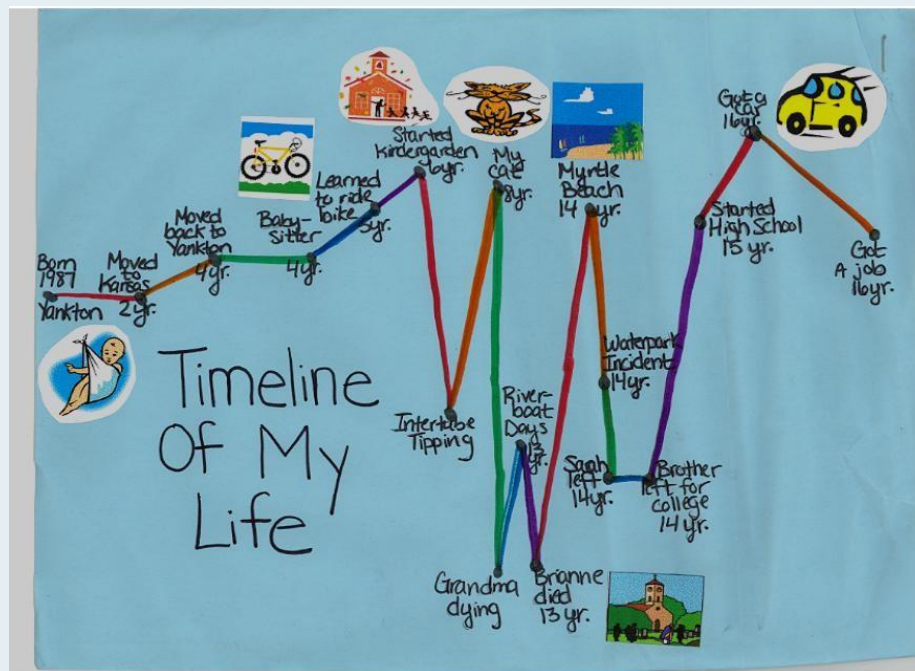
1. Review sample Life Map.
2. Create a Life Map using the materials available. Life Maps that reflect both good and bad events can make you appreciate, adapt or change your life in some way. You may draw your symbols, cut the symbols out of magazines, use stickers, etc.

3. A life map tracks your journey through life and marks out important events along the way. Remember that an important event doesn't have to be exciting or memorable for others, the map is all about showing what is important to you.
4. Share your Life Map with others in the class.

As you review your Life Map reflect on these questions:

- What have I learned about myself from looking at my Life Map?
- Do I see any patterns?
- Does anything on my Life Map surprise me?
- What are my strengths that have helped me make it to the point I am at today?
- What are my dreams and goals for what comes next on my Life Map?

Sample Life Map



Activity STOP

Unit Transition:

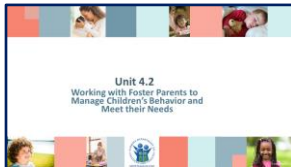
After gaining understanding of the importance of partnership and co-parenting, the next unit will provide an understanding and sensitivity regarding effects of parenting a child with traumatic experiences.

In addition, the next unit will focus on how to support foster parents as they provide normal childhood experiences.

Unit 4.2: Working with Foster Parents to Manage Children's Behavior and Meet their Needs

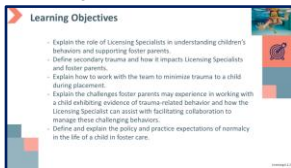
Unit Overview:

Slide: 4.2.1



Learning Objectives:

Slide: 4.2.2



PG: 40

The purpose of Unit 4.2 is to discuss the important aspects of parenting children in out-of-home care. In particular, the intent of the unit is to facilitate the participants' understanding and sensitivity to the effects of trauma on a child and on the foster care family when a child who has experienced trauma has transitioned to foster care. The unit also focuses on how to provide normalcy for a child. The unit explores the ways Licensing Specialists and the team can support foster parents in this critically important role including how to prevent disruption and when to offer specialized therapeutic care.

1. Explain the role of Licensing Specialists in understanding children's behaviors and supporting foster parents.
2. Define secondary trauma and how it impacts Licensing Specialists and foster parents.
3. Explain how to work with the team to minimize trauma to a child during placement.
4. Explain the challenges foster parents may experience in working with a child exhibiting evidence of trauma-related behavior and how the Licensing Specialist can assist with facilitating collaboration to manage these challenging behaviors.
5. Define and explain the policy and practice expectations of normalcy in the life of a child in foster care.

Trauma Sensitive Care

Slide: 4.2.3-4



Childhood Trauma and Trauma Sensitive Care

Share some of the key concepts you learned about trauma and trauma informed care during CORE Pre-service training:

Endorse:

- The short- and long-term impacts of traumatic events on the child
- The importance of careful, thoughtful professional communication and intervention.
- The implications of the Adverse Childhood Experiences (ACE) Study.
- The types of trauma
- The impact of trauma on the child's development.
- The role of the Child Welfare Professional in delivering trauma-informed care
- How to approach various situations in a trauma-informed manner from the Hotline call through case closure.
- Important facts about screening, assessing, and evaluating trauma
- The importance of considering culture and historical trauma when approaching children and families in a trauma-informed manner

Trainer Note: This section will build from the understanding of childhood trauma to:

- How to parent a child with trauma experiences.
- How to support foster parents impacted by a child's and family's trauma.

Slide: 4.2.5



PG: 41-42

Trauma-Sensitive Parenting

Trauma-sensitive parenting strategies include:

- **Understanding the Impact of Trauma:** As we have already discussed, it is important for foster parents to recognize the impact that the trauma has had on the child's life. Foster parents must be able to empathize with the child and try to see the world through their eyes...through the "lens" of their traumatic experiences. Because the drive to survive is so primal, this wired in response is literally the way the child's brain tells the child to react whenever that feeling of being unsafe or threatened, whether emotionally or physically, is triggered.
- **Creating a Feeling of Safety and Acceptance:** Safety and acceptance are paramount to the successful life of anyone, but creating an atmosphere of safety and acceptance is critical for a child who has experienced trauma.
 - Often they have not felt safe and accepted in their own homes. Foster parents must establish an environment that is physically safe and build a relationship so that they can identify what it takes to make a child feel psychologically safe.
 - In order to create safety and acceptance, foster parents must first manage their own emotions and manage to be both calm (as opposed to volatile, unpredictable) and present so they can attend to the needs of the child.
 - This is how they can help a child gain a sense of safety and acceptance, and ultimately work with children to “re-wire” their brains to lower the heightened arousal that has been the survival oriented trauma response.
- **Managing Emotions:** Trauma can make a child feel overwhelmed with feelings of fear, anger, shame, and helplessness. Even experiences and interactions that are considered neutral by normal standards can result in panic and a flood of emotions from a child who is burdened by memories and images of trauma.

- Trauma can affect a child's development so that children fail to learn how to identify, express, or manage their emotional states. By providing calm, consistent, and loving care, foster parents can set an example for children and teach them how to define, express, and manage their emotions.
- Foster parents must be able to tolerate the strong emotions that children experience and to help them have a place where feeling is okay.
- **Identifying a Child's Reaction and Response to Trauma:** Overwhelming emotion can have a very negative impact on children's behavior, particularly if they cannot make the connection between feelings and behaviors. Because trauma can derail development, children who have experienced trauma may display problem behaviors more typical of younger children.
 - Trauma-sensitive parents can help children to understand the links between their thoughts, feelings, and behaviors and to take control of their behavioral responses. They can help the children make connections of their responses to trauma and their behavior.
 - In the case of children in trauma, behavior modification begins with healing.
- **Supporting Connections and Relationships:** Children learn who they are and what the world is like through the connections they make, including relationships with other people. Positive, stable relationships play a vital role in helping children heal from trauma.
 - The original patterns that children develop to make connections and build relationships are set within the relationship with primary caregivers. These patterns: what works with those early caregivers and what is sustained at home over the early years, teach children how to form connections that will help children define themselves and their place in the world. The early

relationships with primary caregivers form a child's first attachment experience, and in many ways, wire a child's brain and being towards repeating the patterns learned early on.

- It is no uncommon for children who have been abused or neglected to develop insecure attachments with other people. While some of what is learned reinforces a sense of self-worth and a sense that adults and others can be trusted, other experiences within relationships that include abuse and neglect teach a child that adult responses are unpredictable or dangerous. Nevertheless, children may cling to these relationships, when they are disrupted or even destroyed when they come into care.
- Trauma-sensitive foster parents can help children hold on to what was good about these connections, reshape them, make new meaning from them, and build new, healthier relationships between themselves and the child, and others as well.
- **Helping Child Develop a Strong Sense of Self:** In order to heal from trauma, children need to develop a strong sense of self, to put their trauma histories in perspective, and to recognize that they are worthwhile and valued individuals.
 - Unfortunately, many children who have experienced trauma live by an unwritten rule of "Don't tell anyone anything". They may believe that what happened to them is somehow their fault because they are bad, damaged, or did something wrong.
 - Foster parents can help by being safe listeners, working with them to build bridges across the disruptions of their lives, and helping them to develop a strength-based understanding of their life stories.
 - Foster parents walk a fine line because on one hand, they want to be active and positive listeners, and on the other hand, they need to adhere to the rule of not disparaging the child's parents in an effort to promote reunification,

and even when reunification is not the goal, to help the child retain the ability to talk freely about his/her connection to his/her parents.

- The foster parent's relationship with the child becomes an anchor to help the child manage their experience and their path to healing. In learning to trust, love and attach to the foster parent, the child develops or repairs skills that move him/her forward in the ability to connect with others and to be safe.
- Foster parents help the child's healing experience by remaining both connected through relationship, but also establishing who he/she is. With a foster parent's own sense of self intact, children are free to be themselves, to understand boundaries, and create safety while in care.
- Foster parents are responsible for making sure that safety surrounds the child. They must have enough patience, boundaries, and calm for both of them, even when things get emotional.
- **Advocating for the Child:** Trauma can affect so many aspects of a child's life that it takes a team of people and agencies to facilitate recovery. As the person who is most intimately and consistently connected with the child, foster parents are a critical part of the team and can help ensure that efforts are coordinated. Trauma-sensitive foster parents may be in a position to help others (teachers, therapists, family, others) view the child through a "trauma lens".
 - Children who have experienced trauma often need specialized assessment and treatment in order to heal. There are many treatments available whose effectiveness has been established. Foster parents are in a unique position to advocate for trauma-sensitive psychological assessment and treatment offered by experienced child trauma professionals.

- Foster parents are asked to push against their own limits and tolerance, but this is nothing more or less any parent expect our children to do every day of their lives.

- **Looking at Their Own Responses:** Caregivers of traumatized children have to take a good look in the mirror. They must also be able to set their own emotions and responses aside to they can meet the needs of the child.
- **Taking Care of Self:** Taking good care of ourselves is one of the most important skills one can develop as caregivers and Child Welfare Professionals. In taking care of ourselves, we help the children learn how to take good care of themselves as well.

Helping the Child Heal

Slide: 4.2.6



PG: 43

In order to help the child recover from trauma, trauma cannot be ignored. It is important to thoughtfully and carefully address the trauma and trauma triggers so that healing can begin. When a person can share the trauma with another, it becomes more bearable than keeping it inside.

Research shows that early childhood trauma changes the brain, but there is hope because early childhood support also changes the brain.

- Children who have had insecure attachments at home can build resilience if they have at least one secure relationship where another adult knows them and feels what is going on inside of them.
- Studies have shown that the brain repairs itself when interventions are successful.

Foster parents and the child should work in collaboration with a mental health therapist or behavioral analyst on the journey toward healing. By working together, it allows the foster parent to learn how to recognize the triggers a child's behaviors are communicating and which strategies to employ, which takes a lot of skill and repetition.

Trainer Note: Foster parents receive training on psychotropic medications in Pre-service training. It is important to emphasize to Licensing Specialists that they will need to encourage foster parents to talk with providers about thinking through the lens of trauma and the trauma of removal. Additionally, a follow-up assessment may be recommended based on the behavioral or emotional level of functioning of the child within a few months as the child settles in.

Slide: 4.2.7



PG: 43

Foster Parent Strategies for Responding to a Child's Trauma

Foster parent strategies that help a child communicate and work through their trauma include:

- **Create Safety:** First foster parents must get the child into a condition of safety through contact with a safe relationship. If a child is responding to triggers, he/she may need time out alone with someone with whom they feel safe with.
- **Look at Sensory Triggers:** Foster parents must become aware of the stimuli that are reminders of the traumatic event such as sounds, tastes, sights, touch, movement, etc.
- **Work Gradually to Reintroduce Stimuli:** Foster parents should reintroduce the things that trigger a child gradually back into that child's life. It's important to go back and forth between the trigger and safety. Allow the child to be able to experience the sense of fear and use his/her ability to get back into control and safety.
- **Increase the Child's Comfort:** Beyond the caregiver, the foster parent should create an environment with many sensory comforts that the child can surround themselves with in order to feel safe such as music, blankets, books, toys, etc.
- **Create the Story:** Foster parents should help it make sense to the child by talking about it. Talk about before the trauma happened, what occurred during the trauma, what was the most frightening part, how the trauma resolved, what their body felt like, what emotions they experienced.

- **Creating the Story with Pre-Verbal Children:** While they may not understand the words, foster parents should express that they understand what happened to the child. It will convey a sense of safety. (Children will understand through an adult's tone of voice and the rhythm and rate in which it is communicated.)
- **Using Non-verbal Communication to Communicate and Understand What is Going on with Children:** This includes eye contact, facial expression, tone of voice, posture, gestures, and timing and intensity of response.

Activity H: Partnering to Address Trauma

Time:

30 minutes

Purpose:

This activity provides participants the opportunity to role-play how to educate, support, and coach a foster parent who is struggling to respond to a child's trauma influenced behaviors.

Materials:

Slide: 4.2.8

- Case Studies
- **PG: 44, Foster Parent Strategies for Responding to a Child's Trauma**

Trainer Instructions:

- Divide participants into three groups. Each group will need three people, so if you have a small group, conduct the activity as one group. You may need to be creative based on the size of your group.
- Each group will be responsible for creating a ten-minute role-play of a Licensing Specialist working with a foster parent and child demonstrating the use of one of the strategies presented.
- From the worksheet, assign the group a strategy to demonstrate.
- The person playing the role of the Licensing Specialist is instructed to demonstrate how they would educate, support, and coach a foster parent who is struggling to respond to a child's trauma influenced behaviors.
- The role play will repeat two additional times, using a different scenario so that each person demonstrates the role of the Licensing Specialist.

Participant Instructions:	<ol style="list-style-type: none"> 1. Using the case scenario assigned, create a ten-minute role play of a Licensing Specialist working with a foster parent and child demonstrating the use of one of the strategies presented. 2. The person playing the role of the Licensing Specialist is instructed to demonstrate how they would educate, support, and coach a foster parent who is struggling to respond to a child's trauma influenced behaviors. 3. Repeat the role-play two additional times, using a different scenario so that each person demonstrates the role of the Licensing Specialist.
<p style="text-align: center;">Trainer Version</p> <ol style="list-style-type: none"> 1. Every night at dinner time the child begins to cry and sometimes is so inconsolable that they throw up and cannot eat dinner. The foster parent finds out that dinner time is when one of their parents came home intoxicated and would often become violent if they did not like what the other parent had prepared. 2. You go on your licensing visit and while speaking with the foster parent, you notice that the child's room is very plain. There are no pictures on the wall and although it is clean and neat, there are no comfort items. The foster parent comments to you that the child does not ever like to be in their room alone and this is causing stress at bedtime. 3. You receive a phone call from the foster parent after the child came home from school visibly upset. The child was angry at the foster parent for coming to the school that day because other kids saw the foster parent, who is a different race from the child, and began asking the child about the foster parent. Several kids continued to tease them on the bus ride home. 	
Activity STOP	

Slide: 4.2.9



PG: 45

Foster parents that feel supported are more likely to experience satisfaction in parenting. When foster parents believe that Licensing Specialists have appreciation for the challenges, experiences, and behaviors children bring to their homes, they are more inclined to seek support from the Licensing Specialist.

Building Resilience

Resilience is the ability to recover from traumatic events. In general, children who are resilient see themselves as:

- Safe
- Capable
- Loveable

Although the impact of cortisol on the brain is irreversible in some cases and nothing can entirely wipe out the effects of trauma, research has shown that there are many factors in a child's life that can promote resilience.

Relationships are the most powerful way to heal the brain. A positive connection to other human beings is the key. Brain repair comes from having primary relationships that calm, soothe, and help a child organize their experiences. High quality caregiving is the surest method to modify the brain in the first five years of life.

Some resiliency factors include:

- Having a strong, supportive relationship with a competent and caring adult.
- Feeling a connection with a positive role model or mentor. This can be someone who has also gone through painful experiences and survived or someone the child aspires to be like as an adult.
- Feeling their talents and abilities are being recognized and nurtured.
- Feeling some sense of control over their own lives. Being removed from one's home and placed in foster care can

increase traumatized children's feelings of having no control and no say in what happens in their lives. Being empowered can help their recovery from trauma.

- Feeling invested in and part of a larger community, be it their neighborhood, faith-based group, scout troop, or extended family. Some school-aged children or adolescents who have experienced trauma find that serving a cause can be healing.
- Foster parents should not mistake withdrawal as healing or resilience.

Activity I: Building Resilience and Healing

<p>Time:</p> <p>Purpose:</p> <p>Materials: <i>Slide: 4.2.10</i></p> <p>Trainer Instructions:</p> <p>Participant Instructions:</p>	<p>30 minutes</p> <p>This activity reinforces skills Licensing Specialists can use to support foster parents.</p> <ul style="list-style-type: none"> • PG: 46-52, Building Resilience and Healing case studies and worksheets • <i>Instruct participants to read the case studies and use the worksheet to answer questions which include:</i> <ul style="list-style-type: none"> – <i>What are the child's strengths?</i> – <i>What strategies should the foster parent use to contribute to resilience and support healing for the child?</i> – <i>How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?</i> – <i>Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?</i> • <i>Debrief as a large group.</i> <ol style="list-style-type: none"> 1. Read the case studies and use your worksheet to respond to the questions. 2. Be prepared to discuss with the whole class.
<p style="text-align: center;">Trainer Version</p> <p>Cara's Story</p> <p>Cara is 12. Her mom, Carol (30), has a drug and alcohol addiction. Cara has never known who or where her father is. Cara remembers mom has always had a few beers every night, but the drugs started three years ago when Carol's boyfriend took off with the car and the little savings she had. Carol became very sad for a long time and things changed for the worse. Carol couldn't keep a job and money was tight, so she began to pay for food, rent, and drugs through prostitution and recently began selling drugs for one of her male friends. Carol was recently incarcerated for possession with intent to sell and is being held in prison until her trial.</p> <p>Carol tried to protect Cara and keep her from making the same mistakes she has made. Cara attends school most of the time and does not take drugs or alcohol, although she has</p>	

tried them on occasion. Due to Carol's drug use, she cannot protect Cara and she sometimes forgets to take Cara to school or feed her. Additionally, Carol is not always awake when visitors come to the home. Cara remembers many male visitors at all hours of the night while growing up. Some of these male visitors would come into Cara's room when Carol was passed out.

The male visitors were not always nice to her mom and have hit her in front of Cara. One night, a man threatened Carol with a knife when she refused one of his requests. He threatened to scar her face and Cara remembers feeling terrified.

Cara is worried about her mom and angry about her mom's incarceration. She does not want to go into foster care and has said she will just run away so she can visit her mom. She has no family other than Carol.

What are the child's strengths?

- Loyalty to mom.
- Awareness that things are unsafe at home.
- Recognition that men should not come in her room or be violent.
- Awareness of her feelings.
- Limits use of drugs or alcohol.

What strategies should the foster parent use to contribute to resilience and support healing for the child?

- Create safety in the home.
- Recognize and minimize triggers.
- Focus on building a supportive relationship that also supports her relationship with her mom.

How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?

- Provide the foster parent with regular information about Carol's progress.
- Work with systems to arrange family time between Cara and Carol.

Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?

- Counselor to explore Cara's feelings around separation from her mom.
- Social worker or counselor at the jail/prison to support Cara's visits with her mom.
- Work closely with Case Manager to explore Carol and Cara's needs.
- Provide the foster parent with information about adolescent support groups.

Kavin and Tyree's Story

Kavin is nine and Tyree is eight. Their mother is Sandra (34). Sandra married Juan (33) two years ago and Juan has not officially adopted the boys yet. Sandra and Juan recently had a baby together, Lucy (six months).

Both Kavin and Tyree have learning disabilities and each has an Individual Education Plan at school addressing their special education needs and emotional and behavior difficulties. Kavin has a temper and often gets into fights at school and in the neighborhood. He has difficulty listening in class and has a hard time reading. Tyree is very friendly towards people who show any interest in him – and quite often towards those who don't! He enjoys playing with his baby sister and tries to take care of her. He has accidents and wets the bed. Both boys have little sense of what keeps them safe and are frequently wandering the neighborhood by themselves. Additionally, both boys are very skinny and rather short for their ages. Sandra often lets them fend for themselves. As a result, they do not eat well, often making very poor choices for breakfast, lunch, and dinner. This is especially bad given Kavin's diabetes.

Juan is in the military and is out of the country for extended periods of time. He deployed several weeks after the birth of Lucy.

Prior to her marriage to Juan, Sandra suffered from severe depression. She has been working with a Case Manager due to a history of neglect of her children, and while she occasionally has relapses in care, she has made progress over the years. However, since Lucy's birth and Juan's deployment, Lucy's depression has returned and the neglect has escalated. The children were removed from the home due to severe safety concerns. Kavin was not receiving his medication regularly, causing several incidents resulting in hospitalization.

Lucy went to live with Juan's mother, Marie, but she could not take the boys because they were too difficult for her to handle.

What are the child's strengths?

- Tyree is friendly and gets along with others.
- Both boys are resourceful.

What strategies should the foster parent use to contribute to resilience and support healing for the child?

- Increase comforts, especially food.
- Create safety by supervising them and providing boundaries.
- Recognize and minimize triggers.

How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?

- Provide information about Individual Education Plans.

- Check to make sure the foster parent has been linked to resources through the Case Manager.
- Support the foster parent in learning to care for a child with diabetes.

Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?

- Case Manager to ensure that all medical and educational services are arranged.
- Find out if the licensing agency has any additional supportive resources for foster parents caring for children with educational and medical needs.
- Connect the parent to other experienced foster parents.

Deirdra and Ian's Story

Deirdra is 14 and Ian is nine. Their father passed away when the children were young and their mother, Francine (35), has raised them.

The family is Christian and regular church-goers and are often participating in church activities. They are all very close-knit group who love one another's company.

Francine has mental health problems. In the past, Deirdra and Ian were fostered once before when Francine was not able to take care of them. She did recover and has been doing much better in recent years. However, Francine recently tried to commit suicide. Ian was the one who found his mom unconscious. He called 911 when he saw pills and could not revive her. She is now in hospital and is receiving treatment. She has agreed for the children to be fostered until she is better, which may take several months or longer. Deirdra feels very responsible for her mother and Ian. At home she takes on the role of mom. She often tells Ian what to do and can be quite bossy to him. She has no interest in school and sees it as an interference with her duties. She has stopped going to school the last few weeks.

Ian is a quiet child who loves to draw. He does well in school, but sticks to himself. Lately, he has not been participating in class and with his friends. He doesn't like to talk about his mom's suicide attempt. In fact, he doesn't really talk much at all. He thinks his sister is the only person he needs while mom is in the hospital.

What are the child's strengths?

- Deirdra is very responsible, caring, and loyal to her family.
- Ian is resourceful and artistic, does well in school, and is loyal to his family.

What strategies should the foster parent use to contribute to resilience and support healing for the child?

- Create safety by being consistent.
- Pay attention to environment and increase their comfort.
- Help them come up with a story to tell at school.

- Focus on building a supportive relationship that also supports their relationship with mom.

How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?

- Try and provide information about mom's progress.
- Check to make sure the foster parent has been linked to resources through the Case Manager.

Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?

- Encourage foster parent to meet with school social worker, teacher, and counselor to support the kids' school success.
- Work closely with Case Manager to ensure that family time is arranged.
- Provide the foster parent with information about adolescent support groups.

Kendra's Story

Kendra is eight. Her parents are Leslie (28) and Jacob (42). She has a step-brother, Jake (17), who lives part time with his mom. Her parents own a business and work very long hours. They play with Kendra when they have the time, but are often only home for dinner and a little television at night. Kendra spends a lot of time at her neighbor Karen's apartment when her parents are out of town on business or when her parents get home late from work. They often leave Kendra in the care of Jake when they leave town.

Lately, Kendra has been acting out at school. She is often disruptive, pees in her pants, does not concentrate, and does not play with other children. She can often be found singing to herself and making noises. One day, when her parents were at a conference out of town and Kendra was at Karen's house, she refused to go home. Concerned, Karen called the Hotline.

It was discovered that Kendra was the victim of sexual abuse over a period of time. As a result of the investigation, it was revealed that her brother, Jake, had been sexually abusing Kendra. He threatened to hurt her mom if she told anyone. It was further revealed that her father, Jacob, had suspected something might be wrong, but was too busy to deal with it right at the moment.

What are the child's strengths?

- Kendra tried to protect her mom.
- Kendra decided she wanted the abuse to stop and told a neighbor.

What strategies should the foster parent use to contribute to resilience and support healing for the child?

- Create safety by recognizing that Kendra may be uncomfortable with men and may need controlled boundaries.
- Recognize and minimize triggers.

How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?

- Provide information about sexual abuse to the foster parent.
- Check to make sure the foster parent has been linked to resources through the Case Manager.
- Support the foster parent in learning to care for a child with this kind of trauma.

Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?

- Case Manager will ensure that services are arranged.
- Connect the parent to other experienced foster parents.

Peter's Story

Peter is 16. He is an only child. His parents, Tracey (44) and Joe (48), recently kicked Peter out of the house because they found him kissing a boy. His parents told him he could come home once he fixed himself.

The family is highly conservative. Peter is involved in many social activities and groups. He was working on a leadership project towards his Eagle Scout badge with a group of friends whose parents are all very close. His parents told Peter not to show his face at the group meetings because he has brought them shame. He was staying with friends when the mom called the Hotline because she was concerned and also did not have the resources to take care of Peter.

Peter is an AP student and is beginning to get letters from colleges. He is distraught over his parents' rejection and the loss of his community.

What are the child's strengths?

- Peter has goals and aspirations.
- He is a great student.
- He is focused on positive activities.
- He has friends and support outside of his family.

What strategies should the foster parent use to contribute to resilience and support healing for the child?

- Create safety that Peter will not be rejected or ridiculed in the foster parent's home.
- Pay attention to environment and increase Peter's comfort.

- Help Peter decide what and how to share with others at school and in his friend circle.
- Encourage foster parents to connect with Peter's mom and dad and encourage the relationship between them and Peter.

How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?

- Try and find additional community resources that Peter and the foster parent can participate in together that supports Peter's sexual orientation.
- Check to make sure the foster parent has been linked to resources through the Case Manager.

Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?

- Encourage foster parent to meet with school social worker, teacher, and counselor to support Peter.
- Provide the foster parent with information about adolescent support groups.

Activity STOP

Placement Through a Child's Eyes

It's important that Licensing Specialists and foster parents understand that healing and resiliency is possible for children with traumatic childhood experiences.

By forming healthy relationships with foster parents and professionals, children learn to heal. However, the road to healing and resiliency is a difficult one that begins at the moment of placement.

Slide: 4.2.11



PG: 53

If foster families don't understand why and how a child typically reacts at placement because of trauma and loss, they may misunderstand the child's behaviors and misinterpret them as problematic or pathological. They may see it as unwillingness on the child's part to cooperate, or as a negative reaction to the foster parents.

This blame on the child can result in disruption and additional trauma and loss for the child.

Joining a new, safe, welcoming family would seem like a wonderful solution that children would embrace. And yet, sometimes this is not what happens.

Transition to Initial Placement

Children at initial placement need supports to minimize the trauma of initial placement as well as the trauma they experienced during removal. Supports may need to continue after the initial placement, particularly if the change in placement produces more trauma.

Slide: 4.2.12



PG: 53

It is the responsibility of the Licensing Specialist to ensure that foster parents are prepared for placement. The Licensing Specialist must be prepared to share with the foster parent their knowledge about trauma, the system of care, and the experiences children may have encountered before coming to them. Being available and supportive during and after placement shows that the Licensing Specialist is on the foster parent's team.

Activity J: The Invisible Suitcase

<p>Time:</p> <p>Purpose:</p> <p>Materials: Slide: 4.2.13</p>	<p>30 minutes</p> <p>This activity provides participants an opportunity to consider the hidden traumas and emotional scars that children bring with them into care. This baggage is a heavy load for children to carry and it is up to parents and professionals to help ease the load.</p> <ul style="list-style-type: none"> • PG: 54, The Invisible Suitcase worksheet • PG: 55, The Invisible Suitcase • PG: 55-56: The Invisible Suitcase and Behavior • A backpack or suitcase with clothing and other items • One piece of regular luggage or a bag with a few clothing items and a pair of shoes • One clear box and on the inside you will need to place these words on separate pieces of paper, differentiating the two sets of words by using two different colors of paper: <ul style="list-style-type: none"> – The first set of words refers to how children may see themselves: worthless, in danger, powerless, unlovable, scared, hopeless – The second set of words refers to how children may see, the foster/adoptive parent: unreliable, untrustworthy, dangerous, dishonest, abusive
<p>Trainer Note: The beginning of this activity is an experiential opportunity for participants to really connect emotionally to the heavy baggage that children may be carrying when they enter their home. As a trainer, you will need to seriously act this out for participants. The idea is to create an “experience” at the very beginning, before explaining the activity. Be prepared for the emotions that may surface in yourself and others.</p>	
<p>Pre-Activity Scenario:</p> <p>PG: 73</p>	<p>The Invisible Suitcase</p> <p>Children who enter the foster care system typically arrive with at least a few personal belongings: clothes, toys, pictures, etc. But many also arrive with another piece of baggage, one that they are not even aware they have: an “invisible suitcase” filled with the beliefs they have about themselves, the people who care for them, and the world in general.</p>

PG: 74

For children who have experienced trauma - particularly the abuse and neglect that leads to foster care - the invisible suitcase is often filled with overwhelming negative beliefs and expectations. Beliefs not only about themselves . . .

- I am worthless.
- I am always in danger of being hurt or overwhelmed.
- I am powerless.

But also about you as a caregiver . . .

- You are unresponsive.
- You are unreliable.
- You are, or will be, threatening, dangerous, and rejecting.
- You didn't create the invisible suitcase, and the beliefs inside aren't personally about you. But understanding its contents is critical to your helping your child to overcome the effects of trauma and establish healthy relationships.

The Invisible Suitcase and Behavior

The negative beliefs and expectations that fill the invisible suitcase permeate every aspect of a child's life. Children who have been through trauma take their invisible suitcases with them to school, into the community, and everywhere they go. They have learned through painful experience that it is not safe to trust or believe in others and that it is best not to give relationships a chance.

As a result, children who have experienced trauma often exhibit extremely challenging behaviors and reactions that can be overwhelming for resource parents. These problems may include aggression, outbursts of anger, trouble sleeping, and difficulty concentrating. Very often, the behavior problems that are the most difficult to handle - those that may even threaten the child's placement in your home - come from the invisible suitcase and its impact on relationships. One way of understanding why this happens is the concept of reenactment.

Reenactment is the habit of recreating old relationships with new people. Reenactments are behaviors that evoke in caregivers some of the same reactions that traumatized children experienced with other adults, and so lead to familiar - albeit negative - interactions. Just as traumatized children's sense of

Trainer Instructions:

themselves and others is often negative and hopeless, their reenactment behaviors can cause the new adults in their lives to feel negative and hopeless about the child.

- Act out the following scenario with seriousness and sensitivity:
 - Begin developing a scene as if you are in the bedroom of a home you will be moving out of to go to a different home. Open up a piece of luggage and begin putting your clothing in the suitcase while you are making statements similar to the following:
 - They didn't even give me a chance. I don't even know why I have to move. It's always the same. It doesn't matter where I'm going now, etc.
 - Pick up the suitcase/bag in one hand and the clear box in the other and transition to being in your new bedroom which needs to be in front of the class.
 - Pretend you are now unpacking while you are making statements similar to the following:
 - She told me to make myself at home-what a joke. I don't even know where to put this stuff. I don't care about anything now.
 - After unpacking the suitcase turn your attention to the box. Open the box and say:
 - She didn't even notice this one.
 - Begin holding up the slips of paper one at a time of how you see yourself. Simply say:
 - "I feel worthless" (pause and hold up the word), "in danger" (pause and hold up the word), "powerless" (pause and hold up the word), "unlovable" (pause and hold up the word), "scared" (pause and hold up the word), "hopeless" (pause and hold up the word).
 - Now begin holding up the slips of paper one at a time of how you see the foster/adoptive parents:
 - They told me these people would take care of me, but I bet they might be "unreliable" (pause and hold up the word), "untrustworthy" (pause and hold up the word), "dangerous" (pause and hold up the word), "dishonest" (pause and hold up the word), "abusive" (pause and hold up the word).

When finished, debrief:

- *Begin debriefing the scenario with the class. Although foster parents may only see a piece of luggage or bag when children come to them, never forget there is an invisible suitcase they are carrying as well. Maintain the atmosphere and quickly have them break into small groups and respond to the questions on the invisible suitcase worksheet.*
- *Discuss the following in small groups:*
 - *How can you assist foster parents in understanding the feelings and troubling beliefs children may carry about themselves?*
 - *What will foster parents need from you when they begin to understand the troubling beliefs and feelings children may have about them?*
 - *What can you do as a Licensing Specialist to support foster parents and Case Managers in responding to these beliefs that may only be revealed in challenging behaviors?*
 - *How does knowing about the invisible suitcase help you in your work?*
- *Reconvene groups, debrief, and make final comments in the large group to wrap up the experience.*
 - *For children who have experienced trauma—particularly the abuse and neglect that leads to foster care, the invisible suitcase is often filled with overwhelming negative beliefs and expectations.*
 - *Beliefs not only about themselves:*
I am worthless.
I am always in danger of being hurt or overwhelmed.
I am powerless.
 - *But also about the caregiver:*
They are unresponsive.
They are unreliable.
They are, or will be, threatening, dangerous, and rejecting.
 - *Foster parents didn't create the invisible suitcase and the beliefs inside aren't personally about them but understanding its contents is critical to the foster parent's ability to help children overcome the effects of trauma and establish healthy relationships.*

Participant Instructions:	<ul style="list-style-type: none">• Review <i>The Invisible Suitcase</i> in the PG, and encourage the participants to reflect on it further at a later time. Also suggest that they share it with others that are part of their support system. <ol style="list-style-type: none">1. As you watch the brief reenactment, consider the following:<ul style="list-style-type: none">– How can you assist foster parents in understanding the feelings and troubling beliefs children may carry about themselves?– What will foster parents need from you when they begin to understand the troubling beliefs and feelings children may have about them?– What can you do as a Licensing Specialist to support foster parents and Case Managers in responding to these beliefs that may only be revealed in challenging behaviors?– How does knowing about the invisible suitcase help you in your work?
Activity STOP	

Many children who come into care have factors/experiences that can make life post-placement difficult for both the child and the people caring for them. They may lack attachments or they may have strong attachments, but in either case they will be suffering great loss. They may find it difficult to trust anyone and they may be triggered into emotional crisis easily.

What can you do to help foster parents make the needed changes in their home environment to help a child transition into the home during initial placement?

Endorse:

- Encouraging foster parents to investigate the child's response to their environment and to identify triggers such as anger in the home, chaos, smells, or sounds that remind the child of a traumatic event
- Explaining that feeling close and vulnerable is often a trigger
- Reminding them to set aside their own responses so that they can meet the needs of the child
- Reminding them what children need from them: calm, safety, support, presence, and sometimes space

Activity K: Minimizing Trauma at Initial Placement

Time:	30 minutes
Purpose:	This activity provided an opportunity for participants to learn about the different ways they can assist in minimizing the trauma children suffer at initial placement.
Materials: Slide: 4.2.14	<ul style="list-style-type: none"> • PG: 57-58, Minimizing Trauma at Initial Placement worksheet • Flipchart paper posted with the following titles: <ul style="list-style-type: none"> – Placement Decisions – Child Information – Sensory Comfort and Settling In – Empathizing with the Child – Trauma Sensitive Care/Behavior Management – Supporting Connections and Relationships – Inclusion and Normalcy/ Cross Cultural Placement – Advocating for the Child • Markers <p>Because this is such a critical point for the child (as well as the foster parents), it is important to spend time exploring the role of the Licensing Specialist and providing support to the foster parents so that they may help to minimize the child's trauma at initial placement. In order to accomplish this activity, participants will need to think of what the foster parent has to do to help the child, and by extension, what they need to do to support and prepare the foster parent. Many of their answers will be the same as how a foster parent would answer because they are both focused on accomplishing the same thing. The foster parent directly and the Licensing Specialist through support.</p>
Trainer Instructions:	<ul style="list-style-type: none"> • <i>Divide participants into groups.</i> • <i>Instruct participants to use the worksheet to take notes.</i> • <i>Instruct participants to determine how a Licensing Specialist can support foster parents during initial placement in each of these areas:</i>

<p>Participant Instructions:</p>	<ul style="list-style-type: none"> – Placement Decisions – Child Information – Sensory Comfort and Settling In – Empathizing with the Child – Trauma Sensitive Care/Behavior Management – Supporting Connections and Relationships – Inclusion and Normalcy – Cross Cultural Placement – Advocating for the Child <ul style="list-style-type: none"> • Instruct participants to put their answers on the flip chart pages on the wall. • Debrief as a large group. <ol style="list-style-type: none"> 1. In small groups, using your worksheets, discuss how a Licensing Specialist can support foster parents during initial placement in each of the following areas: <ul style="list-style-type: none"> – Placement Decisions – Child Information – Sensory Comfort and Settling In – Empathizing with the Child – Trauma Sensitive Care/Behavior Management – Supporting Connections and Relationships – Inclusion and Normalcy – Cross Cultural Placement – Advocating for the Child 2. Be prepared to discuss as a class.
<p style="text-align: center;">Trainer Version</p> <p>Participants should identify the following:</p> <p>Placement Decisions</p> <ul style="list-style-type: none"> • Try to make the placement decision before removal, if possible • Identify the best match possible for the child • Help the foster parents with the decision • Work to place siblings together • Empower the foster parents to ask questions during the placement phone call so they are fully informed and can help assess the match for themselves 	

Child's Information

- Empower the foster parents to make sure the agency has provided as much information as possible about the child
- Provide guidance support to foster parents as gather information on the child and help them develop an information gathering plan that encourages them to learn about:
 - Food choices
 - Routines and schedules
 - Medications, medical conditions, and allergies
 - Known behavioral issues
 - Important people
 - Anything else that will help them to understand the child and help him/her feel safe and comfortable

Sensory Comfort and Settling In

- Provide guidance support to foster parents as they help the child settle in and help them develop a welcoming plan that encourages them to:
 - Ask child about favorite foods, bedtime routines, hobbies and favorite things to do
 - Create a welcome basket for s new child when he/she arrives
 - Physically soothe babies and very young children
 - Ask the child if he/she is hungry or thirsty. Cooking kids' favorite foods can provide soothing sensory stimulation which has an effect on the brain, relieving stress and anxiety. For younger children, have a snack drawer that they can reach.
 - Show the child around the house and their room when they arrive
 - Show the child where there are snacks that he/she can have whenever he/she wants.
 - Ask the child what he/she would like to do.
 - Ask the child if he/she take any medications.
 - Create a plan if the child comes in the middle of the night including staying with them awhile, playing soothing CDs, and being available if they need anything.
 - If child mention something he/she didn't bring with him/her or that he/she wished he/she had, ask the Case Manager if he/she can get it.
 - Help foster parents prepare for the unexpected.

Empathizing with the Child

- Provide guidance and support to foster parents as they empathize, connect, and try to understand the child's perspective and help them develop an empathizing plan that encourages them to:
 - Be open to listening if the child wants to talk, but don't probe or grill him/her.
 - Acknowledge the child's feelings and the difficulty of what he/she is experiencing.
 - Assure the child that she/he is safe and will be cared for.
 - Leave a business card with the child.

Trauma-Sensitive Care and Behavior Management/Parenting

- Provide guidance support to foster parents as they practice trauma-sensitive care and develop a care plan that encourages them to:
 - Understand the impact of trauma, how trauma effects the brain, and how children respond to trauma.
 - Create an emotionally safe environment.
 - Build self-regulation and resiliency in children.
 - Help the child recover from trauma using emotional regulatory healing.
 - Support connections and relationships.
 - Help the child develop a strong sense of self.
 - Remain on their platform, maintain their own regulation and take care of themselves.
 - Recognize their own trauma triggers.
 - Reassure children they are not bad.
- Provide guidance support to foster parents as they practice behavior management/parenting that provides structure, control, and predictability and help them develop a behavior management/parenting plan that encourages them to:
 - Create a positive environment in the home.
 - Understand the meaning of child behavior.
 - Anticipate typical child behaviors at placement.
 - Respond to behaviors appropriately.
 - Adjust their rules based on the needs of the child.
 - Establish and communicate rules.
 - Is sensitive to trauma and the child's individual needs.

Supporting a Child's Relationships and Family Connections

- Provide guidance support to foster parents as they support a child's relationships and family connections and help them develop a connections plan that encourages them to:
 - Honor the relationship between child and his/her parents.
 - Acknowledge the child's love for his/her parents and his/her parents' love for him/her.
 - Realize that, despite abuse or neglect, the child is experiencing grief and loss at being separated from his/her parents (and siblings if in a different placement).
 - Support contact with siblings.
 - Support visits with parents.
 - Provide the parent with information on how and what the child is doing.
 - Ask the birth parents about the child's needs and likes.
 - Work together with birth parents because children benefit and feel reassured when they see all the adults working together.

Connections Inclusion and Normalcy

- Talk about what is the same for all children and what is unique for their child.
- Provide guidance support to foster parents as they practice inclusion and support a child's normalcy and help them develop an inclusion/normalcy plan that encourages them to:
 - Keep the menu kid-friendly and include the child in making dinner.
 - Talk to the child about his/her likes and dislikes and honor those during the first few weeks, or even days.
 - Ask the child if there's anything he/she needs or would like to happen for to feel safe and comfortable.
 - Allow the child to maintain current school, if possible.
 - Help facilitate purchase orders so that children can have clothing that they are comfortable with and that helps them feel like they fit in at school (sometimes children do not have clothes with them).
 - Identify normal activities, particularly if the child has interests, activities, or clubs from pre-placement, which can be continued or started in placement.
 - Predict any circumstances that would require agency approval for involvement and facilitate approval.

Cross-Cultural Placement

- Provide guidance support to foster parents as they support a child's cultural connections and help them develop a cross-cultural placement plan that encourages them to:
 - Maintain church and community connections when safely possible to do so.
 - Continue traditions that mean something to the child and her/his birth family.
 - Participate in activities that connect children to their culture, ethnicity, or identity, such as fairs, festivals, and community events.
 - If the foster parents and child are of different backgrounds, religions, etc., identify whether there are others in the child's life who can provide a bridge.

Advocacy

- Provide guidance support to foster parents as they advocate for the child that provides and help them develop an advocacy plan that encourages them to:
 - Seek ongoing education and training. Additional training and feelings of competency in the foster parent can help relieve stress for the foster parents and the child.
 - Ask the Case Manager if they need assistance with a child.
 - Seek clarity with regards to policy and case specifics around contact between siblings or other family members.

- Support the foster parent role in actively supporting education and any mental health services so that the team has relevant and up to date information on any advocacy needs.

Given each of the areas you focused on, how can you, as a Licensing Specialist, reinforce foster parent's involvement with the whole team?

Endorse ways that can reinforce foster parent's involvement with the team that includes, but is not limited to:

- Encourage attendance at case staffing conferences and define this as part of their role as a team player.
- Encourage and support shared parenting and define this as part of their role as a team player.
- Ensure and encourage foster families to ask for copies of documentation related to children's needs and services (as appropriate).
- Encourage service providers to contact foster parents and birth parents to support co-parenting.
- Establish yourself as a good partner to Case Managers so that they will be able to come to you to improve teamwork and inclusion of the foster parents.

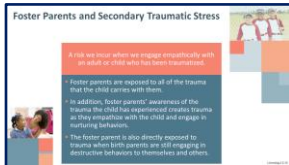
What can you do to help foster parents maintain the placement for the new child in their home?

Endorse:

- Ensure the child is properly matched with the foster parent.
- Help foster parents grow in their role and expand their strengths.
- Ensure foster parents are aware of support services available in their area.
- Ensure parents have an internal support system.
- Encourage foster parents to use natural respite.
- Ensure parents have a plan in place that allows them to keep children safely engaged while they manage their own emotions.
- Ensure foster parents know how to separate their emotions from their emotional reaction to the child.
- Ensure foster parents know how to build their own resilience.
- Encourage foster parents to provide what the children need such as normalcy, opportunities to interact with peers, opportunities to discover their talents and interests, and safe opportunities to become independent.

Activity STOP

Slide: 4.2.15



PG: 59

Just as Child Welfare Professionals experience secondary traumatic stress, the same is true for foster parents. Licensing Specialists need to be mindful of this and assess the impact of secondary stress on foster parents.

Foster Parents and Secondary Traumatic Stress

Secondary traumatic stress is a risk incurred when engaging empathically with an adult or child who has been traumatized.

- Normally, when speaking about persons being traumatized, literature is referring to those people who were directly exposed to the trauma. It has only been recently that researchers and practitioners have acknowledged that persons who work with or help traumatized persons are indirectly or secondarily at risk of developing the same symptoms as persons directly affected by the trauma. Clinicians and parents who listen to their clients or children describe the trauma are at risk of absorbing a portion of the trauma.
- Vicarious trauma refers to the traumatic impact on those who feel the intensity of the traumatic event through another person. It is important to be mindful that foster parents, staff, and concerned community members, are likely to experience vicarious trauma.
- Foster parents are exposed to all of the trauma that the child carries with them. This trauma is demonstrated through the child's behaviors and attitudes which may be challenging for the foster parent.
- In addition, foster parent's awareness of the trauma the child has experienced creates trauma as they empathize with the child and engage in nurturing behaviors.
- The foster parent is also directly exposed to trauma when birth parents are still engaging in destructive behaviors to themselves and others.

How can the Licensing Specialist assist and support the foster parent in managing secondary traumatic stress?

Endorse:

- Engage in active listening
- Affirm the foster parent's concerns
- Encourage self-care
- Encourage foster parents to pay attention to self-cues
- Support parent breaks and time away
- Advocate for them to attend training and conferences
- Share information received in training
- Give positive feedback
- Show appreciation

Activity L: Self-Reflection

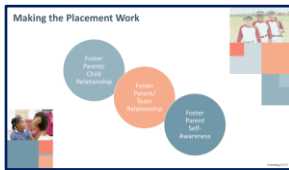
<p>Time:</p> <p>Purpose:</p> <p>Materials: <i>Slide: 4.2.16</i></p> <p>Participant Instructions:</p>	<p>30 minutes</p> <p>This activity is an opportunity for participants to stop and reflect on the importance of their role as a licensing professional not just to the child for themselves.</p> <ul style="list-style-type: none"> • PG: 60, Self-Reflection worksheet • Ask participants to work independently. • Instruct participants to use the worksheet to answer the questions after reflecting on the following Walt Whitman quote: <p style="text-align: center;"><i>“Everything that children experience becomes a fiber of their being”.</i></p> <ol style="list-style-type: none"> 1. Why is it important for you as a Licensing Specialist to develop the capacity to see the world through the child’s eyes? 2. How do you remain cognizant of any personal trauma triggers you may have and self-regulate so that you serve others with compassion and sensitivity? 3. What do you do to take care of yourself? What are your strategies for seeing yourself as safe, capable and lovable? • Debrief as a large group. <ol style="list-style-type: none"> 1. Using your worksheet, read the quotation and answer the questions. 2. Be prepared to discuss with the whole class.
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Trainer Version

1. Why is it important for you as a Licensing Specialist to develop the capacity to see the world through the child's eyes?
 - It is important to always keep in mind the traumatic experiences of children in foster care.
 - Helps in connecting an understanding of the impact of childhood trauma to foster parents.
 - Helps to also inspire hope to foster parent that all of the positive experiences they share with children will make a difference.
2. How do you remain cognizant of any personal trauma triggers you may have and self-regulate so that you serve others with compassion and sensitivity?
 - Be aware of your history.
 - Be honest with yourself about unresolved issues.
 - Have regular conversations with someone that you trust about past trauma and your triggers.
 - Pay attention to any early signs of triggers.
3. What do you do to take care of yourself? What are your strategies for seeing yourself as safe, capable and lovable?
 - Engage in regular self-care activities.
 - Keep your cup full.
 - Get plenty of rest and eat well.
 - Take advantage of opportunities for advanced training.

Activity STOP

Slide: 4.2.17



PG: 61

Making Placement Work

The contributing factors that lead to placement success include:

- **Foster Parent/Child Relationship:** When the family and child have a good rapport and when they have some things in common that bind them together (shared activities, faith, values, interests), that can be enough to build that relationship that heals.
- **Foster Parent/Team Relationship:** When the foster parents and agency have a strong relationship, this seems to help too. Being an active team member and feeling respected on the team will improve the Licensing Specialists chances of making placements last.
- **Foster Parent Self-Awareness:** The Licensing Specialist cannot give away what they do not have. They cannot promote self-awareness and calm if they cannot gain it for themselves. Children in care will push that button. They will try (unconsciously) to get their foster parents to repeat patterns they grew up with. This can be trying to split parents, trying to sabotage siblings, and generally testing the strength of your family. Children who have experienced trauma and loss need to do this to be sure this 'nest' will hold them.

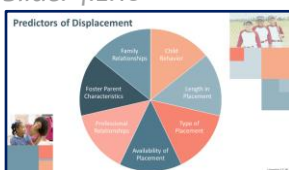
Predictors of Displacement

It is important to look at why foster parents request removal of a child from their home in order to determine how to avoid this disruption.

Research identifies the following predictors of placement disruption due to foster parent request:

- **Child behavior:** Disruptive, aggressive, or dangerous behaviors are the strongest predictors of placement disruption. Foster parent is unable to cope with the trauma a child is displaying.
- **Length in placement:** If disruption is going to occur, it will most often occur during the first six months of placement.

Slide: 4.2.18



PG: 62

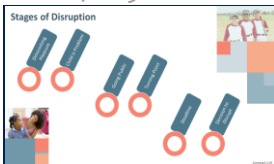
- Type of placement: Kinship care is shown to have greater placement stability. Some predictors of placement stability in non-kin homes were linked to specialized or treatment foster care, therapy, and foster parent empathy.
- Number of placements: The more placements a child has, the greater the chances that foster parents will request removal.
- Availability of placement: Availability of quality foster homes as well as the policies that affect placement may affect success of placements. The number of children in a home also affects placement stability based on the strengths/needs of the foster parent and others in the home.
- Professional relationships: The amount of time, the quality of that time, and the rapport between agency workers and foster parents. Additionally, if agency turnover is high, foster families are more likely to request removal due to inconsistency or difficulty connecting with the new agency worker.
- Foster parent characteristics: Examples are their ability to deal with behaviors, being a good fit regarding temperament, being accepting, understanding behaviors are triggered responses, having motivation including general interest, knowing the child, liking children, or desiring to parent.
- Family relationships: Positive family connections for the child results in greater success in placement.

What do these predictors mean for the Licensing Specialist and the team?

Endorse:

- Early assessment of children to meet developmental and health needs.
- Foster parents need more support and intervention during the critical early stages of placement.
- Foster parents need increased training and support regarding parenting children with trauma histories and behavioral issues.
- Foster parents need support in developing relationships with children in their care.
- Foster parents need to feel they have a relationship with the Licensing Specialist and Case Manager through consistent visitation and rapport building.
- Licensing Specialist needs to ensure that a pool of quality foster homes who can meet the needs of children in out-of-home placement is available.
- Licensing Specialist should carefully match children and foster parents.
- Placement of children with severe behavioral concerns should be assessed carefully and, if available, placement should take place in homes where no other children reside.

Slide: 4.2.19



PG: 63

Stages of Disruption

It is ideal for a child to remain in the same placement until permanency is achieved. Changing foster homes will most likely create another loss in the child's life, another trauma. So, it is important to understand why this happens and how to prevent it.

Disruptions often occur when foster parents request the removal of a child into another foster placement. This can happen when a foster parent has discovered a deal breaker that they did not know existed or they feel they do not have the skills to care for a child's emotional or physical needs including behavioral problems.

The stages of disruption often include:

- Diminishing pleasure: Where in the early months of placement, the negatives begin to outweigh the positives.
- Child is seen as the problem for everything: When anxiety creates a time of child's "acting out" and the child is seen as the cause of all problems.
- Going public: When talking about the problem to family and friends increases bad feelings.
- Turning point: When a bad or critical incident or crisis occurs that almost is "the last straw".
- The deadline or ultimatum: When parents set a time frame for improvement, or give the threat, "One more time..."
- The decision to disrupt: When the child fails to meet the expectations for the deadline, violates the conditions established and has to go.

How does an awareness of these stages help the Licensing Specialist work with foster parents and protect the placement?

Endorse:

- The ability to recognize the stage when it occurs
- If Licensing Specialist can recognize the stages when they occur, they can work with the foster parents to prevent it
- The Licensing Specialist can educate and help the Case Manager understand and assist with preventing disruption

How can the Licensing Specialist work with the team to prevent disruption?

Endorse:

- Getting involved early as possible to help resolve the problem as early as possible
- Holding a staffing to help stabilize and identify additional supports if needed
- Recommending counseling services for the child and/or family
- Arranging respite care to give everyone time to reflect and regroup
- Educating foster parents on the possible reasons and strategies for coping with the deal breaking behaviors

Trainer Note: Requires involvement of the Case Manager who makes these referrals or approves of these services if the licensing agency has an internal therapist or other mental health supports.

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PG: 63-64

When Disruption Occurs

Change of placement is advisable when:

- The safety of the family and other children is in jeopardy.
- A reasonable solution cannot be found.
- Medical conditions exist that the family is not skilled to handle.

The Licensing Specialist should remind foster parents that if they are feeling diminished pleasure, they should call the Licensing Specialist or on call staff person immediately. They need to be able to ask for help to work through this, to identify available resources, and to obtain additional supports in the house. Help the team understand why the placement isn't working so they can try to help.

- If the placement can be saved, it helps the child not to experience additional loss.

- However, if a placement change is needed, in order to change the placement, the foster parent should:
 - Work with all partners to develop a transition plan.
 - Prepare the child and help them not to feel like they are not good enough or take on blame.
 - Involve the team and follow disruption policies.
- Discuss concerns prior to requesting the removal of a child. The team must initiate Family Stabilization and Preservation Services (FSPS) notification no later than one business day following the notice of potential disruption.
- Participate in disruption staffing's whenever requesting the removal of a child from their home so the move can be planned and not abrupt for the child and the new placement better suited to meet the child's needs.
- Foster parents must provide a formal request for removal. They must, whenever possible, give at least a two-week notice, except when the child poses a threat to himself, herself or others, or a crisis in the family compromises their ability to care for the child.

Adolescence is a time of preparation for the future. For many foster youth, this is a time of confusion and self-doubt. Traditionally, foster youth would simply “age out” of the Child Welfare System with little or no appropriate supports or living skills. As a result, these youth were ending up dependent on welfare or homeless as adults. The role of the Independent Living Specialist is to provide supportive services which provide youth with a full continuum of services to assist them in building on strengths, addressing areas of need while moving towards independence through self-determination.

Independent Living Services (ILS) provides a series of home and community-based skill-building activities for teens in foster care, ages 13 through 17 and youth who transition to adulthood, ages 18 to 24. ILS Life Skills are mandatory for all children in care ages 13 and older. The purpose is to teach basic life management skills to teens so they may live with self-

awareness, self-reliance, and self-sufficiency upon maturing into adulthood.

At the age of 13, every youth in licensed care must have a normalcy plan developed jointly by the Case Manager, foster parent, and the adolescent. Age appropriate activities and privileges will be identified giving consideration to the maturity level and behavior of the youth.

Trainer Note: Read and become very knowledgeable about the new Normalcy Policies as documented in CFOP 170-11, Chapters 6, 7 and 8. This policy is provided for you in the resources section. In addition, you will need to reference the document on the Center for Child Welfare website so that Licensing Specialists know how to access the policies. These chapters of CFOP 170-11 (Placement) is the result of contributions from the Quality Parenting Initiative community and subsequent feedback from Community-Based Care lead agencies via the Florida Coalition for Children.

Make sure participants realize that these changes have only been in effect since July 25, 2016, so some of their colleagues may not be aware of these changes.

What is Normalcy?

Normalcy is the right for all youth in licensed out-of-home care to have the opportunity for normal growth and development, and to include age-appropriate activities, responsibilities, and life skills.

A sense of normalcy is important for us to thrive, to grow, and to enrich our lives. Foster children have sometimes faced barriers to normalcy because of rules set up to protect their safety. However, normalcy is critical to achieving successful outcomes for children who, like anyone else, need the freedom and encouragement to form their own sense of self.

The Department of Children and Families and child welfare partners across the state of Florida have made it a priority to create a culture of normalcy for children in foster care so that they are perceived and treated as normal kids and get to have as normal a childhood as possible, including getting a good education and achieving permanency as quickly as possible

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PG: 64-65

through family reunification, adoption, or guardianship with relatives.

In order to allow for this, the state has given foster parents the authority to make decisions about age-appropriate enrichment, extra-curricular, and social activities in the best interest of the child.

The child and birth parent should be involved in this decision-making process.

The Licensing Specialist, the Case Manager, and other members of the profession must work together to help support normalcy. While background screenings are only required if there is a reasonable basis for doing so, there are times when the Case Manager must be consulted.

Trainer Note: Review with participants the following laws, rules, and operation procedures:

- s. 39.4091 Participation in Childhood Activities **(PG: 84)**
- Normalcy Requirements for Decision Making (s. 39.4091 (3), F.S.) **(PG: 84)**
- Explanation of Reasonable and Prudent Parent Standard (s. 39.4091, F.S.) **(PG: 84)**
- Normalcy Overview (CFOP 175-11, 6-5) **(PG: 84)**
- Social Media, Computer Usage, and Cell Phones (CFOP 175-11, 6-7) **(PG: 84)**
- Driving (CFOP 170-11, 6-8) **(PG: 85)**
- Babysitting Overview (CFOP 170-11, 7-3) **(PG: 85)**
- Overnight Care (CFOP 170-11, 7-4) **(PG: 85)**
- Vacation (CFOP 170-11, 8-3) **(PG: 85)**
- Out of Town Travel (CFOP 170-11, 8-4) **(PG: 85)**

Show Time (4 or 9 minutes) – Video Review (10 minutes)

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Showtime: Video Review

A Journey to Normalcy
<https://www.youtube.com/watch?v=31b71YGXb80>



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View one of the following two videos:

Normalcy (4 minutes). <https://www.youtube.com/watch?v=31b71YGXb80>

Promoting Well-Being and Normalcy for Foster Youth (9 minutes).

<https://www.youtube.com/watch?v=8yBEhne3flw>

Discuss video briefly and answer any questions.

What would be age appropriate activities for a one to three-year old? Kindergarten? Elementary age? Junior High? Teens?

Pause and let participants respond, taking each age group at a time. Participants should identify activities that include, but are not limited to:

Ages One-Three

- Play-dates

Pre-School-Kindergarten

- Small, simple chores
- Play-dates
- Sports

Elementary Age

- Chores

- Field trips
- Extra-curricular activities
- Sports
- Play-dates
- Going to a friend's house

Junior High

- Chores
- Field trips
- Extra-curricular activities
- Sports
- Sleepovers

Teens

- Chores
- Dating
- Driving
- Jobs
- Exploring college

Effective with the 2013 Statutes, there is no longer a requirement for a written normalcy plan. However, the lack of a written plan in no way lessens the importance of ensuring that all children and youth in care participate in age-appropriate activities.

Activity M: Normalcy Planning

<p>Time:</p> <p>Purpose:</p> <p>Materials: <i>Slide: 4.2.32</i></p> <p>Trainer Instructions:</p> <p>Participant Instructions:</p>	<p>30 minutes</p> <p>Participants will provide input on how to assist foster parents in making a “normal decision” based on prudent parent decision making. In addition, this activity gives them additional practice at evaluating a child’s needs, strengths, and weaknesses. Matching the right normalcy decisions gives participants the opportunity to look at a child’s strengths and weaknesses from the perspective of helping create a more ‘normal’ day-to-day life for them.</p> <ul style="list-style-type: none"> • PG: 67-68, Normalcy Planning worksheet • CFOP 170-11, Chapter 6 <ul style="list-style-type: none"> • Ask participants to work in pairs. • Instruct participants to review the statute for normalcy and then to answer the following questions: <ol style="list-style-type: none"> 1) Are teenagers in foster care permitted to get a driver's license? 2) Are teenagers in foster care permitted to get a job? 3) Are children in foster care permitted to spend the night at a friend's house? 4) Are teenagers in foster care permitted to date? 5) Are children permitted to have a cell phone? 6) Are caregivers permitted to post pictures of children in their home on social media sites? • Debrief as a large group. <p>Review the statute for normalcy and then answer the following questions.</p>
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Trainer Version

- 1) *Are teenagers in foster care permitted to get a driver's license?*
 - a. Caregivers and child welfare professionals shall assist children in finding a driver's education program.
 - b. Support of the child's efforts to learn to drive a car, obtain a learner's permit, and driver's license shall be based upon the child's age, maturity, and access to insurance.
 - c. The Keys to Independence program is available to assist caregivers, youth and child welfare professionals to maximize children's access to learners' permits, driving education and drivers' licenses.
- 2) *Are teenagers in foster care permitted to get a job?*
 - a. The out-of-home caregiver must determine that the activity or outing is safe and appropriate in accordance with the reasonable and prudent parent standard.
 - b. Children shall be encouraged to participate in normal school, community or social activities and outings, such as employment, school field trips, dating, scout camping trips, and activities with friends, school, and church groups as appropriate for the child based upon a reasonable and prudent parent standard.
- 3) *Are children in foster care permitted to spend the night at a friend's house?*
 - a. Background screening is not required for the child's participation in normal childhood activities and outings, like sleepovers with friends, participation in school lock-in's, or team sports.
- 4) *Are teenagers in foster care permitted to date?*
 - a. Background screening is not required for the child's participation in normal childhood activities and outings, like sleepovers with friends, participation in school lock-in's, or team sports.
- 5) *Are children permitted to have a cell phone?*
 - a. Children are permitted to participate in social media, computer usage, and have a cell phone as long as permission has been given by the caregiver.
- 6) *Are caregivers permitted to post pictures of children in their home on social media sites?*
 - a. Caregivers are permitted to post pictures on social media including children placed in their care. Caregivers may not use the child's last name or identify the child as residing in out-of-home care.

Activity STOP

Key Points:

- Developing quality foster parents and Licensing Specialists takes time, healthy motivation and working in partnership.
- Placements and transitions can be traumatic but also they can promote healing.
- It is essential for foster parents to understand the impact of trauma on a child's development and how that may influence the child's behavior. This enables foster parents to provide care that is trauma sensitive.

Every child desires to feel loved and connected to a nurturing family. They desire to participate in all of the normal experiences that accompanies childhood and adolescence. Meeting the normalcy needs of children and youth in out-of-home care is part of quality parenting.

What are the different placement types?

- Relative
- Non-relative
- Licensed Foster Care

Identify strategies for responding to child trauma:

- Understanding the Impact of Trauma
- Creating a Feeling of Safety and Acceptance
- Managing Emotions
- Identifying a Child's Reaction and Response to Trauma:
- Supporting Connections and Relationships
- Helping Child Develop a Strong Sense of Self
- Advocating for the Child
- Looking at Their Own Responses
- Taking Care of Self

Module Transition:

Parents are now trained, licensed, re-licensed, and ready to develop expertise in providing excellent care for children.

Although the initial assessment process has been completed, there may be challenges that arise.

The next and final module will address foster parent challenges and then conclude with making a difference in foster home licensing and management.