

Excellent Parenting and Respectful Partnerships

Florida's Foundational Curriculum



Participant Guide

12/1/2020

Excellent Parenting and Respectful Partnerships

Goal:

To provide an opportunity for participants to learn about the Quality Parenting Initiative.

Learning Objectives:

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Participants will:

1. Describe the Quality Parenting Initiative approach and the requirements of excellent parenting.
2. Describe the importance of information sharing among caregivers, families, professionals, and youth involved in dependency.
3. Explain the importance of using evidence-based psychosocial and child development principles to best support children and families.
4. Explore policy guidance to eliminate unplanned placement moves.
5. Understand how to implement improved, planful transitions, including initial placements into foster care, transitions within the foster care system, and exiting the foster care system.
6. Gain clarity of Florida's transition policies and guidelines that support healthy attachment and child development.
7. Identify the elements and expectations of transition meetings.
8. Develop strategies to support implementation of Comfort Calls to parents and caregivers whenever a child enters a new home or placement.
9. Understand policy guidelines that require Comfort Calls.
10. Explore practice guidelines for Comfort Calls to support children.

Agenda:

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Section 1: QPI Approach and the Requirements for Excellent Parenting

Section 2: Planful Transitions

Section 3: Comfort Calls

Excellent Parenting and Respectful Partnerships

SLIDE: EXCELLENT PARENTING AND RESPECTFUL PARTNERSHIPS

To build strong and supportive caregiver, birth or legal parent, and child welfare professional relationships in order to reduce trauma to children and ensure that children thrive.

SLIDE: WELCOME

SLIDE: GOALS

SLIDE: OBJECTIVES

SLIDE: AGENDA

- I. Section 1: QPI Approach and the Requirements for Excellent Parenting
- II. Section 2: Planful Transitions
- III. Section 3: Comfort Calls

Section 1: QPI Approach & the Requirements for Excellent Parenting

Goal: To provide an opportunity for participants to learn about the Quality Parenting Initiative.

Objectives:

1. Describe the Quality Parenting Initiative approach and the requirements of excellent parenting.
2. Describe the importance of information sharing among caregivers, families, professionals, and youth involved in dependency.
3. Explain the importance of using evidence-based psychosocial and child development principles to best support children and families.

Section 1: QPI Approach & the Requirements for Excellent Parenting

SLIDE: QPI APPROACH AND THE REQUIREMENTS FOR EXCELLENT PARENTING

SLIDE: Activity A: Personal Reflection on QPI and Best Practice

1. Discuss your role in the foster care system.

2. Share one thing about yourself that speaks to youth advocacy and the importance of family.

3. Share what you have heard about QPI that interests you the most.

SLIDE: QPI APPROACH

Approach to foster care based on the idea that the most important task for the system is to develop and maintain supportive relationships for the child, especially the parenting relationship.

SLIDE: WE STAND BY THIS

Excellent parenting and strong secure healthy relationships are critical to "healthy development which gives the child the best possible opportunity for success."

SLIDE: KEY ELEMENTS OF THE QPI APPROACH

Defining the expectations of caregivers.

Clearly communicating expectations (the Brand statement) to staff, caregivers and other stakeholders.

Aligning system policy and practice with those expectations.

SLIDE: HOW WOULD YOU DEFINE, SUPPORTIVE RELATIONSHIPS FOR CHILDREN?

SLIDE: 4 KEY COMPONENTS OF QPI

- Respected partners mean:
 - Nurturing children means:
 - Supporting families means:
 - Strengthening communities means?
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SLIDE: CORE PRINCIPLES OF QPI

- Excellent parenting is the most important service we can provide to children and youth in care. Children need families, not beds;
 - Child development and trauma research indicates that children need constant, consistent, effective parenting to grow and reach their full potential;
 - Each community must define excellent parenting for itself;
 - Policy and practice must be changed to align with that definition; and
 - Participants in the system are in the best position to recommend and implement that change.
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SLIDE: EXCELLENT PARENTING REQUIRES

SLIDE: FLORIDA STATUTE SUPPORTS EXCELLENT PARENTING - PARENTING PARTNERSHIPS FOR CHILDREN IN OUT-OF-HOME CARE. 409.1415(2)(b)3

- A caregiver must strive to provide, and the department and community-based care lead agency must support, excellent parenting, which includes:
 - A loving commitment to the child and the child's safety and well-being.
 - Appropriate supervision and positive methods of discipline.
 - Encouragement of the child's strengths.
 - Respect for the child's individuality and likes and dislikes.
 - Providing opportunities to develop the child's interests and skills.
 - Being aware of the impact of trauma on behavior.
 - Facilitating equal participation of the child in family life.
 - Involving the child within his or her community.
 - A commitment to enable the child to lead a normal life.
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SLIDE: THE UNDERLYING PRINCIPLE OF THE NEW LAW

“To ensure that a child in out-of-home care receives support for healthy development which gives the child the best possible opportunity for success, caregivers, birth or legal parents, the department, and the community-based care lead agency shall work cooperatively in a respectful partnership”.

SLIDE: THE NEW LAW IS RELATIONSHIP-FOCUSED

- Focuses on the importance of attachment and stability.
- Takes relationships into account when a move is recommended.
- Requires supportive relationships between birth parents and caregivers including initial calls, meetings, and involvement in visitation, which must be included in the case plan.
- Requires a caregiver's report at court review.

- Supports continued contact between a child and caregiver after the child leaves the home.
 - Requires a developmentally appropriate transition plan.
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SLIDE: FLORIDA STATUTE REQUIREMENTS THAT DEVELOP AND SUPPORT RELATIONSHIPS BETWEEN CAREGIVERS AND BIRTH OR LEGAL PARENTS OF CHILDREN

- Facilitating telephone communication between the caregiver and the birth or legal parent as soon as possible after the child is placed.
 - Facilitating and attending an in-person meeting between the caregiver and the birth or legal parent as soon as possible after the child is placed.
 - Developing and supporting a plan for the birth or legal parent to participate in medical appointments, educational and extracurricular activities, and other events involving the child.
 - Facilitating participation by the caregiver in visitation between the birth or legal parent and the child.
 - Involving the caregiver in planning meetings with the birth or legal parent.
 - Developing and implementing effective transition plans for the child's return home or placement.
 - Supporting continued contact between the caregiver and the child after the child returns home or moves to another permanent living arrangement.
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SLIDE: PARENTING PARTNERSHIPS FOR CHILDREN IN OUT-OF-HOME CARE 409.1415(2)(b)4

SLIDE: BREAKOUT DISCUSSION

What messages do these policies convey to children?

- What messages do these policies convey to birth families?
- What messages do these policies convey to foster parents?
- How do the QPI principles and new FL legislation support your work in serving children and their families?

SLIDE: Activity B: Excellent Parenting Looks Like This**Scenario:**

Cadence is an 8-year-old girl who entered foster care 2 months ago after her single mom was found passed out in the car with Cadence in the car at a local shopping center. Since Cadence has been in care, her mom and her aunt have made it to scheduled visits because her mom's license is suspended. Cadence's foster mom thinks that Cadence needs to spend more time with her mom but is not sure who can make that happen. The aunt has 3 children that Cadence has grown up with and she mentions them all the time. At school, all the kids have been given an instrument to play and there will be a band concert in 3 weeks. Cadence hopes that someone is there to see her play the flute.

Discuss responses to the 3 questions below:

1. What should care for Cadence look like from the foster parent?

2. What could the system do to support Cadence that reflects excellent parenting?

3. What relationships need supporting and how could they be supported?

SLIDE: JUDGE ALICIA LATIMORE, CIRCUIT COURT JUDGE, 9TH JUDICIAL CIRCUIT OF FLORIDA

SLIDE: WHAT DEVELOPMENTAL RESEARCH TELLS US

- The science of child development and attachment is an important component of QPI and Florida legislation and best practice.
- QPI is based on the idea that we can use developmental research to both improve individual parenting and change the system to facilitate healthy development.

SLIDE: ATTACHMENT IS A RELATIONSHIP, NOT A PERMANENT STATUS FOR YOUNG CHILDREN.

SLIDE: DR CHARLES ZEANAH, EXECUTIVE DIRECTOR, TULANE UNIVERSITY INSTITUTE OF INFANT AND EARLY CHILDHOOD MENTAL HEALTH

SLIDE: BREAKOUT DISCUSSION

- Children can recover, but it's better not to test them.
 - The system should not inflict suffering needlessly or carelessly.
 - If someone has to suffer, it should be the adults who can understand and cope better.
 - Explaining attachment allows families to put the child first and truly be a parent.
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SLIDE: THE SCIENCE OF ATTACHMENT

- Brain Development impacts relationships.
- Attachment follows a developmental process.

Attachment is the young child's tendency to seek comfort, support, nurturance, and protection selectively from at least one adult caregiver.

SLIDE: How to decide if an adult is an attachment figure for a young child

- Child interacts **warmly and comfortably** with attachment figure.
 - Attachment figure and child **share** positive experiences through mutual gaze and shared smiles.
 - Child is more often in **comfortable physical contact** with attachment figure than with other adults.
 - Child seeks comfort when stressed or distressed **preferentially** from the adult.
 - Child **responds more quickly and more fully** to attachment figure than to other adults.
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SLIDE: Florida Statute Supports Developmental Research - Parenting partnerships for children in out-of-home care. 409.1415(2)(b)1-3

- To ensure that a child in out-of-home care receives support for healthy development which gives the child the best possible opportunity for success, caregivers, birth or legal parents, the department, and the community-based care lead agency shall work cooperatively in a respectful partnership by adhering to the following requirement:
 - All members of the partnership must interact and communicate professionally with one another, must share all relevant information promptly, and must respect the confidentiality of all information related to the child and his or her family.
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SLIDE: Attachment: Points to remember

- Infants are strongly ***biologically predisposed to form attachments*** to caregiving adults.
 - Adults are strongly ***biologically predisposed to respond to infants***.
 - Attachment in young children ***develops gradually over the first several years of life***, based upon relationship experiences with caregivers.
 - Under usual rearing conditions, infants develop “focused” or “preferred” attachments in the ***second half of the first year of life (7-9 months of age)***.
 - **Separation protest**
 - **Stranger wariness**
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Section 2: Planful Transitions

Goal: To develop an understanding of the importance of transitions for children.

Objectives:

1. Explore policy guidance to eliminate unplanned placement moves.
2. Understand how to implement improved, planful transitions, including initial placements into foster care, transitions within the foster care system, and exiting the foster care system.
3. Gain clarity of Florida's transition policies and guidelines that support healthy attachment and child development.
4. Identify the elements and expectations of transition meetings.

SECTION 2: PLANFUL TRANSITIONS

SLIDE: PLANFUL TRANSITIONS

SLIDE: Activity C: Consider Transitions

1. Based on your experience, why is it important to focus on transitions?

2. What have you learned from families about transitions?

3. What have you learned from children about transitions?

SLIDE: Question to Consider

Imagine as a parent, you need a new babysitter and a friend suggested someone to you that works for a babysitting company. All caregivers at the company are background screened, trained, and approved to care for children. Prior to dropping your child off at the babysitter's home for the evening, consider the following:

1. What would you want to know?
2. What needs to occur prior to drop off or at drop off for you to feel comfortable?
3. What would your child need?

CONSIDER: If we would need these things for an evening babysitting situation, why would we think it is ok to invest less time in preparing birth families and children for placement and helping them adjust when moving to a foster home where they may be residing for a significant period of time?

SLIDE: JENNIFER, FOSTER PARENT

SLIDE: WHAT MESSAGE DID YOU RECEIVE FROM JENNIFER'S VIDEO ABOUT TRANSITIONS?

- How do unplanned transitions effect children?
 - How do unplanned transitions effect birth parents?
 - How do unplanned transitions effect caregivers?
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SLIDE: DR CHARLES ZEANAH, EXECUTIVE DIRECTOR

TULANE UNIVERSITY INSTITUTE OF INFANT AND EARLY CHILDHOOD MENTAL HEALTH

SLIDE: BREAKOUT DISCUSSION – considerations for transitions

- In your role, how can you demonstrate and encourage clarity?
 - In your role, how can you demonstrate and encourage great communication?
 - In your role, how can you demonstrate and encourage continuity?
 - In your role, how can you demonstrate and encourage collaboration?
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SLIDE: MOST IMPORTANT QUESTION

SLIDE: WHAT WE KNOW ABOUT TRANSITIONS

- Each action must support maintaining the relationship whenever possible.
- Transitions are difficult for all ages.
- Transitions are especially challenging for young children. They are developmentally vulnerable.

- There is no magic “transition process” or “transition timeframe” that will alleviate feelings of grief, loss, fear, anxiety, etc.
 - Even when transitions are for good reasons, or requested by a child or parent, they may still have complex feelings associated with them.
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SLIDE: WHAT WE KNOW ABOUT TRANSITIONS

- Change is more difficult for some personalities.
 - Setting arbitrary timeframes on when transitions should begin and end is ineffective, because it does not support the unique needs of each person.
 - Communication between each parent, child, and professional involved in the transition, supports teaming and partnership.
 - When transitions are non-emergency, consider other changes children and parents may be experiencing that would compound the impact of the transition.
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SLIDE: WHAT WE KNOW ABOUT TRANSITIONS

- Consider the impact on all members of the family, and impact of all the loss associated with a transition (even the more extended relationships).
 - Whenever possible, the people who know the child best and are most involved with daily care should be leading the transition plan. When age appropriate, youth can also be leading.
 - Information sharing during transitions is critical to encourage consistency.
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SLIDE: VIDEO: ERIK, FORMER YOUTH IN FOSTER CARE

SLIDE: VIDEO DISCUSSION - WHAT DID YOU HEAR AND FEEL FROM LISTENING TO ERIK'S EXPERIENCE?

SLIDE: FLORIDA TRANSITIONS POLICY 409.1415 - Reducing the Trauma of Moves for Children:

- Transition plans
- Continued contact by caregivers
- Involvement of youth

SLIDE: PARENTING PARTNERSHIPS FOR CHILDREN IN OUT-OF-HOME CARE. 409.1415

Once a caregiver accepts the responsibility of caring for a child, the child may be removed from the home of the caregiver only if:

- The caregiver is clearly unable to safely or legally care for the child;
- The child and the birth or legal parent are reunified;
- The child is being placed in a legally permanent home in accordance with a case plan or court order; or
- The removal is demonstrably in the best interests of the child.

If a child must leave the caregiver's home for one of the reasons stated above, and in the absence of an unforeseeable emergency, the transition must be accomplished according to a plan that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures the child has all of his or her belongings, allows for a gradual transition from the caregiver's home, and, if possible, allows for continued contact with the caregiver after the child leaves.

SLIDE: PARENTING PARTNERSHIPS FOR CHILDREN IN OUT-OF-HOME CARE. 409.1415

Case plans that include reunification:

- Everyone must work together to assist the birth or legal parent in improving his or her ability to care for, protect, and provide continuity for the child.
 - Caregivers must respect and support the child's ties to his or her birth or legal family and must assist the child in maintaining allowable visitation and communication.
 - The department and community-based care lead agency must provide a caregiver with the information, guidance, training, and support necessary for fulfilling this responsibility.
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SLIDE: TRANSITIONS SHALL INCLUDE AT A MINIMUM

- Giving priority to the impact on the child when deciding whether to changes in a child's living situation.
- Ensuring that any change in living situation is made in a developmentally sensitive way.
- Maintaining all relationships after a child moves from one family to another.

- Ensuring that when a child must leave a caregiver's home, that such transition will be accomplished according to a plan which involves cooperation and information sharing among all persons involved, respects the child's developmental stage and psychological needs, ensures the child has all their belongings, and allows for a gradual transition from the caregiver's home to the new caregiver's home, and, if possible, ensures continued contact with the caregiver after the child leaves.
 - Respecting the child's voice in the placement process.
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SLIDE: TRANSITION MEETING

- This meeting is designed to create a flexible plan that supports the child.
- Discuss preparation considerations that address the child's personality, schedule, and relationships.
- Questions to be answered at the meeting:

Is it necessary, can we avoid it?

If it necessary or desirable how should we do it

- This is a cooperative meeting focused on the best interest of the child, not balancing the interests of the adults.
 - Foster parent or kinship caregiver who is currently caring for the child has critical information about the needs and personality of the child.
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SLIDE: POLICY GUIDANCE TO PREVENT UNPLANNED MOVES – 65C-28.005

- Except in emergency situations, parties shall be given at least two 2 weeks' notice prior to moving a child identify reason a placement change is necessary.

- In emergency situations, a change of placement can be made immediately and within 72 hours inform the child's parents, unless contrary to court order, Children's Legal Services and guardian ad litem and child's attorney, if appointed, of the move and the reasons an emergency placement change was necessary.

* Document in FSFN

SLIDE: POLICY GUIDANCE TO PREVENT UNPLANNED MOVES – 65C-28.005

- The child welfare professional shall prepare the child for a move and support the child during the re-placement process.
 - The child welfare professional shall provide supportive services to the caregiver to avoid a change in placement when possible.
 - When a placement is in danger of disrupting, the child welfare professional shall urge the caregiver to wait to request removal of the child until efforts can be made to remedy the reasons for the child's instability.
 - When efforts to stabilize a placement are unsuccessful the child welfare professional will work with the caregiver to reach agreement on a move date that takes into consideration the following needs of the child:
 - (a) There is a break in the school year;
 - (b) An alternative placement can be located; and,
 - (c) Arrangements for the child's transition to the new setting can be made and implemented.
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SLIDE: POLICY GUIDANCE TO PREVENT UNPLANNED MOVES – 65C-28.005

- The child welfare professional shall:

- Inform the caregiver of all identified needs of the child;
 - Discuss any training the caregiver may need to care for the child;
 - Discuss any services that the child may need and the role of the out-of-home caregiver;
 - Inform the out-of-home caregiver about available programs that may provide financial and medical assistance for the child;
 - Provide the out-of-home caregiver with counseling and information regarding the dependency process and support services available in the community;
 - Review with the licensed out-of-home caregivers their roles and responsibilities according to the “Partnership Plan for Children in Licensed Out-of-Home Care,” and both sign a copy; and,
 - Provide to the out-of-home caregiver the Child’s Resource Record and discuss it.
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SLIDE: BREAKOUT DISCUSSION

- What messages do these transition policies and guidelines convey to Erik and other children?
 - What messages do these transition policies and guidelines convey to Erik’s birth family and other birth families?
 - What messages do these transition policies and guidelines convey to Erik’s foster parents and other foster parents?
 - What messages do these transition policies and guidelines convey to staff working with Erik or other children?
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SLIDE: VIDEO – YOUTH PANEL ON TRANSITIONS

SLIDE: VIDEO DISCUSSION: DISCUSS WHAT THESE YOUTH NEEDED DURING THE TRANSITION PROCESS.

SLIDE: Activity D: Reducing Unplanned Moves

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1. Consider the following examples of situations that result in unplanned moves for children: Foster parents decide to discontinue fostering; Youth demonstrates challenging behaviors, and the foster parents request that the child be moved; Youth are being reunited with siblings; Child is being reunited with birth parents after a court review. You may add additional examples that are common in your area for unplanned moves.

2. Develop at least 2 strategies for each of the examples provided.

3. Developing additional strategies to ensure that children are involved in placement decisions, which may include providing the child information or allowing the child a voice in the placement decision, as is developmentally appropriate for the child?

4. Discuss how reducing unplanned moves for children may have short- and long-term outcomes.

SLIDE: TYPES OF TRANSITIONS

- Transition into care
- Transition out of care (reunification)
- Non-urgent transition from one foster placement to another
- Transition to geographically distant placement
- Transition to adoptive home
- Non-relative to non-relative, Non-relative to relative, Relative to non-relative, Relative to relative

SLIDE: TRANSITION INTO CARE

- Plan if possible; however, urgency *may* preclude planning.
- Throughout, monitor your own reactions.
- Learn as much as you can about the child from the biological parent(s).
- Explain the move to the child.

Provide a narrative.

Let the child ask questions.

- Call the biological parent on the child's arrival to the caregiver.
 - Schedule ice breaker.
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SLIDE: TRANSITION OUT OF CARE: REUNIFICATION

Child transitions home when:

- the parties generally agree that the parents have made sufficient progress on their case plan;
 - parents are ready for unsupervised, longer visits;
 - when a caregiver already has an established relationship with the child and has visited consistently.
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SLIDE: QPI FLORIDA FOCUS ON PARTNERSHIP - JOSH, BIRTH PARENT PARTNER AND MOLLY, FOSTER PARENT PARTNER

SLIDE: JUDGE JILL WALKER, COUNTY COURT JUDGE, WAKULLA COUNTY OF FLORIDA

SLIDE: NON-URGENT TRANSITION FROM ONE FOSTER PLACEMENT TO ANOTHER

- Foster parents are strongly encouraged to participate in the process. Older children should be included if possible.
 - Consider the child's age and developmental level and explain the reason for the move.
 - Provide opportunities for the child to visit the new caregivers and see where they will live.
 - Initial call when child arrives at new placement.
 - Face to face meeting as soon as possible.
 - Make sure that the child has all of their belongings.
 - The sending foster parent should participate in the move if possible.
 - The sending foster parent should remain in the child's life and, if possible, visit after the move.
 - Allow the child to say goodbye to caregivers and important connections.
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SLIDE: NON-RELATIVE TO NON-RELATIVE, NON-RELATIVE TO RELATIVE, RELATIVE TO NON-RELATIVE, RELATIVE TO RELATIVE

- Caregivers are strongly encouraged to participate in the process.

- Even when the caregivers are relatives, the child may not already have an attached relationship.
 - Consider the child's age and developmental level and explain the reason for the move.
 - Provide opportunities for the child to visit the new caregivers and see where they will live.
 - Initial call when child arrives at new placement.
 - Face to face meeting as soon as possible.
 - Remember the child's belongings.
 - The sending caregivers should participate in the move if possible.
 - The sending caregivers should remain in the child's life and, if possible, visit after the move.
 - Allow the child to say goodbye to caregivers and important connections.
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SLIDE: TRANSITION TO GEOGRAPHICALLY DISTANT PLACEMENT

- Should make sense for the child.
 - Must be in the child's best interest.
 - Needs of the child must be the number 1 priority. Adults should bear the burden, when necessary.
 - Consider the attachment between the caregiver and the child in planning.
 - Utilize virtual visits.
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SLIDE: TRANSITION TO ADOPTIVE HOME

- Should be carefully planned.
 - Younger children should add new attachment before losing current attachment.
 - Try to maintain contact with previous placement if it involved an important attachment or relationship for the child.
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SLIDE: VIDEO – ANNA (FOSTER PARENT) AND ROBERTO (ADOPTIVE PARENT)

SLIDE: TRANSITION PLANNING RECOMMENDATIONS FROM YOUTH

SLIDE: Activity E: Transition Activities – Practice Situations

Situation #1

A 3-year-old female was removed from her single parent mother after law enforcement was called to their residence by a neighbor who found the child climbing down the front steps unsupervised. They went to notify the mom and found her passed out with alcohol bottles and pipes near her. The neighbor called law enforcement and the Child Protective Investigator removed the child.

The child was placed in with his maternal grandmother, who has been involved in the child's life and often babysits for the mother. The grandmother is already caring for her other daughter's 4 children and does not have the energy to deal with the "mom's crap" if

she tries to take the child back. She has loaned her money, tried to help her numerous times in the past, and finally gave up because the mom gets belligerent when she is intoxicated and has damaged the grandmother's property and stolen from her. After 2 weeks with the grandmother, the mom began harassing her about the child and it is interfering in the care of the other children, so the grandmother thinks it is best for the child to be placed elsewhere. She would like to visit and be involved with the child, but she cannot care for her full time.

Situation #1 Transition

The following day, the child welfare professional received a phone call from a maternal aunt (mom's sister) who was ready to take the child. The aunt has no children. The grandmother thought it best that child is not informed about the move because she would "throw a fit" and it would also upset the other children. The child was picked up from daycare by the child protection professional and taken to the aunt's home. After arriving at the home, the child welfare professional told the child to be good for her aunt. The aunt only had negative things to say about the child's mother.

Discussion Questions

1. What do you think this experience was like for:
 - the boy?
 - the grandmother?
 - the aunt?
 - the child protection professional?
2. How would you develop a better transition plan that follows the policy and best practice guidelines presented?

Hypothetical Situation #2

A 12-year-old girl and her 10-year-old brother were placed in foster care following removal from biological parent's home, after a verified investigation of physical abuse of both children. The agency was unable to locate relatives of adults known to the children to take them, so they were placed in a licensed foster home that usually cares for young children, but they agreed to try to make it work. During the first week, they called the agency repeatedly complaining of the children having nightmares, hoarding food, and lying constantly. The child welfare professional made referrals to counseling for the children, but their appointment is a couple of weeks away. At the end of the second week, the foster father demanded that they children be picked up immediately because they cursed him out and physically threatened the foster mom.

Situation #2 Transition

The child welfare professional went to the home and found the children sitting on the front porch with their belongings packed. The foster mother and father told the child welfare professional in front of the children that the children need professional help

immediately. They children were silent and got in the car without saying a word. They accompanied the child welfare professional back to the office while the staff searched for a home to take them in. After a couple of hours, they were able to find a family who would take them but they are in another county so they will have to attend a different school.

Discussion Questions

1. What do you think of this transition?
2. What is the message the children received?
3. How might this affect their sense of themselves?
4. How does this transition conflict with the transition policies and best practice guidelines presented?
5. How could this transition be improved?

Hypothetical Situation #3

An 18-month-old child had been in foster care since birth after testing positive at birth for opioids. The mother has not been responsive to the case plan and fails to appear for court hearings. The father who is not in a relationship with the mother, has been visiting with the child. The foster father has been Face Timing with the child and the foster parents as well as attending parenting classes in hopes of getting custody of the child. He has also attended the court hearings. Dad's providers all indicated that he made significant progress and believed that he could safely parent the boy.

Situation #3 Transition

First the dad began 3-hour unsupervised visits on Saturdays for 1 month. The child then spent a weekend with the dad, and everything went well. The following week the agency recommended that the dad be given custody and the child was ordered to be returned to the dad by the end of the day, although the foster parents requested a longer transition period and dad was surprised that things moved so quickly. The dad had not made arrangements for getting the child to daycare and getting to work on time, and his work hours would make it difficult to pick the child up on time. He was encouraged to work it all out for his child.

Discussion Questions

1. What do you think of this transition plan?
2. What might the dad be feeling and thinking?
3. What might the foster parents be feeling and thinking?
4. How does this transition plan align with or conflict with the transition policies and best practice guidelines?
5. How could this transition plan be improved?

SLIDE: VIDEO – ERIK, FORMER YOUTH IN CARE

SLIDE: VIDEO DISCUSSION - ERIK

SLIDE: SUMMARY OF MAJOR POINTS

- Be sure that a transition is necessary and, in the child's, best interest.
- When children come into care, make a diligent search for family and try to move the child as quickly as possible.
- After 3 months in a stable, non-relative placement (or relative), be cautious about moving children less than 6 years old, unless it is clearly in the child's best interest.
- Disrupting established, healthy attachments increases risks for harm—and the more disruptions the greater the risk.

SLIDE: SUMMARY OF MAJOR POINTS

- To develop and sustain attachments, young children must have substantial amounts of interaction with an adult in which the adult repeatedly comforts the child when frightened, stressed, distressed or has mixed up feelings and behavior.

- Don't confuse comfortable and playful with attachment. Ask, who is the go-to person for this child?
- Center efforts around minimizing harm to the child.
- Involve sending and receiving caregivers whenever possible.
- Talk with everyone involved frequently.

Section 3: Comfort Calls

Goal: To introduce participants to comfort calls as effective relationship-building tools.

Objectives:

1. Develop strategies to support implementation of Comfort Calls to parents and caregivers whenever a child enters a new home or placement.
2. Understand policy guidelines that require Comfort Calls.
3. Explore practice guidelines for Comfort Calls to support children.

SECTION 3: COMFORT CALLS

SLIDE: SUPPORTING RELATIONSHIPS THROUGH COMFORT CALLS

SLIDE: SUPPORTING RELATIONSHIPS IS LEGALLY REQUIRED

In order to ensure that children in out-of-home care achieve legal permanency as soon as possible, to reduce the likelihood that they will reenter care or that other children in the family are abused or neglected or enter out-of-home care, and to ensure that families are fully prepared to resume custody of their children, the department and community-based care lead agencies shall develop and support relationships between caregivers and birth or legal parents of children in out-of-home care, to the extent that it is safe and in the child's best interest. 409.1415(2)(a)

SLIDE: SPECIFIC PRACTICES DEFINED IN LEGISLATION 409.1415(2)(a)1-7

1. Facilitating telephone communication between the caregiver and the birth or legal parent as soon as possible.
2. Facilitating and attending an in-person meeting between the caregiver and the birth or legal parent as soon as possible.
3. Developing and supporting a plan for the birth or legal parent to participate in activities and events involving the child.
4. Facilitating participation by the caregiver in visitation between the birth or legal parent and the child.
5. Involving the caregiver in planning meetings with the birth or legal parent.
6. Developing and implementing effective transition plans.

7. Supporting continued contact between the caregiver and the child after the child leaves.

SLIDE: All members of the partnership must interact and communicate professionally with one another, must share all relevant information promptly, and must respect the confidentiality of all information related to the child and his or her family. 409.1415(2)(b)1

SLIDE: HOW COMFORT CALLS MAKE A DIFFERENCE FOR CHILDREN AND THEIR PARENTS

- Reduces stress of divided loyalty.
- Helps regulate children's behavior by reducing anxiety.
- Ensures that families have all the information they need.
- Makes it easier for children to go home.
- Relieves parents' anxiety and enables them to resolve their issues.
- Makes children feel safer.

SLIDE: CHILD WELFARE PROFESSIONAL'S ACTION DURING REMOVAL

When the social worker prepares to leave the parent's house with the child, s/he tells them she will call to say the child is alright.

SLIDE: FLORIDA COMFORT CALL PROTOCOL**Florida Best Practice:**

The comfort call is a phone call made by an agency representative and foster parent or kin or fictive kin to the birth parent(s) after a child is removed from their home. The purpose of these calls is to:

- Comfort the child;
- Take the first step in establishing a positive co-parenting relationship between the foster parent and birth parent(s); and to
- Discuss vital information needed to meet the child's needs.

This call also provides an opportunity for the child and parent to speak to each other after removal, which can help both to feel more comfortable with the placement. This call should always occur within 12 hours, if at all possible, after child is removed from their home. Otherwise, the call should occur no later than 48 hours after removal.

SLIDE: FLORIDA COMFORT CALL PROTOCOL

During the call, the foster parent should allow the birth parent(s) to be the expert on their child by discussing information needed to meet the child's needs such as:

- Medical – allergies, medications, upcoming or needed appointments, immunizations, etc.;
- Behavioral – past trauma, placement history, therapeutic history;
- Educational and Developmental – school attended, teachers, academic performance, special services, etc.;
- Family/Fictive Kin/Peer support systems – Who else can the child call for support?;
- Routines – extracurricular activities, schedules, bedtimes, etc.;
- Set up an Icebreaker and first in person visit; and
- Let the child speak with their parent.

Agency staff should help to set guidelines with the parents for appropriate conversations, and phone should be on speakerphone.

The “Child Health/ Social History” form should be provided to the foster parent with all information previously gathered – the foster parent can then fill in any blanks based on the information gathered during the comfort call.

SLIDE: FLORIDA COMFORT CALL PROTOCOL

General Guidelines:

- The child protective investigator or agency staff who facilitates removal of child(ren) from home should discuss the upcoming comfort call with birth parent(s). This includes the best number to contact parent(s), when to expect the call, the purpose of the call, and general expectations and guidelines.
- The comfort call can be made in a variety of ways:
 - From the staff member’s work cell phone at the foster home;
 - If the foster parent is comfortable with it, from the foster parent’s phone; or
 - Through Google Voice.
- Begin the call by reminding the birth and foster parents that the purpose is to provide important information that may only be known by the birth parent to make sure the foster parent can provide the best care possible, and to provide the birth parent with information about the family the child is living with.
- Introduce birth and foster parents by providing first and last names, unless specific safety issues exist, then utilize first names only.

SLIDE: FLORIDA COMFORT CALL PROTOCOL**General Guidelines:**

- Encourage foster parent to acknowledge positive attributes, appearance, manners, etc. of child.
 - Caseworker should remain near the phone and utilize speaker phone to monitor information shared and to intervene, if necessary. The caseworker can assist in re-directing conversations as needed to support continuation of the call and to maintain focus on the child and not on removal or other issues. If the call becomes inappropriate and the caseworker is unable to re-direct, the call should be terminated.
 - In concluding the call, acknowledge the difficulty of establishing this new relationship and highlight that the initial face to face meeting will be easier having had this conversation. Reiterate how beneficial it is to share important information and alleviate fears and anxiety through direct communication.
 - When back in the office, enter information about the comfort call in a case note, including whether the call occurred, who participated, what was discussed, and whether all parties were appropriate. If the comfort call did not occur, document this in a case note as well, and explain why it did not occur.
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SLIDE: FLORIDA COMFORT CALL PROTOCOL**Outcomes of Comfort Calls:**

- Minimizes trauma of separation for both child and parents.
- Sets stage for ongoing focus on the child.
- Reinforces that the birth parent is the expert on their child.
- Provides for smoother transition into foster home by allowing foster parent to ask about specific information pertinent to their home environment and routines.
- Reassures the parent that the child will be well cared for and that the foster parent is committed to helping the family reunify.

- Provides birth parent the opportunity to convey, in their own words, information they feel is critical for care of their child.
 - Initiates and promotes immediate communication between foster parents and birth parents – humanizes “stranger” foster parents or sets the tone for a new relationship between the kinship caregiver and birth parent.
 - Establishes a positive working relationship early in the case by developing trust and open and honest communication.
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SLIDE: FLORIDA COMFORT CALL PROTOCOL

Unique Circumstances:

Hospitalized or Incarcerated Birth Parent(s):

Depending upon the hospital, treatment center, detention facility, criminal charges, etc., contact with and explanation of the purpose and procedures of the initial call with the physician, nurse, social worker, jail warden etc. may allow for a brief or modified call - it doesn't hurt to ask.

If the call cannot be conducted immediately due to hospitalization or incarceration, the initial call should be made as soon as possible once the birth parent is released or able to have such a call.

Parent's Whereabouts Unknown:

When parent(s) are located, the initial call with the foster parents should be done immediately to exchange information, reduce trauma for the child, and demonstrate trust and establishment of relationship between caregivers.

Safety Concerns:

Unfortunately, there may be rare situations where there are confirmed significant safety issues and risks which may preclude the initial call or require modification to the call procedures. When such situations exist, the caseworker shall discuss with the worker's supervisor the specific safety concerns, jointly assessing options and possible procedural modifications which would allow the call to occur safely.

SLIDE: Activity F: Comfort Call Challenges and Solutions

1. Develop a list of possible challenges to implementing comfort calls.

2. Develop 1 or 2 solutions for each of the challenges they listed.

3. Share your responses with the group.

SLIDE: SUMMARY AND CONCLUSION
