

Excellent Parenting and Respectful Partnerships

Florida's Foundational Curriculum



Trainer Guide

12/1/2020

Excellent Parenting and Respectful Partnerships

Time:	3 Hours
Goal:	To educate participants about the Quality Parenting Initiative.
Learning Objectives: <i>Slide</i>	<p>At the end of this course, participants will be able to:</p> <ol style="list-style-type: none"> 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: <i>Slide</i>	<p>Section 1: QPI Approach and the Requirements for Excellent Parenting</p> <p>Section 2: Planful Transitions</p> <p>Section 3: Comfort Calls</p>

Trainer Note: *This curriculum is a guide for conveying not only the foundation of QPI, but the spirit of QPI. This requires that trainers believe in QPI and have a sense of passion for the beliefs, values and practices of QPI and the Youth Law Center. In addition, trainers must commit to reading current statute and policy regarding respectful partnerships and relationship-based services to children, families, and caregivers.*

Section 1: QPI Approach & the Requirements for Excellent Parenting

Time:	1.5 Hours
Goal:	To educate participants about the Quality Parenting Initiative.
Learning Objectives: <i>Slide</i>	<ol style="list-style-type: none">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.

The QPI Approach

Activity A: Personal Reflection on QPI and Best Practice	
Time:	20 minutes
Purpose:	To allow participants the opportunity to get acquainted and personally connect with what they know about the QPI approach.
Trainer Note: <ul style="list-style-type: none"> • <i>Underscore the importance of understanding our values and beliefs because QPI is not only based on science and best practice but also incorporates a love for children and a spirit of advocacy for each child.</i> • <i>Emphasize that the motivation to do the work of QPI must be intrinsic; it must be each person's desire.</i> • <i>Emphasize that QPI aligns with Florida's legislative intent and commitment to best practice.</i> 	
Trainer Instructions:	<p>1. Using the questions below, provide an opportunity for participants to share their responses:</p> <ul style="list-style-type: none"> • Their role in the foster care system. • One thing about themselves that speaks to youth advocacy and the importance of family. • What they have heard about QPI that interests them the most. <p>2. After everyone has shared, make closing comments to thank them for sharing and reinforcing that everyone has something important to contribute and they will be learning from each other.</p>
Activity STOP	

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| The QPI Approach

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The QPI approach to foster care is 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.

QPI is an approach, a philosophy, and a network of sites that share information and ideas about how to improve parenting as well as recruit and retain excellent families. It is an effort to rebrand foster care, not simply by changing a logo or an advertisement, but by changing the expectations of and support for caregivers. The child welfare system commits to fully supporting **excellent parenting** by putting the needs of the child first.

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We stand by our belief that; excellent parenting and strong secure healthy relationships are critical to "healthy development which gives the child the best possible opportunity for success."

A child in foster care shall be placed only with a caregiver who:

- a. has the ability to care for the child.
- b. is willing to accept responsibility for providing care.
- c. is willing and able to learn about and be respectful of the child's culture, religion and ethnicity, special physical or psychological needs, any circumstances unique to the child, and family relationships.

The child welfare system must ensure that the foster or relative family caring for the child provides the loving, committed, and skilled care that the child needs while working effectively with the system to reach the child's long-term goals.

QPI believes that the system can improve only if the consumers, children, birth parents, foster parents, front-line practitioners, case workers, supervisors, and foster parent can share their experiences and concerns and help design solutions.

Key elements of the QPI approach:

1) Defining the expectations of caregivers.

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

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3) Aligning system policy and practice with those expectations.

When QPI is successful, caregivers have a voice. They work as a team with agency staff to support children and youth. Caregivers receive the support and training they need to work with children and families, understand what is expected of them, and know what to expect from the system. Systems are then able to select and retain enough excellent caregivers to meet the needs of each child for a home and family. When these changes are accomplished, outcomes for children, youth, and families will improve.

LARGE GROUP DISCUSSION

How would you define supportive relationships for children?

*Endorse responses that include, but are not limited to:
Relationships that help the child feel connected, valued,
important, worthy, loved, accepted, whole, cared for, etc.*

In your experience, what interferes with a system's ability to support the parenting relationship?

*Endorse responses that include, but are not limited to:
Restrictive policies, perceptions of parents, routines, lack of
parental involvement in decision-making, etc.*

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All caregivers and professionals **MUST** understand and support the **Four Key Components of QPI:**

- Respected Partners
- Nurturing Children
- Supporting Families
- Strengthening Communities

Respected Partners mean:

- *Information is shared*
- *Value each person's role on the team*
- *Listen to each other*

- Recognize each person's strengths and views challenges as opportunities for growth

Nurturing Children means:

- Get to know each child
- Recognize each child's strengths and needs
- Maintain connections as much as possible
- Ensure that children engage in normal activities
- Support each child

Supporting Families means:

- Recognize each family's strengths and needs
- Provide opportunities for families to make decisions
- Provide opportunities for professional growth
- Offer continuous support
- Communicate openly

Strengthening Communities means:

- Involving the entire community in supporting families
- Strong families make strong communities
- Community members from all walks of life are engaged
- The systems that support families become more informed

LARGE GROUP DISCUSSION

Ask participants to share examples of how they have observed the 4 Key Components demonstrated in their local areas.

Encourage them to acknowledge individuals that exemplify the 4 Key Components of QPI.

5 Core Principles of QPI

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There are 5 Core Principles of QPI that align with the QPI approach. These Core Principles are:

1. Excellent parenting is the most important service we can provide to children and youth in care. Children need families, not beds.

2. Child development and trauma research indicate that children need constant, consistent, effective parenting to grow and reach their full potential.
3. Each community must define excellent parenting for itself.
4. Policy and practice must be aligned with that definition.
5. Participants in the system are in the best position to recommend and implement that change.

Requirements for Excellent Parenting

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Since the QPI stands firm in believing that every child deserves excellent parents, QPI has developed a set of requirements to define what excellent parenting looks like. These requirements provide a roadmap for parents and systems. Excellent parenting requires:

1. **Enough foster parents or kin who are willing and able to care for children.** For this to occur, systems must invest in building a team of caregivers who believe that all children deserve excellent parenting. Caring for children means supporting them, loving them, teaching them, and advocating for what is best for them.
2. **A system that supports this parenting.** The system itself must be willing to align policies and practices to support excellent parenting. Foster parents and kin must be respected as partners within the system and included in decision-making.
3. **A system that supports the child's lifelong relationships.** The system must encourage parenting relationships and be open to allowing natural supports to nurture each child. Systems must expand opportunities for children to communicate and spend time with those with whom they feel connected.

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Florida Statute Supports Excellent Parenting - 409.1415(2)(b)3 Parenting partnerships for children in out-of-home care.

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.

Florida Statute that Aligns with QPI and Supports Parenting Partnerships and Information Sharing

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409.1415(1) (a-c) Parenting partnerships for children in out-of-home care.

In keeping with national trends, it is the intent of the Legislature to bring caregivers and birth or legal parents together in order to build strong relationships that lead to more successful reunifications and more stability for children being fostered in out-of-home care.

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The new law focuses on relationship building by

- Highlighting the importance of attachment and stability.
- Taking relationships into account when a move is recommended.
- Requiring supportive relationships between birth parents and caregivers including initial calls, meetings, and involvement in visitation, which must be included in the case plan.
- Requiring 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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409.1415(2)(a)1-7 Parenting partnerships for children in out-of-home care.

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, by:

- Facilitating telephone communication between the caregiver and the birth or legal parent as soon as possible after the child is placed in the home of the caregiver.
- 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 in the home of the caregiver.
- 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 in any other living environment.
- 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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409.1415(2)(b)4 Parenting partnerships for children in out-of-home care.

A child in out-of-home care must be placed with a caregiver who has the ability to care for the child, is willing to accept responsibility for providing care, and is willing and able to learn about and be respectful of the child's culture, religion, and ethnicity; special physical or psychological needs; circumstances unique to the child; and family relationships. The department, the community-based care lead agency, and other agencies must provide a caregiver with

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all available information necessary to assist the caregiver in determining whether he or she is able to appropriately care for a particular child.

BREAKOUT DISCUSSION

Engage the class in a small group or break out discussion using the following questions.

Questions for Break Out Groups:

- GROUP 1: What messages do these policies convey to children?
- GROUP 2: What messages do these policies convey to birth families?
- GROUP 3: What messages do these policies convey to foster parents?
- GROUP 4: How do the QPI principles and new FL legislation support your work in serving children and their families?

Trainer Note: Use the following activity as a bridge to help participants understand what the QPI Requirements for Excellent Parenting mean on a personal and systems level.

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Activity B: Excellent Parenting Looks Like This

Time:

20 minutes

Purpose:

To allow participants the opportunity to brainstorm qualities, skills, policies, and behaviors that reflect excellent parenting.

Trainer Instructions:

Read the following summary of Cadence's story and ask the group to focus on what Cadence needs that reflects the requirements of excellent parenting.

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- Cadence is an 8-year-old girl who entered foster care two months ago after her single mom was found passed out with Cadence in

the car at a local shopping center. Since Cadence has been in care, her mom and 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.

Have participants 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?

Trainer Directions

Use answers below to support processing the activity and discuss the commonalities and possible contradictions involved in each of these roles.

Answers include, but are not limited to:

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

- Foster parent cheers Cadence on when she practices her instrument.
- Foster parent can communicate with Cadence's mom and aunt.
- Foster parent can help Cadence Facetime and speak with her mom and aunt.
- Foster parent encourages Cadence.
- Foster parent shares information about the concert with the child welfare professionals.
- Foster parent plans for Cadence to wear something special.

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

- Staff ask the foster parent if she needs assistance with band fees or clothing.
- Provide additional transportation support for Cadence's mom.
- Document Cadence's mom's successful visits and share that information with the team.
- Provide encouragement to Cadence's mom.

- Support the relationship between Cadence's mom and the foster mom.

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

- Relationship between Cadence and her mom.
- Relationship between Cadence and her aunt.
- Relationship between Cadence's mom and foster parent.
- Relationship between Cadence's foster parent and aunt.

Activity STOP

Developmental Research and Systems Change

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

In this video, Judge Latimore shares the importance of developmental research in decision-making.

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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 improve individual parenting and change the system to facilitate healthy development.

QPI beliefs about what youth deserve do not waiver. Although systems may shift policies and practices, beliefs are fundamental.

LARGE GROUP DISCUSSION:

Ask the group the following questions to generate a conversation about their own experiences to promote the QPI principle that all children deserve to feel loved, supported, and cared for, regardless

of who is parenting them. You can use the questions with large or small groups.

- In your experience, what do you believe are common beliefs about children's needs in the community you grew up in and/or live in now?
- How do these beliefs guide your actions and decisions?

QPI believes in the following developmental research and concepts:

Life-Long Consequences - A child's experiences with systems can have life-long cognitive, social, emotional, and biological consequences.

Early Trauma and Interventions Matter - The earlier in life children experience trauma, the more serious the impact. However, it's not hopeless or irrevocable.

One Caregiver - Children biologically and emotionally need a stable, secure relationship with one or more caregivers.

Caregiver Absence - The absence of a responsive, supportive caregiver is likely to have the greatest long-term consequences for a child (not the events they have experienced).

Disrupting Relationship - Systems should minimize or eliminate relationship disruptions and avoid frequent caregiver transitions.

Grief - Children, including infants, who are separated from their primary caregiver grieve the loss of their caregiver.

Understanding Signals - Children who have experienced maltreatment and early disruptions in care tend to do the opposite of what they need and push caregivers and adults away.

Caregiver Investment - Caregivers of children who have experienced trauma must be nurturing, consistent, responsive, and have a high level of psychological commitment and investment in the child.

Caregiver Behavior - To protect children adequately, the foster parent must become the primary caregiver and primary attachment figure. The *quality* of the relationship forms the basis for a young child's sense of self, feelings of worthiness, and trust in others.

Attachment as Relationship - Young children or children who are young developmentally cannot sustain relationships without regular direct contact.

Infant Vulnerability - Young children in foster care are especially vulnerable due to the combined effects of the developmental importance of attachment, maltreatment, relationship disruption, and caregiver transitions.

Teen Brains Impact Behavior - Adolescent actions are guided more by the emotional and reactive amygdala and less by the thoughtful, logical frontal cortex. Teens grow out of many behaviors, given the right environment and opportunities.

Relationships, Regulation, and Reward - Adolescent brains have three particular activity areas: Relationships - the importance of nurturing magnified; Regulation - requires positive experiences and Reward - more receptive to rewards-based learning.

Neuroplasticity - With the right nurturing and experiences, the adolescent brain can be "rewired" to heal from an earlier trauma.

Not too Late - The single most important factor for youth resiliency is whether important adults believe in them, love them unconditionally, and hold them to high expectations. Systems must incorporate youth development building blocks of resilience: Competence, Confidence, Connection, Character, Contribution, Coping, and Control.

Individualized - Services and supports must be individualized to the needs and the specific situation of child. Plans should be revised during different phases and will have different meanings over time.

Child Well-Being Dictates - Adults should bear the burden of difficulties in meeting these principles – not children or youth. If someone must get hurt, it should not be the child. Systems must stop thinking of child/child custody as a reward or punishment.

Slide	Attachment is a relationship, not a permanent status for young children.
Slide	<p>VIDEO: DR. CHARLES ZEANAH – DEVELOPMENTAL RESEARCH (9 minutes)</p> <p>Dr. Zeanah provides information on the science of attachment.</p>
Slide	<p>BREAKOUT DISCUSSION</p> <p>Engage the class in a small group or break out discussion using the following key points shared by Dr. Zeanah. What do these statements mean to you?</p> <p>Group 1: Children can recover, but it's better not to test them.</p> <p>Group 2: The system should not inflict suffering needlessly or carelessly, but if someone has to suffer, it should be the adults who can understand and cope better.</p> <p>Group 3: Explaining attachment allows families to put the child first and truly be a parent.</p>
Slide	<p>The Science of Attachment</p> <ul style="list-style-type: none"> • Brain Development impacts relationships. • Attachment follows a developmental process. <p>Attachment is the young child's tendency to seek comfort, support, nurturance, and protection selectively from at least one adult caregiver.</p>
Slide	<p>How can we tell if a child and a parent/caregiver have healthy attachment?</p> <ul style="list-style-type: none"> • 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.

Important to indicate that children can play happily and interact comfortably with adults without being attached to them. This point is worth noting now, and you will return to this point later. The point is that a causal observation of an enjoyable interaction may be misleading without additional information.

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Florida Statute Supports Developmental Research - 409.1415(2)(b)1-3 Parenting partnerships for children in out-of-home care.

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 requirements:

- 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.

Trainer Note: This provides an opportunity to emphasize what participants understand about the importance of information sharing, based on preservice and professional development training.

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Key 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

Section 2: Planful Transitions

Time:	2 Hours
Goal:	To develop an understanding of the importance of transitions for children.
Learning Objectives: <i>Slide</i>	<ol style="list-style-type: none">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.

Planful Transitions

Activity C: Consider Transitions	
Time:	15 minutes
Purpose:	To allow participants the opportunity to consider the impact of transitions they have experienced or witnessed.
Trainer Note: <ul style="list-style-type: none"> Express that this conversation provides an opportunity to not just understand each other, but to also connect with everyone they will be working with as a QPI leader. Underscore the importance of understanding our values and beliefs because QPI is not only based on science and best practice, but QPI also incorporates a love for children and a spirit of advocacy for each child. Emphasize that the motivation to do the work of QPI must be intrinsic. It must be each person's desire. 	
Trainer Instructions:	Using the scenario and questions below, provide an opportunity for participants to join breakout groups to discuss their responses to the questions.
Slide	<ol style="list-style-type: none"> Review the scenario using the PowerPoint slide. <i>Imagine as a parent, you need a new babysitter; 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.</i> Ask participants to discuss the following considerations: <ul style="list-style-type: none"> Before dropping your child off at the babysitter's home for the evening, what would you want to know? What needs to occur during drop off for you to feel comfortable? What would your child need to feel comfortable and safe?

3. Reconvene breakout groups and ask each group to spend 2 minutes sharing 2-3 of their responses to each category.
4. Make the parallel comparison to the group by asking them to consider that 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?
5. Emphasize that regardless of the child's age, every parent and every child has needs during transitions.

Activity STOP

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VIDEO: JENNIFER, FOSTER PARENT

This video features a foster parent who experienced a traumatic transition.

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LARGE GROUP VIDEO DISCUSSION:

Following the video ask the group to discuss the following questions.

1. Based on Jennifer's experience:

- How do unplanned transitions effect children?
- How do unplanned transitions effect birth parents?
- How do unplanned transitions effect caregivers?

2. After everyone has shared, make closing comments that reinforce the importance of transitions.

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VIDEO: DR. CHARLES ZEANAH – IMPLICATIONS OF ATTACHMENT FOR TRANSITION PLANNING

In this video, Dr. Zeanah emphasizes the importance of considering a child's attachment in transition decisions. He addresses the concepts of clarity, communication, continuity, and collaboration.

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BREAKOUT DISCUSSION:

Following the video, divide the class into breakout groups and assign one of the following questions to each group.

GROUP 1: In your role, how can you demonstrate and encourage clarity?

GROUP 2: In your role, how can you demonstrate and encourage great communication?

GROUP 3: In your role, how can you demonstrate and encourage continuity?

GROUP 4: In your role, how can you demonstrate and encourage collaboration?

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Most Important Question – Should a transition occur?

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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.
- 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.
- Consider the impact on all members of the family, and the 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 for consistency.

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VIDEO – ERIK

This video features Erik, a youth with foster care experiences. Erik recounts a transition that adversely impacted him. It provides insight for child welfare professionals and caregivers.

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VIDEO DISCUSSION:

What did you hear and feel from listening to Erik's experience?

Florida Transitions Guidelines and Policy

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Florida Transitions Policy 409.1415

Reducing the Trauma of Moves for Children:

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

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Reducing the trauma of moves for children by:

- Developing and implementing process(es) to eliminate unplanned placement moves.
- Developing and implementing process(es) to ensure that when a child must leave a caregiver's home, that such transition will be accomplished according to a plan which involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures they have all their

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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.

- Developing and implementing process(es) to ensure the child is involved in any 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.

Parenting partnerships for children in out-of-home care. 409.1415(2)(b)4-11

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.

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Transitions 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.

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When the case plan for a child includes reunification, the caregiver, the department, and the community-based care lead agency must work together to assist the birth or legal parent in improving his or her ability to care for and protect the child and to provide continuity for the child.

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A caregiver must respect and support the child's ties to his or her birth or legal family, including parents, siblings, and extended family members, and must assist the child in maintaining allowable visitation and other forms of 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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Planful transitions shall include but is not limited to the following:

- Assessing the possible impact of transition on the 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.
- Respecting the child's voice in the placement process.

Give priority to the impact on the child when deciding whether to make changes in a child's living situation.

Transition Meetings

Transition meetings are designed to address each child and family's needs, including:

- To create a flexible plan that meets the child's needs.
- To discuss preparation considerations that address the child's personality, schedule, and relationships.

Questions to be answered at the transition meeting:

- Is the transition necessary? Why or why not?
- If it necessary or desirable how should we do it?

Transition meetings are a cooperative meeting focused on the best interest of the child, not balancing the interests of the adults.

Include the foster parent or kinship caregiver who is currently caring for the child and has critical information about the needs and personality of the child.

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 three months in a stable, relative or non-relative placement, **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.**

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- To develop and sustain healthy attachments, young children must have substantial amounts of interaction with an adult where 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.
- Prepare the child; encourage the child to express their feelings and/or concerns.
- Involve sending and receiving caregivers whenever possible.
- For younger children, add the attachment to receiving caregivers before disrupting attachment to sending caregivers.
- Talk with everyone involved frequently.

Policy Guidance to Eliminate Unplanned Moves

65C-28.005 Changing Placements.

(1) Except in emergency situations, the child's parents, unless contrary to court order, licensed out-of-home caregivers and the guardian ad litem or attorney ad litem, if appointed, shall be given at **least two (2) weeks' notice prior to moving a child from one out-of-home placement to another and the reason a placement change is necessary.** In emergency situations, a change of placement can be made immediately. **The child welfare professional shall 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.**

Slide

(a) Parental notification of any placement changes shall be documented in FSFN, unless the court previously excused the Department from further efforts to locate.

(b) If the parent(s) is unable to be located, efforts to locate and notify the parent shall be documented in FSFN.

(2) The child welfare professional shall prepare the child for a move and support the child during the re-placement process.

Slide

(3) The child welfare professional shall provide supportive services to the caregiver where the child is residing 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 have not been successful or there are circumstances that preclude the child's continued stay, 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.

(4) The caregiver at the new placement shall be prepared and informed prior to placement of the child and shall be given needed support to help the child transition and achieve stability. Out-of-home caregivers shall be given all relevant information about the child in their care while maintaining confidentiality requirements. Specifically, the child welfare professional shall:

- (a) Inform the caregiver of all identified needs of the child;
- (b) Discuss any training the caregiver may need to care for the child, including any special needs of the child and possible reactions to the specific trauma that the child has experienced;
- (c) Discuss any services that the child may need and the role of the out-of-home caregiver with regard to transportation, participation in treatment sessions, communication with treatment provider(s) and potential implementation of treatment recommendations in the home;
- (d) Inform the out-of-home caregiver about available programs that may provide financial and medical assistance for the child;

(e) Provide the out-of-home caregiver with counseling and information regarding the dependency process and support services available in the community;

(f) 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,” incorporated in paragraph 65C-28.004(6)(c), F.A.C. The child welfare professional shall sign a copy of the Partnership Plan and obtain a signature of the licensed out-of-home caregiver, attesting acknowledgment of the requirements at time of placement; and,

(g) Provide to the out-of-home caregiver the Child’s Resource Record. The Child’s Resource Record from the previous placement(s) shall be reviewed with the out-of-home caregiver upon the child’s new placement. The child welfare professional shall discuss with the out-of-home caregiver the caregivers’ role in maintaining and updating the Child’s Resource Record.

Trainers Note: Engage the class in a large group or break out discussion using the questions below. You will need to connect the earlier video that featured Erik, with these policy guidelines.

BREAKOUT DISCUSSION:

GROUP 1: What messages would these transition policies and guidelines convey to Erik and other children?

GROUP 2: What messages would these transition policies and guidelines convey to Erik’s birth family and other birth families?

GROUP 3: What messages would these transition policies and guidelines convey to Erik’s foster parents and other foster parents?

GROUP 4: What messages would these transition policies and guidelines convey to staff working with Erik or other children?

Video – Youth Panel

This video features a panel of youth discussing transition experiences.

Video Discussion: What did these youth need during the transition process?

Activity D: Reducing Unplanned Moves

Time:	20 minutes
Purpose:	For participants to consider creative and realistic ways to reduce unplanned moves for children.
Trainer Instructions:	<p>Using the questions below, provide an opportunity for participants to engage in strategic thinking around reducing unplanned moves.</p> <ol style="list-style-type: none"> 1. Break participants into small groups and have them develop at least 2 strategies to implement that demonstrates the transition planning policies and practice guidelines for each of the following examples of situations that commonly result in unplanned moves. Encourage groups to expand the examples to situations that are common in their area. <ul style="list-style-type: none"> • Youth demonstrates challenging behaviors, and the foster parents request that the child be moved. • Foster parents decide to discontinue fostering. • Child is being reunited with birth parents after a court review. • Youth are being reunited with siblings. 2. Develop additional strategies for how you would include Erik and other youth 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. 3. Reconvene the large group and allow each group to share their responses to one of the examples. 4. After everyone has shared, discuss what long-term outcomes may result by reducing unplanned moves for children. 5. Make closing comments using the information below that reinforces reducing unplanned moves. Reinforce the policy and guidelines shared earlier as well as the key points below. <p>Reducing the trauma of moves for children by:</p>

	<p>Developing and implementing process(es) to eliminate unplanned placement moves by ensuring that when a child must leave a caregiver's home, that such transitions will be accomplished according to a plan which:</p> <ul style="list-style-type: none"> • involves cooperation and sharing of information among all persons 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. • if possible, provides continued contact with the caregiver after the child leaves. <p>Ensuring that the child is involved in any 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.</p>
Activity STOP	

Types of Transitions

Slide	<p>Types of Transitions</p> <ul style="list-style-type: none"> • 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	<p>Transition into care</p> <ul style="list-style-type: none"> • Plan if possible; however, urgency may preclude planning. • Throughout, monitor your reactions. • Learn as much as you can about the child from the biological parent(s). • Consider the child's age and developmental level and explain the reason for the move. <ul style="list-style-type: none"> ○ Provide a narrative.

	<ul style="list-style-type: none"> ○ Let the child ask questions. ● Call the biological parent on the child's arrival to the caregiver. ● Schedule ice breaker.
Slide	<p>Transition out of care (reunification)</p> <ul style="list-style-type: none"> ● Child transitions home when: <ul style="list-style-type: none"> ○ 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.
Slide	<p>VIDEO: MOLLY (FOSTER PARENT) AND JOSH (BIRTH PARENT) This video featured the importance of the relationship between a birth parent and foster parent in supporting children during transitions.</p> <p><i>Trainers Note: After the video pose the following question and create a list of suggestions. What suggestions did you get from the video regarding preparing a child and family for reunification?</i></p>
Slide	<p>VIDEO: JUDGE JILL WALKER, COUNTY COURT JUDGE, WAKULLA COUNTY FLORIDA In this video, Judge Walker provides examples of foster parents and birth parents working together to support reunification.</p>
Slide	<p>Transition from foster home to foster home</p> <ul style="list-style-type: none"> ● 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. ● Have the child call his/her parent(s) when he/she arrives at new placement. ● Arrange 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.

	<ul style="list-style-type: none"> • 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. <p>*Some of these may not be possible when the move is urgent.</p>
Slide	<p>Transition to geographically distant placement</p> <ul style="list-style-type: none"> • 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.
Slide	<p>Non-relative to non-relative; Non-relative to relative; Relative to non-relative; Relative to relative</p> <ul style="list-style-type: none"> • Caregivers are strongly encouraged to participate in the process. • Even when the caregivers are relatives, the child may not already have an attached relationship • 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. • 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.
Slide	<p>Transition to adoptive home</p> <ul style="list-style-type: none"> • Should be carefully planned. • Younger children should add the new attachment before losing the current attachment. • Try to maintain contact with previous placement if it involved an important attachment or relationship for the child.

Slide

VIDEO: ANNA (FOSTER PARENT) AND ROBERTO (ADOPTIVE PARENT)

This video features a transition discussion about how to support a child moving from a foster family to an adoptive family.

Transition Planning Recommendations from Youth

Slide

Trainers Note: Explain to participants that youth were consulted for input regarding transition planning and it is important to review their recommendations.

Notification. If a foster parent or residential facility submits a 30-day notice to transition the youth to another placement, the youth, peer advocate, GAL, and therapist shall be notified within 5 days.

- If there is an opportunity to resolve the situation, the case manager shall schedule a time for youth, peer advocate, and other team members to meet with the caregiver to develop a placement stability plan.
- If the youth is unable to remain in the placement, the case manager should develop a transition plan with the youth that “ensures the child has all of his or her belongings, allows for a gradual transition from the caregiver’s home and, if possible, for continued contact with the caregiver after the child leaves.”
- When and how to tell a child or youth that they will be transitioning should be done on a case-by-case basis to minimize negative reactions or behavioral/emotional triggers, with immediate or shorter-term transition plans put in place.
- The lead agencies should have the ability to engage in conflict resolution between foster parents and young people before a transition decision is made.

Education. All parties that are to receive notification should first consider if an educational transition is in the best interest of the youth.

- Before changing a child/ youth’ educational setting as per statute/ FAC, the CBC and-or its subcontracted agencies, if appropriate, must hold an “Educational Best Interest” staffing to determine if the change in school setting is

appropriate and if the school system can assist with transportation to the new educational setting.

- Parties are to ensure that the IEP is adhered to and accurately updated.
- The greatest effort to maintain the child in an educational environment that is progressive for that child.
- A clear MOU should be housed between the school districts and the CBC to facilitate the transition planning regarding education.

Clinical Services. Transitions for youth in care can bring up feelings of rejection, past trauma, grief and loss, and attachment issues to the surface; therefore, clinical services are critical. Youth need access to therapeutic services during the traumatic time of transition.

- Youth recommended that like having “one case manager” they should have “one therapist” during their time in foster care - to the extent possible, and with appropriate transfer practices in place, so that youth are not left without clinical supports. Also, youth should have input into the decision-making process of their therapist based on individual needs.

Training. It is recommended that training on transitions be required and include foster parents, residential care providers, therapists, & GALs who work with this population. Youth Council leaders should be invited to speak at these trainings or provide a video sharing their perspective on the issue.

Peer Advocates. Young adults with lived experience within the OVI Network of Youth Councils expressed a desire to support other youth, ages 13 to 17, by connecting them with a peer advocate upon initial placement in care. If a youth is having difficulty at their placement, they can contact their peer advocate for guidance and support to try to maintain stability.

- Rolling out this recommendation would require that the lead agency MUST ensure that there is an active youth council in their circuit and referrals are made to the point person for the Youth Council. Lead or provider agencies may seek

funding and training for peer advocates through Medicaid or general revenue.

This would be a voluntary program with training and support provided for “peer advocates”.

Trainer Note: This closing exercise provides an opportunity for participants to incorporate the science and best practice guidelines regarding transitions to situations that children and families experience.

Activity E: Transition Situations

Time:

30 minutes

Purpose:

To allow participants the opportunity to consider the impact of transitions they have experienced or witnessed.

Trainer Instructions:

1. Read the Practice Situations and accompanying Transition information provided.
2. Working in small groups, respond to the discussion questions.
3. Following the group discussion, summarize the main points.

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. The 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?

Activity STOP

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VIDEO: ERIK, YOUTH FORMERLY IN FOSTER CARE

In this video, Erik shares an inspiring message that gives hope for what happens when transitions are well-planned, well-supported, and include the youth in decision-making.

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VIDEO DISCUSSION:

- Discuss what you heard that contributed to the healthy and supportive transition that Erik shared.
- Share examples of healthy and supportive transitions that you have experienced or witnessed.

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 three 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.
- To develop and sustain healthy attachments, young children must have substantial amounts of interaction with an adult where 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

Time:	1 Hour
Goal:	To introduce participants to comfort calls as effective relationship-building tools.
Learning Objectives: <i>Slide</i>	<ol style="list-style-type: none">1. Develop strategies that support implementation of Comfort Calls to parents 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.

Comfort Call Best Practice Guidelines

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. F.S. 409.1415(2)(a)

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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

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How Comfort Calls Make a Difference for Children and their Families

- Reduces the divided loyalty stress.
- 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.

Florida Comfort Call Protocol

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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).
- 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.

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

Comfort calls should be made to parents whenever a child enters a new home or placement.

Slide

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.

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 – Others can be in telephone communication to support the child.
- Routines – extracurricular activities, schedules, bedtimes, etc.

Slide

General Guidelines:

- The child protective investigator or agency staff who facilitates removal of the child(ren) from home should discuss the upcoming comfort call with the birth parent(s). This includes the best number to contact the 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 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.
- Encourage the foster parents to acknowledge positive attributes, appearance, manners, etc. of the child.

Slide

- The caseworker should remain near the phone and utilize the speakerphone to monitor information shared and to intervene, if necessary. The caseworker can assist in re-directing conversations as needed to support the continuation of the call and to maintain focus on the child and not on the 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.

Outcomes of Comfort Calls

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

Unique Circumstances for Comfort Calls

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Hospitalized or Incarcerated Birth Parent(s):

- Depending upon the hospital, treatment center, detention facility, criminal charges, etc., contact with an 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 a 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 the relationship between caregivers.

Special Circumstances:

- 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 that would allow the call to occur safely.

Activity F: Comfort Call Challenges and Solutions

Time:

20 minutes

Purpose:	To allow participants the opportunity to explore possible challenges and solutions to making comfort calls standard practice.
Trainer Note:	<ul style="list-style-type: none"> <i>This is a practice change for many participants so they may need encouragement and support to change behaviors and perspectives.</i> <i>It may be helpful for trainers to speak with foster parents and birth parents who have participated in comfort calls to have good examples to share. You may find videos on the https://www.qpi4kids.org/ website.</i>
Trainer Instructions	<p>For this activity, divide participants into small groups of no more than 6 people.</p> <ol style="list-style-type: none"> 1. Instruct each group to develop a list of possible challenges to implementing comfort calls. 2. Instruct groups to develop 1 or 2 solutions for each of the challenges they listed. 3. Reconvene in the large group and have each small group share their responses as you reinforce best practiceS.
Activity STOP	

Training Conclusion

	<p>After learning about QPI, you MUST ensure that every child receives excellent parenting every day.</p> <p>By working in respectful partnership with team members, incorporating knowledge regarding the importance of child development and attachment, and using QPI principles to guide relationship-building and decision-making, excellent parenting becomes the expectation.</p> <p>QPI begins with you.</p>
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