Module 2:
Collaboration and Partnership for Children

Time:
13 hours

Module Overview:
Slide: 2.0.1
The purpose of this module is to provide an overview of several important roles a foster parent plays and the steps a Licensing Specialist should take to support foster parents. These roles include participating as a professional member of the team, working with birth parents, trauma-sensitive care, creating and maintaining normalcy, and preparing for transitions. A major focus of the module will be on the behaviors and needs of children and youth in out-of-home care. By understanding behaviors and needs of children and youth, we gain a deeper understanding of the qualities we seek in foster parents, how the team can support foster parents, and how foster parents can be best matched with children and youth.

Agenda:
Slide: 2.0.2
Unit 2.1: The Support Team (TG: 4, PG: 2)
Unit 2.2: Co-Parenting and Partnership with Birth Parents (TG: 63, PG: 45)
Unit 2.3: Working with Foster Parents to Manage Children’s Behavior and Meet their Needs (TG: 87, PG: 59)

Materials:
• Trainer’s Guide (TG)
• Participant’s Guide (PG)
• PowerPoint slide deck
• Flip chart paper / markers
• Videos:
  – Partnership Plan for Children in Out-of-Home Care Module 1: http://centervideo.forest.usf.edu/qpi/pship/Pship.html
  – Partnership Plan for Children in Out-of-Home Care Training Module 2: http://centervideo.forest.usf.edu/qpi/pship02/pship02.html

Co-Parenting video: An Introduction on Integration into a Family-Centered Practice Model: http://centervideo.forest.usf.edu/qpi/coparent/coparent.html

Bridging the Gap: The Birth Parent-Foster Parent Relationship (Part 2-21 minutes): http://centervideo.forest.usf.edu/qpi/bridgap2/start.html

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

Promoting Well-Being and Normalcy for Foster Youth (9 minutes): https://www.youtube.com/watch?v=8yBEhne3flw

Module References:
- CFOP 170-11, Chapter 6, 7 and 8
- All legal references are available on Florida's Center for Child Welfare website under the policies tab. http://centerforchildwelfare.fmhi.usf.edu/index.shtml#

Activities:

Unit 2.1:
- Activity A: Reflection Expression (TG: 5, PG: 3)
- Activity B: It Takes a Village (TG: 15, PG: 9)
- Activity C: Honoring Our Commitments (TG: 36, PG: 22)
- Activity D: Interviewing the Foster Parent for CPI Partnership (TG: 47, PG: 26)
- Activity E: Partnership Conflicts (TG: 59, PG: 43)

Unit 2.2:
- Activity F: Licensing Specialists – Supporting the Bridge (TG: 73, PG: 50)
- Activity G: Resolving Challenges and Supporting Quality Parenting (TG: 79, PG: 53)
- Activity H: Case Plan Review (TG: 85, PG: 58)

Unit 2.3:
- Activity I: Partnering to Address Trauma (TG: 96, PG: 63)
- Activity J: Building Resilience and Healing (TG: 100, PG: 65)
Activity L: Minimizing Trauma at Initial Placement (TG: 114, PG: 76)
Activity M: Self Reflection (TG: 122, PG: 79)
Activity N: Normalcy Planning (TG: 134, PG: 87)

Trainer Note: Due to ongoing changes to licensing laws and policies, each trainer is expected to consult all legal and policy references in this curriculum with the most current information posted on the Center for Child Welfare website: [http://centerforchildwelfare.fmhi.usf.edu/](http://centerforchildwelfare.fmhi.usf.edu/). It is the trainer’s responsibility to maintain accurate information as published curriculum may not reflect current changes.
**Unit 2.1:**
The Support Team

**Unit Overview:**
*Slide: 2.1.1*

The purpose of Unit 2.1 is to define the support team in terms of who they are and the services they provide. In addition, the process by which support team members and foster parents support and communicate with one another is highlighted.

**Learning Objectives:**
*Slide: 2.1.2*  

1. Identify the foster parent’s support team, describe how to access them, and explain when they are needed.
2. Explain the importance of working with and assisting dependency Case Managers.
3. Explain the importance of establishing a relationship with foster parents as partners, especially regarding the significance of ongoing support and communications.
4. Explain how each role contributes to the child's safety and interconnects with other roles to achieve the desired outcomes for the child.

Many of the same partners discussed during Module 1, will be revisited, this time from the perspective of a foster parent’s support team. While some of the information is repeated, the importance of the team that surrounds the child cannot be stressed enough. Always remember that when it comes to meeting the needs of children in out-of-home care, it really does take a village.

During this unit, the Licensing Specialist should remain focused on his/her role and responsibility in supporting foster parents and building collaboration with all team members.
**Trainer Note:** Start the class with a brief icebreaker for participants to have an opportunity to learn about each other and why they are pursuing careers in foster care.

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**Activity A: Reflection Expression**

<table>
<thead>
<tr>
<th>Time:</th>
<th>15 minutes</th>
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<tbody>
<tr>
<td>Purpose:</td>
<td>To allow participants the opportunity to reflect back on Module 1 and identify the most important learning points.</td>
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<tr>
<td>Materials:</td>
<td>PG: 3, Reflection Expression worksheet Slide: 2.1.3</td>
</tr>
<tr>
<td>Trainer Instructions:</td>
<td>Instruct participants to individually identify three learning points from Module 1.</td>
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<td></td>
<td>Next, ask participants to select the learning points they believe are the most important.</td>
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<td>In small groups (or one large group) have each person share the one item they selected as the most important learning point.</td>
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<td>They need to spend five minutes trying to reach mutual agreement on the most important learning point. They are to demonstrate a spirit of partnership as they work together.</td>
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<td>After five minutes, convene as a large group and have them identify their result.</td>
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<td>If they were able to reach agreement, have the group share how they were able to reach a consensus that demonstrated a spirit of partnership.</td>
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<tr>
<td><strong>Endorse:</strong></td>
<td>Listening to each person’s ideas</td>
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<tr>
<td></td>
<td>Trying to understand why something was important to a group member</td>
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<tr>
<td></td>
<td>Making sure that everyone was able to participate</td>
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</table>
If they were unable to reach agreement, have the group share how they concluded the assignment without consensus in a spirit of partnership.

Endorse:
- Listening to each person’s ideas
- Trying to understand why something was important to a group member
- Making sure that everyone was able to participate
- Respecting the group member’s decision to disagree
- Allowing a difference of opinion

Because partnership is critical to achieving successful outcomes for children and families with many needs in a complex system of care, Licensing Specialists must begin to address how successful partnerships work and the pitfalls to avoid.

Encourage participants to think about a partnership they experienced in the past or one they have currently where there was a common goal identified. This partnership can be personal or professional.

In order to be an effective partner, members on the team must be able to communicate with mutual respect even if there is not mutual agreement. Working together and listening to each person’s perspective builds a lasting partnership.

Licensing Specialists have to engage in partnership with a significant number of parents and professionals and they must be able to model good partnership practices to the foster parents they work with. Respecting foster parents as professional partners is the key in making this happen.

What contributed to your partnership's success?

Endorse:
- It was well planned and organized.
- We all understood the purpose.
- We respected each other.
- Everyone contributed to the process.
- We each had specific roles that played to our strengths.
- We communicated with each other.
What contributed to your partnership's failure?

**Endorse:**
- It was poorly planned and poorly organized.
- Not everybody contributed.
- People spoke negatively about other team members.
- The goals were not clearly defined.
- There was a lack of communication.
- We didn’t have all the skills we needed to do the job properly.

| Participant Instructions: | 1. Individually, identify three learning points from Module 1, then select the one that you feel was the most important.  
2. In your small group, share your selected learning points and then come to consensus as to the most important one.  
3. Be prepared to share with the class. |

Activity STOP
Foster Parents as Professionals

Foster parents are trained and licensed caregivers who care for youth and must keep them safe until they are reunified or secure permanency in an alternative placement (i.e., adoptive home).

When foster parents are regarded as professionals, included as valuable service team members and receive the support and guidance they need, their ability to assist children and families increases, as does their satisfaction with their role.

What are some of the ways in which foster parents take on professional roles when caring for a child?

Endorse foster parent roles that include, but are not limited to:

- Providing a safe and caring environment for the child.
- Meeting the child’s developmental needs.
- Helping the child stay connected to their family, culture, and identity.
- Being prepared to work as part of a team, including the birth parents, to provide the child with normalcy and trauma-informed care.
- Attending judicial review hearings, Case Planning conferences and advocating for the child.

Trainer Note: Remind participants that Module 1 introduced the concept of partnership for Licensing Specialists. The roles of primary partners were provided to clarify each person’s areas of expertise and responsibility.

Foster parents also need to work with many partners and it is the role of the Licensing Specialist to facilitate those initial introductions and encourage collaboration.
Why would it be important for Licensing Specialists to devote time and effort to connecting foster parents with primary partners?

Endorse:
- Foster parents that feel supported experience satisfaction.
- Other partners become part of placement stability.
- Foster parents develop more expertise as they learn from others.
- It provides an opportunity to develop mutual respect.

A Foster Parent’s Support Team

The people involved in a foster parent’s support team include:

- Internal supports such as spouse, sibling(s), and parents, and other identified caregiver supports, such as adult children and backup caregivers
- External supports, such as the Child Welfare Team, birth parents, church, school, community clubs, Guardian ad Litem, courts, work, respite, and childcare providers

• When considering the support system for foster parents it is necessary to consider the entire system in terms of partners who are involved in the child’s case and the family’s life.

Trainer Note: Instruct participants to turn to PG: 5-8, Family and System of Care Partners and use it to review while you discuss each partner. You will need to make connections back to Module 1. Explain how in Module 1 most of these partners were introduced and we examined how you will work together. We also identified how the role as a Licensing Specialist impacts the role of each partner and vice versa. In this section, we will focus on how each role impacts foster parents and how the Licensing Specialist can support those partnerships.
Family and System of Care Partners

FAMILY
CHILD: Once the child has been adjudicated, the court has jurisdiction over the child until his/her 18th birthday and/or until the court releases jurisdiction over the child. The child has the right to go to court and should always try to attend. The child can also speak to the judge by telephone or through a letter. The child may include feelings and information in the Judicial Review Report. Court resources for the child include Hearing Your Voice: A Guide to Your Dependency Court Case and What’s Happening in Dependency Court? An Activity Book for Children Going to Court in Florida.

BIRTH PARENT(S): Birth parents receive services that allow them to work through tasks on their Case Plan in order to be reunified with their child. They should be involved in the co-parenting of their child and visit their child, unless otherwise ordered by the court. Parents are also responsible for the continued financial support of their child while in out-of-home care. In court, they have a right to be represented by or appointed a lawyer. They must be notified about all court hearings and be present at them. Court resources for the parents include A Parent’s Guide to Juvenile Dependency Court.

BIRTH RELATIVES: The extended birth family of a child in foster care should maintain a relationship with the child as long as it is a safe and healthy relationship. The birth family can be a helpful part of the team by giving family health information and helping keep the child connected to their culture.

NON-RELATIVES/SUPPORTS: Often a child will have an extended support system which includes friends and community.

FIRST RESPONSE
CHILD PROTECTIVE INVESTIGATOR (CPI). The CPI is the first responder on the team. It is his/her job to determine if a child is in immediate danger in their home environment and if they should be removed. The CPI tries to put any supports that he/she can into the home to help prevent having to remove children from their home due to the fact that the removal of children from their home can be a very traumatic experience. If removal is necessary, the CPI takes the child to a safe place, submits a Shelter Petition to
the court and provides the evidence at a Shelter Hearing or Emergency Shelter Hearing within 24 hours. The CPI conducts a diligent search to find a placement at the home of a relative or close friend (pending background approval). If not, the CPI finds a foster home match. The CPI attends the Arraignment Hearing and Case Planning Conference. The CPI’s case must be closed within 60 days of removal.

**CASE PLANNING**

**CASE MANAGER:** The Case Manager provides and coordinates services in the child’s case. He/she maintains regular contact with the family and sees the child alone. The Case Manager provides the direct service to the foster child. The Case Manager’s primary role is to be the advocate for the child in court and the source for referrals should the child need therapeutic or other related services. The Case Manager attends all hearings and tells the court what kinds of services the child and family needs. The Case Manager prepares most of the reports for the court, including the Judicial Review Report.

**CASE MANAGEMENT TEAM:** While developing and managing the Case Plan, the Case Manager, and in turn the child, family, and foster family, is supported by a team of professionals including supervisors and managers.

**INDEPENDENT LIVING SPECIALIST:** The Independent Living Specialist provides independent living skills training, information and referral services, peer support, employment, housing assistance, benefits assistance, and advocacy.

**FAMILY FINDER LIVING SPECIALIST:** Family Finders use a multi-step process to locate and connect family members to be involved in a child’s life. These steps include discovery, engagement, planning, decision making, evaluation, and follow-up.

**FOSTER CARE**

**FOSTER PARENT(S):** Foster parents are trained and licensed adults who care for youth and must keep them safe until they can return home or live elsewhere. The foster parent’s role includes providing a safe and caring environment for the child, meeting the child’s developmental needs, and working with the rest of the team to
help the child stay connected to their family, culture, and identity. The foster parent must be prepared to work as part of a care team, including the birth parents, to provide the child with normalcy and trauma-sensitive care. The foster parent has the right to and should attend Judicial Review Hearings, the Case Planning conference, and should advocate for the child.

**LICENSING SPECIALIST:** The Licensing Specialist’s role is to be a support for the foster family. Each agency employs Licensing Specialists to work with families in licensing activities. These dedicated staff members are your support system in the licensed care arena. They assist with coordinating for the children in the home with the Case Manager assigned to them as well as ensure that the home is meeting all necessary licensing standards. This is the person that the foster parent can call when they need help.

**PLACEMENT SPECIALIST:** Placement services takes all phone calls of children newly coming into licensed care as well as requests for moves and placement changes within licensed care. They analyze information about the family and child to ensure the needs of the child(ren) are being met and placement stability is secured. Placement services also facilitate placement stability staffings to address children who are at risk of losing their placement.

**COURTS**

**GUARDIAN AD LITEM:** A Guardian ad Litem (GAL) is usually assigned to a child at the time of arraignment, if the court deems one necessary. The GAL works for the child’s best interest in court and is an additional resource for the foster parents, birth parents, and the child. However, they do not provide any case management services or transportation.

**ATTORNEYS:** The Children’s Legal Services (CLS) attorney files the legal paperwork and is responsible for starting the case about the family and child in court. They present all the facts to the court and talk to the court about the best interests of the child. The parent’s attorney provides legal advice and guidance to the parent at every stage of the court process. The child’s attorney (Attorney ad Litem) is appointed by the judge to advocate for the child and represents only the child.
**JUDGE:** The judge decides what is in the best interest of the child and how to keep the child safe. After listening to everyone involved in the case and reading the reports, the judge determines if removal is in the best interest of the child, if the child should be adjudicated, if supervision should be terminated, and if parental rights should be terminated. The judge approves the Case Plan and conducts a judicial review every six months to review the status of the Case Plan until permanency is achieved.

**GENERAL MAGISTRATE:** The judge sometimes refers cases to the general magistrate, a judicial officer who assists the circuit judges by holding hearings and providing recommendations. The judge signs off on the recommendations.

**OTHERS**

**DOCTORS / THERAPISTS:** This role is to help determine the physical and mental health of a child and help improve or maintain that health.

**TEACHERS:** Teachers are an important part of the team. Teachers can help with identifying behavioral and developmental problems. By having open communication with the child’s teacher, the Licensing Specialist can work together to help the child adjust to their new surroundings. If a foster child struggles in school, the teacher is the best person to link the Licensing Specialist to the help that the child needs in a school setting.

**OTHER COMMUNITY RESOURCES:** When preparing a Case Plan and identifying services for the family and the foster family, the Case Manager and Licensing Specialist look to other community resources such as the Florida WIC, churches, classes, etc.

**KEY AGENCIES**

**FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES:** The state agency is responsible for child protection and many services for families and children.

**COURT SYSTEM:** The court system’s job is to oversee the birth parent’s Case Plan and the placement needs of the children. The court system holds hearings with the birth parents to oversee progress on the Case Plan and reunification. The court system
oversees the permanency planning. If reunification is not possible, the court moves towards termination of parental rights (TPR) for the child.

COMMUNITY-BASED CARE AGENCY: A non-profit agency created specifically to perform the duties of the lead agency for community-based care. The lead agency holds the contract for all child protection services previously performed by the Department of Children and Families (DCF). They are responsible for administrative services including financial management, contract oversight, data services, communications, quality assurance, training, and diversion services.

PARTNER AGENCIES: Case management services for children and their families are often performed by a network of local community-based agencies. Many other partner agencies and providers deliver very important services and supports for the families.
<table>
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<th><strong>Activity B: It Takes a Village</strong></th>
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<tbody>
<tr>
<td><strong>Time:</strong> 30 minutes</td>
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<tr>
<td><strong>Purpose:</strong> Use this activity as a way to emphasize how important it is to support partnership and collaboration between foster parents and family and system of care partners. It is important that the Licensing Specialists understand that they must integrate themselves and facilitate the integration of foster parents with these partners. If you have a large group, divide the worksheet among small groups. If you have a small group, have participants work together in one large group.</td>
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<tr>
<td><strong>Resources:</strong></td>
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<tr>
<td>Slide: 2.1.6</td>
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<tr>
<td>• <strong>PG: 5-8, Family and System of Care Partners</strong></td>
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<tr>
<td>• <strong>PG: 9-12, It Takes a Village worksheet</strong></td>
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<tr>
<td><strong>Trainer Note:</strong> Use this activity as a way to integrate Licensing Specialists into the Child Welfare Team and ensure they realize how they important they are on the team.</td>
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<tr>
<td><strong>Trainer Instructions:</strong></td>
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<tr>
<td>• In small or as a large group, instruct participants to use the worksheets to complete this activity.</td>
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<tr>
<td>• Instruct participants to use the Family System of Care Partners worksheet and determine how the foster parent will collaborate with each team member.</td>
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<tr>
<td>• In addition, determine how the Licensing Specialist can support the partnership relationship between foster parents and other partners.</td>
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<tr>
<td>• Use the example on the worksheet to guide participants and have participants independently complete the remaining items.</td>
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<tr>
<td>• Debrief as a large group.</td>
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<tr>
<td><strong>Participant Instructions:</strong></td>
</tr>
<tr>
<td>1. Using the worksheet, determine:</td>
</tr>
<tr>
<td>a. How the foster parent will collaborate with each team member</td>
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</tbody>
</table>
### Licensing Pre-Service Curriculum

**Module 2: Collaboration and Partnership for Children – Trainer Guide**

b. How the Licensing Specialist can support the partnership relationship between foster parents and other partners

2. Be prepared to discuss.

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### Trainer Version

**Child:**

**Collaboration between foster parent and child:**
- Foster parent becomes the caregiver.
- Foster parent can ease trauma.
- Foster parent advocates for the child.
- Foster parent loves and nurtures child.

**Licensing Specialist’s role in supporting this partnership:**
- Check in with foster parents to see how they are adjusting with the child.
- Communicate with the Case Manager on needs the foster parent has identified for the child.
- Work with the Case Manager to ensure the foster parent receives timely responses.
- Provide foster parents with resources that address behaviors and other challenges that are pertinent to each child.
- Keep foster parent informed of community activities that are free or affordable.
- Assist foster parent in supporting normalcy.

**Birth Parent:**

**Collaboration between foster parent and birth parent:**
- Co-parent the child.
- Make mutual decisions about child.
- Communicate about the child’s needs and preferences.
- Discuss child’s history and past experiences.
- Identify the child’s strengths and how to affirm him/her.
- Understand cultural influences in the child’s life.
- Obtain items that would comfort the child or be important to him/her.

**Licensing Specialist’s role in supporting this partnership:**
- Encourage co-parenting and communication.
- Reinforce foster parent’s efforts to collaborate.
- Listen to foster parent’s concerns about birth parents.
- Strategize with foster parents how to alleviate challenges in working with birth parents.
- Discuss birth parents with Case Manager and assist in facilitating a conversation between foster parent and Case Manager.
- Be present when foster parent meets the birth parent.

**Birth Relatives:**

**Collaboration between foster parent and birth relatives:**
- Share family history.
- Ensure there are opportunities for family time.
- Support ongoing communication with the child.
- Encourage attendance at child’s activities.

**Licensing Specialist’s role in supporting this partnership:**
- Assist in securing birth relative contact information.
- Be present for first meetings.
- Acknowledge foster parent’s efforts to collaborate.
- Obtain and share information regarding court ordered restrictions.

**Non-relatives/Supports:**

**Collaboration between foster parents and non-relatives/supports:**
- Share child’s history.
- Ensure there are opportunities for visiting.
- Support ongoing communication with the child.
- Encourage attendance at child’s activities.
- Obtain and share information regarding court ordered restrictions.

**Licensing Specialist’s role in supporting this partnership:**
- Assist in securing contact information.
- Be present for first meetings.
- Acknowledge foster parent’s efforts to collaborate.
- Obtain and share information regarding court ordered restrictions.

**Child Protective Investigator:**

**Collaboration between foster parents and Child Protective Investigator:**
- Discuss initial placement information regarding child.
- Gain understanding of reason for removal.
- Gain understanding of child’s response to trauma and current emotional and physical state.
- Learn about child’s history.
- Obtain information about child’s school, doctors, etc.
- Secure the child’s belongings.
- Obtain information about birth parents and discussing appropriateness of immediate contact.
- Work together to communicate with birth parent after child arrives at the home.
**Licensing Specialist’s role in supporting this partnership:**

- Be aware of placement.
- Obtain information about the child and challenges the foster parent may experience.

**Case Manager:**

**Collaboration between foster parents and Case Manager:**

- Provide input into the development of the child’s Case Plan and other decisions made by the team.
- Work cooperatively in seeking counseling, other professional services, and in preparing and implementing the Case Plan for each child.
- Keep daily documentation on how the child is doing in home, school, and the community.
- Work with families, where permitted by the court, to promote visitation and the safe return of child to their family’s care.
- Share their perspectives with team members and the courts with respect to the best interest of the child in their care.
- Accept the direction and supervision given in caring for the child.
- Maintain awards, legal documents, special recognitions, family photos, and other items that help the child maintain a sense of his/her identity and connections.
- Allowing children and their legal family, including siblings, to communicate by mail and by telephone in accordance with the child's Case Plan and in keeping with the directions of the court.
- Be sensitive to the parent’s input regarding the types of activities in which the child can participate and the parents must be included, when practicable, in the decision making process.
- Seek the assistance of the child’s Case Manager or therapist for behavioral problems.
- Ensure the child has routine medical, vision and dental care.
- Comply with court orders, visitation plans and the Case Plans.
- Maintain the child’s resource record (CRR).
- Address the child’s educational needs and to allow for the continuation of school attendance.

**Licensing Specialist’s role in supporting this partnership:**

- Establish working relationships with Case Managers.
- Attend meetings and staffings with foster parents and Case Managers.
- Offer support to Case Managers regarding foster parents.
- Invite Case Managers to trainings with foster parents.
- Offer positive feedback to foster parents and Case Managers about each other.
- Acknowledge partnership efforts of Case Managers.
- Assist in resolving conflict.
- Engage Case Managers in recruitment and retention.
**Licensing Specialists:**

**Collaboration between foster parents and Independent Living Specialists:**

- Provide children opportunities in the home and through life skills classes and other organized activities to learn and practice skills needed for independent living, such as food preparation, money management, consumer awareness, personal hygiene and appearance, housekeeping and care of personal belongings, accessing health care services, transportation, job seeking, education, study skills, and interpersonal relationship building, or other skills provided for in the child’s independent living skills plan.
- Support the youth’s efforts to learn to drive a car and obtain a learner’s permit and driver’s license as appropriate for his/her age, maturity level, and availability of insurance.
- Assist the child in performing tasks and developing skills that promote his/her independence and the ability to care for themselves.
- Encourage child to assume household chores reasonable for their age and ability, but not to exceed those expected of foster parent’s own children.
- Allow the child to participate in age-appropriate activities at home, in school, and in the community.
- Help the child to acquire life and social skills consistent with their age and maturity level.
- Provide the child with opportunities for normal growth and development.
- Promote and encouraging the child’s educational progress, and ensure that the child completes assignments and homework.
- Provide opportunities to develop interests and skills through participation in school and community activities.
- Encourage and supporting the child in making new friends and maintaining past friends who have had a positive relationship with the child.
- Encourage youth over the age of 15 to have part-time employment or volunteer experience as a part of the life management learning process.

**Licensing Specialist’s role in supporting this partnership:**

- Establish working relationships with Independent Living Specialists.
- Attend independent living events to become familiar with the program.
- Offer support to Independent Living Specialists regarding foster parents.
- Invite Independent Living Specialists to trainings with foster parents.
- Offer positive feedback to foster parents and Independent Living Specialists about each other.
- Acknowledge partnership efforts.
- Assist in resolving conflict.
- Engage Independent Living Specialists in recruitment and retention that targets older youth.
**Adoption Specialist:**

**Collaboration between foster parents and Adoption Specialist:**
- Advocate for and support the child in order to minimize trauma to the greatest degree possible, including trauma stemming from the transition from and to their home and other placements.
- Help children in their care maintain a sense of their past and a record of their present.
- Keep an inventory of all belongings the child brought to the home as well as those purchased or subsequently obtained for the child. When the child leaves the family home the licensed out-of-home caregiver must send with the child all serviceable clothing and personal belongings bought for, earned or given to the child.
- Advocate for the child’s best interests.
- Prepare the child to leave their family in accordance with the Case Plan goal.
- Work in collaboration with Case Manager to have “preparation for adoption discussions” with the child to help him/her be more willing and capable of developing a relationship with a new family. These discussions should be undertaken with permission and support from Case Manager.
- Prepare a life-book with/for the child.
- Participate in and support the placement process.
- Assist in the preparation of the child study, if solicited by the Case Manager.

**Licensing Specialist’s role in supporting this partnership:**
- Establish working relationships with Adoption Specialists.
- Attend meetings and staffings with foster parents and Adoption Specialists.
- Offer support to Adoption Specialists regarding foster parents.
- Invite Adoption Specialists to trainings with foster parents.
- Offer positive feedback to foster parents and Adoption Specialists about each other.
- Acknowledge partnership efforts of Case Managers.
- Assist in resolving conflict.
- Engage Adoption Specialists in recruitment and retention.
- Co-train parent preparation classes with Adoption Specialists.
- Co-host recruitment events.

**Other Foster Parents:**

**Collaboration between foster parents and other foster parents:**
- Share information and resources.
- Share contacts and networks.
- Partner to take turns babysitting.
- Attend events together.
- Talk about successes and challenges.
- Share parenting advice and support.
- Share strategies in navigating the Child Welfare System.

**Licensing Specialist's role in supporting this partnership:**
- Encourage partnership.
- Support advocacy.
- Attend foster parent meetings.
- Support requests for training and parent development.
- Share success stories.
- Offer encouragement.
- Assist in locating meeting space and storage areas.

**Collaboration between foster parents and Guardian ad Litem:**
- Share information about the child.
- Discuss the child’s preferences.
- Discuss behaviors of child.
- Support the relationship between the child and Guardian ad Litem.
- Welcome the Guardian ad Litem into the home.
- Make it convenient for the Guardian ad Litem to spend time with the child.

**Licensing Specialist's role in supporting this partnership:**
- Attend meetings and staffings with foster parents and Guardian ad Litem.
- Invite Guardian ad Litem to trainings with foster parents.
- Offer positive feedback to foster parents and Guardian ad Litem about each other.
- Acknowledge partnership efforts.
- Assist in resolving conflict.

**Collaboration between foster parents and Children’s Legal Services (CLS) Attorney:**
- Communicate about legal notices.
- Attend staffings.
- Attend court.
- Provide feedback regarding Case Plan outcomes, tasks, and progress.
- Advocacy for the child.

**Licensing Specialist's role in supporting this partnership:**
- Establish working relationships with CLS attorneys.
- Attend meetings and staffings.
- Invite CLS to trainings with foster parents.
- Acknowledge partnership efforts of CLS.
- Assist in resolving conflict.
- Engage CLS in recruitment and retention.
Collaboration between foster parents and judge:
- Attend court.
- Share strengths, challenges, and current status of the child.
- Share reports and documentation from other professionals.

Licensing Specialist’s role in supporting this partnership:
- Offer to attend court with the foster parent occasionally.
- Encourage foster parent to speak up in court and advocate for them.

Collaboration between foster parents and doctor/therapist:
- Attend appointments.
- Keep records of all treatments and medications.
- Discuss interventions for each child.

Licensing Specialist’s role in supporting this partnership:
- Ensure that foster parents have information.
- Provide forms needed for documentation.

Teacher:
Collaboration between foster parents and teacher:
- Attend parent-teacher conference.
- Discuss child’s progress.
- Collaborate on interventions to redirect challenging behaviors.

Licensing Specialist’s role in supporting this partnership:
- Reinforce the importance of parents attending visits.

Activity STOP
Trainer Note: Emphasize that one of the ways foster and adoptive parents feel supported is by forming partnerships with organizations that are designed to meet their needs. In many areas around the state and country, there are local foster/adoptive parent associations and networks.

These organizations may have distinct names in each local area, so Licensing Specialists are encouraged to partner with these organizations and lend support and resources to assist them in their efforts.

The Florida State Foster/Adoptive Parent Association (FSFAPA)

The Florida State Foster/Adoptive Parent Association (FSFAPA) is a statewide membership group for all foster, adoptive, relative, and non-relative caregivers in Florida.

The vision of the FSFAPA is, “A state where children thrive and caregivers are fully empowered and recognized as expert partners in fostering healthy families”.

The goals of the FSFAPA are to:
- Foster a spirit of cooperation and teamwork among all entities involved with child welfare.
- Promote quality education and training for families with the system's children, both prior to placement and as continuing education.
- Advocate improved funding of human services for the benefit of all of Florida's most vulnerable citizens.
- Advocate for legislative changes for protection and welfare of Florida's children at the local, state, and national levels.
- Educate foster parents regarding the needs of children by making them more effective advocates at all levels.
- Increase community awareness, support, and participation in foster and adoption.
- Provide a forum for dialogue and communication among parents, the Department, agencies, and other interested persons via newsletter, meetings, and website.
- Educate foster parents regarding the risks of foster parenting and the steps they can take to reduce those risks.
- Educate adoptive parents about issues affecting children, promote realistic expectations of the needs and behaviors of
children being adopted, advocate support services for adoptive families to reduce stress, strengthen the family unit, and reduce or eliminate adoption disruption.

- Explain the association’s purpose and mission as well as services and resources.

**Trainer Note:** The following topic will be discussed in greater detail in the next unit.

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**Foster Allegation Support Team (F.A.S.T.)**

The goal of the Foster Allegation Support Team (F.A.S.T.) is to provide support to the foster parents when allegations have been, or might be, brought against them.

F.A.S.T. provides support without judgment and in an environment which is as nondestructive as possible for the foster parents and their families.

F.A.S.T. encourages foster parents to engage in the following:

- Call the F.A.S.T. hotline for immediate support.
- Keep good records.
- Insist on giving full input into the investigations.
- Begin a dated, written journal of events and communications.
- Request assistance from the department, your Licensing Support Staff, or the Case Manager in explaining to the children what is happening and why.
- Maintain a sense of professionalism and partnership as foster parents.
- Cooperate with the investigation.

**Trainer Note:** Emphasize that a successful partnership with the foster parent is key to being able to provide ongoing support to that foster parent. Share with the class that next they will explore how an effective professional partnership looks. As we know, partnerships can thrive or fail.
The Licensing Specialist and Foster Parent: A Partnership

Research shows that most successful partnerships:

- Grow out of commonly perceived needs, address those needs, and seek to serve and yield benefits beyond the partners themselves. Commonly perceived needs involve strengthening families. The Licensing Specialist cares and wants to make a difference in the lives of children and their families.

- Include partners who understand the mission and anticipated outcomes. The Licensing Specialist serves the vulnerable children and families of the community. By understanding and embracing the overarching outcomes of safety, permanency, and well-being and respecting that reunification is the ultimate goal for families, the Licensing Specialist can be on the same page.

- Are supported by leadership, including allocated resources, proper guidance, and empowerment of partners. For example, by respecting the ability of foster parents to use proper judgment when parenting foster children and by allowing foster parents to truly treat the foster child as their own child, thereby creating a sense of normalcy for the child, leadership is helping to pave the way towards successful outcomes for this child.

- Clearly define roles and responsibilities. The Department of Children and Families provides the guidance, laws, policies, and procedures to follow. The Partnership Plan provides commitments.

- Build off the skills, strengths, and resources of partners. The concept, "It takes a village to raise a child," couldn't be more accurate to describe how a child welfare partnership is formed. Child welfare is very complicated. Each person involved brings something to the table. Foster parents see the child on a daily basis, so the team must rely on them to provide guidance, support, and nurturing to the child, as well as act as a mentor to the child's family.

- Include partners who respect and value the contributions, strengths, and skills of the other partners. This includes talking
positively about other partners when conflicts arise, and resolving them in an appropriate manner without blaming. This is critical. It is necessary to remember that everyone in this is for the child and looks to the ultimate goals. Differences of opinion certainly arise and can be dealt with in a professional and respectful manner. By respecting the contributions, strengths, and skills of the birth parents, it is possible to build relationship, help the family build on their strengths, and model this behavior for the child and family. If a child sees that everyone is all working together, and involving him/her in the decision-making, he/she will feel less divided loyalty and less conflict and his/her road to healing will be a little easier to navigate.

- Include effective communication systems and open lines of communication. Communication is important for so many aspects in what we do. There are so many people involved in this child's life and so many requirements to meet, an effective communication system is essential to success. In addition to using your common sense to determine if support is needed, there are policies that dictate when notifications must be made. For example, a foster parent must notify the Case Manager if the child needs emergency medical care. Also, foster parents or the Case Manager should share information and always plan to transition children from one placement to another. Additionally, effective communication should be established with the birth parents so that connections between the child and family are maintained and supported. Everyone must be aware that different communication styles exist; resist the urge to assume others understand and always be clear and concise when communicating with others.

The Partnership Plan

- The Partnership Plan defines the framework, relationships, work culture and communication needed to build a village around the child. Regardless of a person’s role within the partnership, the focus is commitment to children and advocacy for children.

- Foster parents are the focal point of partnerships because they have opened up their homes and hearts to children and their commitment is critical in ensuring success. Child Protective Investigators, Case Managers, Licensing Specialists, courts,
Guardian ad Litem, legal professionals, birth parents, and other community partners complete the village. Every partner is vital. Every role is vital.

- The Partnership Plan is a set of value statements defining what quality parenting is, but within the context of a true professional partnership that everyone shares.

- The primary goal is that children get the effective parenting they need and that birth parents get the support they need in order to reunify with their children successfully.

- The key element of the plan is that everyone in the system is an equal, but different partner in this effort and shares a common goal. The plan helps everyone understand what their roles are and assess their performance.

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**Show Time**

**(38 minutes) – Video Review (1 hour)**

*Slide: 2.1.11*

**PG: 16**

**Trainer Note:** Explain that you will be showing a video in multiple segments. Each segment has a corresponding video viewing guide.

Refer participants to **PG: 16, The Partnership Plan for Children in Out-of-Home Care Video Viewing Guide.** Show the Partnership Plan for Children in Out-of-Home Care Module 1 video ([http://centervideo.forest.usf.edu/qpi/pship/Pship.html](http://centervideo.forest.usf.edu/qpi/pship/Pship.html)) from the beginning up until 14:20 when you see the screen that says “How Respectful Partners Interact”. Stop the video at this point.
Refer to the video viewing guide and discuss the video and answer any questions.

Instruct participants to turn to PG: 17-19, Partnership Plan for Children in Out-of-Home Care and use it to cover this section of the course. Give participants ten minutes to read the plan to themselves.
Partnership Plan for Children in Out-of-Home Care

All of us are responsible for the well being of children in the custody of the Department of Children and Families (DCF). The children’s caregivers along with the Florida Department of Children and Families, community-based care (CBC) organizations, their subcontractors and staffs of these agencies undertake this responsibility in partnership, aware that none of us can succeed by ourselves.

Children need normal childhoods as well as loving and skillful parenting which honors their loyalty to their biological family. The purpose of this document is to articulate a common understanding of the values, principles and relationships necessary to fulfill this responsibility. The following commitments are embraced by all of us. This document in no way substitutes for or waives statutes or rule; however we will attempt to apply these laws and regulations in a manner consistent with these commitments.

1. To ensure that the care we give our children supports their healthy development and gives them the best possible opportunity for success, caregivers and DCF, CBC and agency staff will work together in a respectful partnership.

2. All members of this partnership will behave professionally, will share all relevant information promptly, and will respect the confidentiality of all information related to the child and his or her family.

3. Caregivers, the family, DCF, CBC and agency staff will participate in developing the plan for the child and family, and all members of the team will work together to implement this plan. This includes caregiver participation in all team meetings or court hearings related to the child’s care and future plans. DCF, CBC and agency staff will support and facilitate caregiver participation through timely notification, an inclusive process and providing alternative methods for participation for caregivers who cannot be physically present.

4. Excellent parenting is a reasonable expectation of caregivers. Caregivers will provide and DCF, CBC and agency staff will support excellent parenting. This requires 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, awareness of the impact of trauma on behavior, equal participation of the child in family life, involvement of the child with the community and a commitment to enable the child to lead a normal life.
5. Children will be placed only with caregivers who have the ability and are willing to accept responsibility for the care of a child in light of the child’s culture, religion and ethnicity, special physical or psychological needs, unique situation including sexual orientation and family relationships. DCF, CBC and agency staff will provide caregivers with all available information to assist them in determining whether they are able to appropriately care for a child. Caregivers must be willing and able to learn about and be respectful of the child’s religion, culture and ethnicity, and any special circumstances affecting the child’s care. DCF, CBC and agency staff will assist them in gaining the support, training and skills necessary for the care of the child.

6. Caregivers will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from home, to meet these children’s special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.

7. DCF, CBC and agency staff will provide caregivers with the services and support they need to enable them to provide quality care for the child.

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

9. If a child must leave the caregiver’s home for one of these reasons and in the absence of an unforeseeable emergency, the transition will be accomplished according to a plan which involves cooperation and sharing of information among 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 and, if possible, for continued contact with the caregiver after the child leaves.

10. When the plan for the child includes reunification, caregivers and agency staff will work together to assist the biological parents in improving their ability to care for and protect their children and to provide continuity for the child.

11. Caregivers will respect and support the child’s ties to his or her biological family (parents, siblings and extended family members) and will assist the child in visitation and other forms of communication. DCF, CBC and agency staff will provide caregivers with the information, guidance, training and support necessary for fulfilling this responsibility.
12. Caregivers will work in partnership with DCF, CBC and agency staff to obtain and maintain records that are important to the child’s well being including child resource records, medical records, school records, photographs, and records of special events and achievements.

13. Caregivers will effectively advocate for children in their care with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. DCF, CBC and agency staff will support them in doing so and will not retaliate against them as a result of this advocacy.

14. Caregivers will participate fully in the child’s medical, psychological and dental care as they would for their biological child. Agency staff will support and facilitate this participation. Caregivers, DCF, CBC and agency staff will share information with each other about the child’s health and well being.

15. Caregivers will support the child’s school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child’s participation in extra-curricular activities. Agency staff will facilitate this participation and will be kept informed of the child’s progress and needs.

________________________________________
Signature of Out-of-Home Caregiver

________________________________________
Signature of Representative of Supervising Agency

{Signatures are requirements of F.A.C. 65C-13.030 (1)(e)}
Based on this reading, what is the ultimate goal of the partnership and who is included in the responsibility of this partnership?

**Endorse:**

- The ultimate goal of the partnership is to protect the safety, permanency, and well-being of the children in custody.
- The children’s caregivers along with the Florida Department of Children and Families, lead community-based care (CBC) organizations, their subcontractors, and staff of these agencies undertake this responsibility in partnership.

**The Partnership Plan Commitments**

To simplify the Partnership Plan, it has been divided into four main categories. Each category reflects specific commitments on the Partnership Plan.

1. Respecting Partners addresses Commitments 1-3
2. Nurturing Children addresses Commitments 4-9
3. Supporting Families and Permanent Connections addresses Commitments 10-12
4. Working with the Community addresses Commitments 13-15

**Trainer Note:** Explain that the next four video segments highlight the Partnership Plan categories. You will show each segment one at a time followed by a large group discussion.

*Show Segment I (14:21-18:59)*
What key points were valuable to you regarding being a respectful partner by showing professional behavior?

Endorse:
1. Respecting Partners (Commitments 1-3):
   • Respectful partners give children the best possible opportunity for success.
   • Respectful partners behave professionally, share information promptly, and respect confidentiality.
   • Everyone participates in developing and implementing a child’s plan.
   • All team members support and facilitate caregiver participation.
   • Everyone on the team will work together to obtain and maintain records that are important to the child.

Trainer Note: Explain that the next video clip will recap the first category and present the second category on Nurturing Children.

Show Segment II (19:00-29:02)

What key points were valuable to you regarding Nurturing Children?

Endorse:
2. Nurturing Children (Commitments 4-9):
   • The first responsibility of foster families is to provide excellent nurturing for children in their care. This includes the ability to advocate for children and support their strengths.
   • Excellent caregiving is a reasonable expectation of caregivers.
   • All team members need to support excellent parenting.
   • Children should only be placed with caregivers who are able and willing to be excellent parents.
   • Caregivers will have access to and should take advantage of all training they need.
   • Caregivers receive the services and support they need from agency staff.
Other than reunification, legal requirements, or planned permanent placement, a child will only be removed from a caregiver for extreme circumstances. Any child’s transition will be accomplished according to the plan.

**Trainer Note:** Explain that the next video clip will recap the second category and present the third category on Supporting Families and Permanent Connections.

Show Segment III (29:02-37:37)

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**What key points were valuable to you regarding Supporting Families and Permanent Connections?**

**Endorse:**

3. Supporting Families and Permanent Connections (Commitments 10-12):
   - Foster parents must support a child’s ties to his/her birth family.
   - Foster parents can be the most effective teachers and mentors for birth parents.
   - If a child cannot return to their birth family, the foster parent is key to helping the child successfully become part of a new family.
   - It is the responsibility of everyone in the system to support these efforts towards permanency.
   - When the plan for a child is reunification, agency staff and foster parents will work together with birth parents to improve their ability to care for and protect their child.
   - Foster parents will respect and support their child’s ties to their birth family.

**Trainer Note:** Explain that the next video clip will recap the third category and present the fourth category on Working with the Community.

Show Segment IV (37:38-end of video)
What key points were valuable to you regarding Working with the Community?

Endorse:

4. Working with the Community (Commitments 13-15):
   - The foster parent is a critical bridge between the child and the community including medical care and education. It is the responsibility of all the team members to prepare foster parents for this role and to help them in accomplishing it.
   - The foster parent must advocate for the children in their care with the Child Welfare System, school, court, health care providers, and all other community agencies. Agency staff and all team members will support foster parents with this advocacy.
   - The foster parents must fully participate in a child’s care as they would for their own biological child. Agency staff and all team members will support foster parents with this participation.
   - The foster parent must support the child’s total school experience and success through active participation.

Trainer Note: Transition to the next activity by expressing that they will now have an opportunity to focus on their role as Licensing Specialists regarding the 15 Partnership Commitments.
### Activity C: Honoring Our Commitments

| Time: | 20 minutes |
| Purpose: | Use this activity as a way to integrate the Licensing Specialist into the Child Welfare Team and ensure they realize how important they are on the team. |
| Materials: | - PG: 22-23, Honoring Our Commitments worksheet  
  - PG: 17-19, Partnership Plan for Children in Out-of-Home Care |
| Trainer Instructions: | - Instruct participants to use the worksheet to take notes.  
  - Instruct participants to use the Partnership Plan for Children in Out-of-Home Care to determine how Licensing Specialists will demonstrate each commitment.  
    - One example is provided on the worksheet.  
    - Debrief as a large group. |
| Participant Instructions: | 1. Using your worksheet and the Partnership Plan for Children in Out-of-Home Care, determine how the Licensing Specialist will demonstrate commitment.  
  2. Be prepared to discuss. |

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**Trainer Version**

**How Respectful Partners Interact:**
- Respond timely
- Collaboration
- Good communication by listening and returning phone calls
- Sharing information while maintaining confidentiality and respecting privacy
- Transparency between agencies
- How they speak to each other
- Respect time
- Respect what everyone does
- Respect other viewpoints
• Address conflict in a timely manner
• Respond to each other timely and keeping each other in the loop if there are delays

**Demonstrate Professional Behavior:**
- Respect team member’s time
- Prepare for meetings
- Communicate professionally
- Maintain professional demeanor
- Greet team members cordially
- Follow-up on all commitments
- Commit to learning and developing professionally
- Demonstrate active listening skills

**Participate in Plan Development:**
- Involve families in plan development because they know their strengths and needs and what works best for them. They should own the plan.
- Attend all meetings that impact the foster family
- Advocate for the family
- Consider the family’s strengths and challenges in making plan decisions

**Excellent Parenting:**
- Create and maintaining safety
- Provide as normal a life as possible
- Support children’s efforts and strengths
- Involve child with the community and exposing them to a variety of opportunities to flourish
- Love and encourage the child
- Treat the child as a part of the family as a full participant
- Pay attention to the trauma
- Relentless parenting by loving unconditionally regardless of behaviors
- Adjust around a child
- Ensure that they take a look at the entire child and what their needs are
- Being sensitive to the child’s background, culture, religion, ethnicity, and language
- Pay attention to special circumstances that affect the child
- Take into account strengths to make sure it is a good match

**Placement with Caregivers Who Honor Child’s Culture, Religion, Ethnicity and Unique Needs:**
- Support caregivers in getting accurate information about children
- Create opportunities to discuss the child’s culture, religion, ethnicity, and unique needs with caregivers
• Create networks to assist caregivers in meeting the child’s needs
• Offer resources to inform caregivers about differences

Training for Excellent Parenting:
• Trauma informed care, knowing how trauma affects children, and understanding how to incorporate it into working with the child and family
• Understand child behavior and how trauma affects it
• Know how to help heal the child from trauma
• Information about the resources available for the children in care
• Effects of sibling separation
• How to meet the needs of the child
• How to navigate the system of care and the judicial system
• How to work effectively with the child welfare agency, the community, the school, and the court
• Other systems such as domestic violence, drug court and substance abuse programs

Supporting Family and Caregivers:
• Pool of people to count on to support
• Support groups
• Support from case management agencies
• Provide information about the child as timely as possible
• Someone to reach out to so they never feel like they are in a position to make a decision on their own
• Communication between all parties
• Ensure they are part of the entire process
• Knowing the times for meetings and hearings
• Provide alternative means of communication
• Provide enough time so they can participate
• Provide their input and address their concerns throughout the entire process
• Tell the foster parent what is going on with the child and what would best help the child
• Make the foster parent aware of every event that is going on in the child’s life
• Conveying information as things happen
• Ensure foster parents are aware of all court dates
• Listen to what foster parents say
• Ask foster parents for thoughts and input

Training and Supports for Excellent Parenting:
• Trauma informed care, knowing how trauma affects children, and understanding how to incorporate it into working with the child and family
• Understand child behavior and how trauma affects it
• Know how to help heal the child from trauma
• Information about the resources available for the children in care
• Effects of sibling separation
• How to meet the needs of the child
• How to navigate the system of care and the judicial system
• How to work effectively with the child welfare agency, the community, the school, and the court
• Other systems such as domestic violence, drug court, and substance abuse programs.
• Pool of people to count on to support
• Support groups
• Support from case management agencies
• Provide information about the child as timely as possible
• Someone to reach out to so they never feel like they are in a position to make a decision on their own
• Communication between all parties

**The Importance of a Child’s Stability:**
• Important for a child only to be removed under extreme circumstances because it is such a traumatic event for the child
• Once in a foster home, it is critical that they remain there to lessen any further traumatic events in their lives
• Children need a place to come home where they feel safe and not have the added worry about leaving
• The child should not be removed multiple times
• The decision to change a child’s placement should only be done as a last resort
• Provide services to stabilize and maintain the placement
• A foster parent needs to do everything they can to keep a child from leaving their home (unless reunified or moved to permanent placement)
• A child needs to know that a caregiver is fully committed to them and their care, no matter what their behaviors may be

**The Importance of Transition Plans:**
• Information about the child shared between caregivers
• A child has established a bond with the foster parents and will need to establish a bond with their new placement
• Transition slowly and progressively to adjust
• Important for the child to know that there is a bridge that they can cross back over in a time of need
• Help to see that the adults in his/her life are working together
• Set the expectations for the child about the new home to help take away some of the fear
• Showing pictures of the house and family and where they will go

**Birth Families and Reunification:**
• Important for everyone to work together to assist the birth parent in learning how to properly care for the child
• Co-parenting relationship
• Open communication
• Allowing contact, preparing the child, and talking about the parents in a positive manner to help the child feel that it is okay to go back home
• Mentoring to help improve parenting skills through the reunification process
• Many birth parents have not had support systems. It is the Licensing Specialist’s responsibility to get those support systems in place for them.

**Supporting Visitation and Birth Family Relationships:**
• Remember that the child is watching the interactions between foster parents and birth parents. It impacts the child.
• Agency staff should be a support and guidance. They can help build the relationship and step in when there are roadblocks to communication. Be there when needed.
• Training on how to interact with birth parents, what types of questions to ask, and how to supervise visitations
• Agency staff can help by having an introductory meeting between foster parents and birth parents
• Encouraging parents to invite birth parents to functions to attend together so the child can see them work together as a team
• Agency staff can help by providing as much information as is possible on birth family such as safety, best way to communicate cultural differences
• Transparency given to both foster parents and birth parents so that everyone can understand the goals and issues with the child
• No secrets

**Maintaining Information Important to a Child:**
• Keeping things about the child’s history, such as mementos, first tooth loss, school projects, grades, achievements, and special things that happened in life while in home
• Medical records
• Mental health records
• School records
• Photographs
• Things that are going on in court
• Securing information regarding court proceedings
• Strengths and needs of the child
• Retaining the child’s history in a centralized record in the home
• Children need a record of where they have been, who they have been with, and what they have accomplished during their time in care

Caregiver’s Advocacy for Children:
• Advocating for the child just like you would for your own child
• Advocating in court by attending all of their hearings and sharing input
• Advocating in the school system. Making sure they are getting their educational needs met. Making sure their behaviors are understood. Help them succeed. Every move they make sets them back in their education.
• Advocating in the community
• Advocating in the agency
• Prioritizing the child’s needs
• Advocating for the child

Caregiver’s Full Participation:
• Transporting the child to appointments, such as medical, dental, and counseling
• Working with the child to make sure their medical, dental and psychological needs are being met
• Accepting the child into the home as if he or she is their own. Including child in household chores, family vacations, and any family outings.
• Participating in all aspects of the child’s life. We are parents. We are their biggest cheerleaders. There is nothing we should not be involved in.

Supporting a Child’s School Success:
• Encouraging the child to stay in school, finish school, and do well in school
• Taking the child places that will encourage them to think about their future job or education
• Attending conferences, staffings, and Individual Educational Plan (IEP) meetings
• Encouraging them to participate in extra-curricular activities
• Transporting the child tutoring
• Meeting with teachers
• Reading with the child
• Making sure the child is doing his/her homework
• Taking the child to different places. Helping them to experience this world that we live in

Activity STOP
Building Relationships

The Licensing Specialist and Foster Parent

- In order for the Partnership Plan to work effectively, the Licensing Specialist must prioritize the relationship with two primary team members: foster parents and Dependency Case Managers.

- The foster parent-Licensing Specialist relationship begins during the first communication and then must continue beyond the licensing process so that foster parents view the Licensing Specialist as their primary support on the team.

The Licensing Specialist and Dependency Case Manager

The relationship between Dependency Case Managers and Licensing Specialists is critical to maintaining excellent foster parents and ensuring the needs of every child is met. The Licensing Specialist must assume responsibility for nurturing this relationship.

How would the Licensing Specialist’s investment in building a collaborative relationship with dependency Case Managers benefit foster home licensing?

Endorse:

- Together they could prevent disruptions
- Shared knowledge about available resources
- Case Managers would be more inclined to support recruitment
- Licensing Specialists may be able to obtain feedback about foster parent strengths and needs
- Foster parents see partnership modeled
Communication: Practice Principles

It is not that conflict exists, but how the Licensing Specialist deal with conflict, that makes the difference in positive outcome and negative ones. Conflict is intrinsic to working together. As professionals work to create stronger teams to support children and families, there is even more opportunity for collaboration and, with that opportunity comes increased opportunity for misunderstandings, differences of opinion, and conflict.

How Licensing Specialists approach any situation can mean the difference between turning a difficult conversation into cooperation or into full-blown conflict. If Licensing Specialists can appropriately engage foster parents or other team members in a potentially difficult conversation, they can pave the way for success. It is important to foster an environment of open dialogue and mutual respect.

Practice the principals of:

Mutual Respect
- Listen
- Compliment
- Recognize participation and busy schedules
- Acknowledge

Positive Practice
- Share positive experiences
- Share comments in a positive way
- Identify positives as well as negatives
- Create an environment where everyone feels comfortable to ask for help and bring forward ideas
- Support the ideas of others

Solving Problems without Assigning Blame
- Not blow a problem situation out of proportion
- Find specific solutions
- Work together to create mutual solutions
- Utilize the Partnership Plan to facilitate a positive outcome
- Recognize efforts and challenges without blame
Communication: Difficult Conversations

Some things Licensing Specialists can do to foster these practice principals and further the goals of the Partnership Plan during potentially difficult conversations include:

- Be aware of their own reactions and biases: How do they react under stress? How well do they engage in productive dialogue? What are their deeply held beliefs about how children are cared for or work ethic?

- Create a safe place where risks can be taken: People tend to be reactive if they feel they are not respected, confronted, and/or are unprepared. Use positive language and recognize strengths.

- Find or create common ground to solve problems: Determine and clearly communicate what both parties need.

- Keep an eye on their motive: Their goal is to foster change and positive practice, not to blame. They need to know what they want to achieve and what they want to avoid from the conversation. Don’t just drop a bomb when they get fed up, but actually prepare for the conversation.

- Listen to understand: Use effective listening skills, such as eye contact, expressing empathy, not interrupting, non-verbal expressions, and asking questions.

- Speak to be heard: They want the other person to understand and work towards acceptance of their motive. To do this their must speak persuasively, not abrasively, separate facts from emotions, clearly identify and express what is meant, foster a team approach, and make clear decisions and commitments.
Communication: Partnership Conflicts

Any job working with people involves the joys of human connection and also the challenges of being human and working with people. In all lines of work there is conflict. Conflict can be particularly difficult to navigate in social work for two reasons:

- The issues being dealt with are very personal. Often difficult situations become highly emotional because the difficulties may impact a person’s sense of competence as a parent and as a person.
- The very seriousness of this work. Working in the field of child welfare is, literally, sometimes a life or death set of tasks. People have strong beliefs about children, safety, and family.

Conflict can bring about emotional responses, fear and anxiety, differing opinions, disagreement of goals, incompatible beliefs, and clashing demands.

What do you think are the most difficult conflicts faced in our partnership for children in out-of-home care?

Endorse:

Participants should identify conflicts that can arise in out-of-home care that include, but are not limited to:

- Transportation
- Permanency
- Visitation
- Removal from biological home
- Disagreement about what is best for the child
- Triangulation between parties
- Openly hostile birth parent
- Services (follow-through, choices, and resources)
- Court ordering removal from foster home immediately
- Unrealistic expectations about my time available or tells me I am not doing my job correctly
- Personal values and ethics may conflict with professional values and ethics
Show Time (6 minutes) – Video Review (5 minutes)

Slide: 2.1.19

Showtime - Video Review

http://centervideo.forest.usf.edu/qpi/pship02/pship02.html

PG: 26

Explain that you will be showing a video in multiple segments. Each segment is addressed in the video viewing guide. Refer participants to their Participant Guide.

Show the Partnership Plan for Children in Out-of-Home Care: Training Module 2 video (http://centervideo.forest.usf.edu/qpi/pship02/pship02.html) from 3:45-9:48. The first video features a foster parent review of CPI through Licensing Specialist.

How did the partners practice the principals of mutual respect, positive practice, and solving problems rather than assigning blame?

Endorse:

- Listening to the details of the experience.
- Identifying positives as well as negatives. For example, although the CPI was running late she called. The foster parent recognized that it caused her some concern, but the call made her feel more at ease. The CPI acknowledged the concern as well as the foster parent’s flexibility in understanding the CPI’s busy schedule.
- Instead of looking at the problems only, she is looking for solutions. For example, although she did not receive a complete resource record on the child, the Licensing Specialist thanked her for being pro-active about the paperwork and let her know that she would help and the foster parent offered to help expedite it if possible.
**Activity D: Interviewing the Foster Parent for CPI Partnership**

<table>
<thead>
<tr>
<th>Time:</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>To provide an opportunity for participants to practice their interviewing skills.</td>
</tr>
<tr>
<td>Materials:</td>
<td>• <strong>PG: 28-34, Licensing Specialist Role Card and Foster Parent Role Card</strong></td>
</tr>
<tr>
<td>Slide: 2.1.20</td>
<td>• After the video, pair up each participant and refer them to the Licensing Specialist Role Card and Foster Parent Role Card.</td>
</tr>
<tr>
<td>Trainer</td>
<td>• Each pair will take turns playing the role of the Licensing Specialist and foster parent and conduct the interview keeping in mind the interviewing guidelines they learned in Pre-service training.</td>
</tr>
<tr>
<td>Instructions:</td>
<td>• Each person has five minutes to conduct their interview which would be a total of ten minutes for the activity.</td>
</tr>
<tr>
<td></td>
<td>• Encourage participants to do his/her best to stay in their roles and seriously practice the interview.</td>
</tr>
<tr>
<td></td>
<td>• Following each interview, the person playing the role of the foster parent will provide feedback on strengths and challenges of the interview approach demonstrated by the Licensing Specialist. Remind participants to be respectful as they share feedback.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant Instructions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Watch the video.</td>
</tr>
<tr>
<td>2. With your partner, practice role-playing both the Licensing Specialist Role Card and the Foster Parent Role Card.</td>
</tr>
<tr>
<td>3. After each interview, provide feedback to your partner on their strengths and challenges of the interviews.</td>
</tr>
</tbody>
</table>

**Licensing Specialist Role Card:**

Your goal is to conduct an interview with the foster parent following placement of a child in his/her home. This is the foster parent’s first placement. You will need to identify what went well during the placement process as well as determine if there were challenges. Also, you will want to inquire about how the parent and child are adjusting.
**Foster Parent Role Card:**
Yesterday you received the first placement of a six-year-old child into your home. You are feeling very nervous about the process and you have called the CPI for more information, but they seemed busy and did not have a lot of information. You need to know more about the medications the child came with because the child is resistant to taking it. The child did not sleep well and you woke up to his/her crying for their mom. The CPI was nice, however they were rushed, and you have additional questions.

**Activity STOP**
Although the roles, strengths, and needs of the Licensing Specialist may be different from others on the team, there is one common focus that everyone should have: the child.

**Show Time (3 minutes) – Video Review (5 minutes)**

*Slide: 2.1.21*

**PG:*

*Show The Partnership Plan for Children in Out-of-Home Care: Training Module 2 video ([http://centervideo.forest.usf.edu/qpi/pship02/pship02.html](http://centervideo.forest.usf.edu/qpi/pship02/pship02.html)) from 9:48-12:49. The second video features a CPI review of a foster parent through the Licensing Specialist.*

*How did the partners practice the principals of mutual respect, positive practice, and solving problems rather than assigning blame?***

**Endorse:**

- Identifying positives as well as negatives. For example, the CPI mentioned that the child felt comfortable and was given a tour of the home and the Licensing Specialist mentioned that although she was running late, the foster parent appreciated the phone call and how well the child was prepared with information about the home and family.
- Instead of looking at the problems only, she is looking for solutions. For example, the CPI plans on getting the resource record to the foster parent as soon as possible and the Licensing Specialist mentioned that perhaps the CPI could email the court order so that the foster parent can enroll the child in school. The CPI also mentioned that there were three other children in the home and that it was busy,
which might create stress for the child. The Licensing Specialist suggested that perhaps the foster parent may be a little overwhelmed and that they might provide some services in the home. The CPI said she could complete a daycare referral to help relieve some of the stresses.

- Working together to improve practice.

### Show Time (6 minutes) – Video Review (5 minutes)

**Slide: 2.1.21**

![Showtime - The Partnership Plan for Children in Out-of-Home Care](http://centervideo.forest.usf.edu/qpi/pship02/pship02.html)

**PG:**

Show *The Partnership Plan for Children in Out-of-Home Care*: Training Module 2 video ([http://centervideo.forest.usf.edu/qpi/pship02/pship02.html](http://centervideo.forest.usf.edu/qpi/pship02/pship02.html)) from 12:49-18:05. The third video features a Case Manager and foster parents.

Following the video use the questions and responses to debrief.

**Scenario 3 - Case Manager and foster parents**

**How did the partners practice the principals of mutual respect, positive practice, and solving problems rather than assigning blame?**

**Endorse:**

- Identifying positives as well as negatives. For example, the Case Manager said the child looks like he is doing really well and proud of his report card.
- Solving problems rather than assigning blame. For example, the Case Manager acknowledged the foster parents for being more involved in the child’s education and he is showing great signs of improvement. The foster parents are
concerned that they cannot get the child into see an ear specialist for a month and would like some help. The Case Manager offered to see if she could help find a provider. The foster parents are frustrated with the birth mother and the Case Manager acknowledges this concern, but explains that there are some transportation issues and asked if a meeting with everyone would help. The foster parents suggested bringing the foster parent mentor to the table as well.

**Trainer Note:** Refer participants to:

- **PG: 28-30, Case Manager Review of Foster Parent**
- **PG: 31-32, Investigator Review of Foster Parent (part of QPI, not Florida Administrative Code)**
- **PG: 34-36, Foster Parent's Review of Investigator (part of QPI, not Florida Administrative Code)**
- **PG: 37-41, Foster Parent Review of Case Manager (part of QPI, not Florida Administrative Code)**

Discuss these forms and how they can be used to communicate how well each partner has fulfilled the Partnership Plan.
Partnership for Children in Out-of-Home Care
CASE MANAGER/CASE WORKER REVIEW OF FOSTER PARENT

The purpose of this review is to obtain your feedback on how this Foster Parent has fulfilled the Partnership Plan.

Name of Foster Parent(s) / Agency

Children’s Name

Date

DOB

The above named children is/are currently placed in or has recently left the foster home, and your input is needed to assess the quality of care and consistency with the Partnership for Children Agreement. Your responses are important for the ongoing assessment and development of the foster family and for successful implementation of the Partnership Agreement.

Please rate the following:
1 = Never; 2 = Sometimes; 3 = Consistently/Always; NA = Not Applicable; Don’t Know
Provide comments for all “1” and “3” ratings.

The Foster Parent(s) have:

1. Showed concern, acceptance and support for the child through praise, showing appropriate affection, talking to the child, and involving the child’s input.
   - 1 = Never
   - 2 = Sometimes
   - 3 = Consistently/Always
   - NA = Not Applicable
   - Don’t know

   Comments:

2. Treated the child as a family member and has integrated the child into the family by taking the child on family outings, participating in the child’s school and social activities, and providing healthy meals that are enjoyed as a family.
   - 1 = Never
   - 2 = Sometimes
   - 3 = Consistently/Always
   - NA = Not Applicable
   - Don’t know

   Comments:

3. Made and fulfilled a commitment to keeping the child in the home for the planned period of time or until permanency is achieved unless the family was clearly unable to care for the child or the move was in the child’s best interest.
   - 1 = Never
   - 2 = Sometimes
   - 3 = Consistently/Always
   - NA = Not Applicable
   - Don’t know

   Comments:

4. Ensured the child’s medical, dental, and other needs were met by scheduling and transporting child to appointments and coordinating with the case worker when assistance was needed.
   - 1 = Never
   - 2 = Sometimes
   - 3 = Consistently/Always
   - NA = Not Applicable
   - Don’t know

   Comments:

5. Provided the child(ren) with appropriate clothing, toiletries, and an allowance. The foster parent(s) ensured that items transitioned with the child if the child left the home.
   - 1 = Never
   - 2 = Sometimes
   - 3 = Consistently/Always
   - NA = Not Applicable
   - Don’t know

   Comments:

6. Respected, encouraged, and supported the religious beliefs and practices, ethnic heritage, language, and cultural identity of the child and family.
   - 1 = Never
   - 2 = Sometimes
   - 3 = Consistently/Always
   - NA = Not Applicable
   - Don’t know

   Comments:

7. Used only positive and non-physical methods of discipline.
   - 1 = Never
   - 2 = Sometimes
   - 3 = Consistently/Always
   - NA = Not Applicable
   - Don’t know

   Comments:
Partnership for Children in Out-of-Home Care

CASE MANAGER/CASE WORKER REVIEW OF FOSTER PARENT

9. Included the child in school, attended conferences, and advocated for the child’s educational needs:

   1. Never
   2. Sometimes
   3. Consistently
   4. Consistently/Away
   5. NA – Not Applicable
   6. Don’t Know

   Comments:

10. Supported the child’s connection to family, including maintaining relationships with siblings by assisting with sibling rotation and contact (phone contact, facilitating visits - including in the foster home, and transportation to/from visits):

   1. Never
   2. Sometimes
   3. Consistently
   4. Consistently/Away
   5. NA – Not Applicable
   6. Don’t Know

   Comments:

11. Provided the child with a sense of age-appropriate “normalcy,” including age-appropriate privacy and privileges:

   1. Never
   2. Sometimes
   3. Consistently
   4. Consistently/Away
   5. NA – Not Applicable
   6. Don’t Know

   Comments:

12. Provided the child’s sense of identity through the accumulation of personal possessions, photographs, Like Book, etc.

   1. Never
   2. Sometimes
   3. Consistently
   4. Consistently/Away
   5. NA – Not Applicable
   6. Don’t Know

   Comments:

Partnership for Children in Out-of-Home Care

INVESTIGATOR REVIEW OF FOSTER PARENT

The purpose of this review is to elicit your feedback as to how your Foster Parent has fulfilled the Partnership Plan. It should be completed within three weeks of the placement.

Name - Foster Parent/Family Agency: __________________________ Date: __________________

Child’s Name: __________________________

DOB: __________________________

The above named children are currently placed in this foster home, and your input is needed to assess the quality of care and consistency with the Partnership Plan. Your responses are integral for the ongoing assessment and development of the foster family and successful implementation of the Partnership Plan.

Please rule the following: 1 – No; 2 – Yes; NA – Not Applicable; Don’t Know

Provide comments to the extent possible as this will be helpful.

The Foster Parent(s):

1. Were available at the time you had arranged.

   1. No
   2. Yes
   3. NA – Not Applicable
   4. Don’t Know

   Comments:

2. Upon arrival, welcomed the child into their home by attending to the child’s physical and emotional needs and reflected the child.

   1. No
   2. Yes
   3. NA – Not Applicable
   4. Don’t Know

   Comments:

3. Had a clean and safe home.

   1. No
   2. Yes
   3. NA – Not Applicable
   4. Don’t Know

   Comments:
Partnership for Children in Out-of-Home Care

FOSTER PARENT’S REVIEW OF INVESTIGATOR
(or whoever placed the child)

4. At the time of placement, shared all other relevant information about the child including the reason the child was removed and any health concerns or medications.

   1 - No
   2 - Yes
   NA - Not Applicable
   Don’t know

Comments:

5. Provided me with her/his contact information and contact information for her/his supervisor and other staff to be contacted in emergencies.

   1 - No
   2 - Yes
   NA - Not Applicable
   Don’t know

Comments:

6. Provided me with the Child Resource Report, including all available social, educational, and medical information on each child within 72 hours of each child’s placement.

   1 - No
   2 - Yes
   NA - Not Applicable
   Don’t know

Comments:

7. Answered my questions to the best of her/his ability.

   1 - No
   2 - Yes
   NA - Not Applicable
   Don’t know

Comments:

8. Informed me of the time of the shelter hearing.

   1 - No
   2 - Yes
   NA - Not Applicable
   Don’t know

Comments:

Partnership for Children in Out-of-Home Care

FOSTER PARENT’S REVIEW OF INVESTIGATOR
(or whoever placed the child)

9. Provided me with personal items belonging to the child (please list or describe).

   1 - No
   2 - Yes
   NA - Not Applicable
   Don’t know

Comments:

10. Treated me in a respectful manner as a valued partner in caring for the child.

    1 - No
    2 - Yes
    NA - Not Applicable
    Don’t know

Comments:

If you would like to have further conversation regarding your experience, please contact _______ at _______.

Thank you for your participation and feedback.

Foster Parent Name: Licensing Agency: Date:

Foster Parent Name: Licensing Agency: Date:

Foster Parent Name: Licensing Agency: Date:
Partnership for Children in Out-of-Home Care

FOSTER PARENT’S REVIEW OF CASE WORKER/CARE MANAGER

The purpose of this review is to obtain feedback on how your Case Worker/Care Manager has fulfilled the Partnership Plan.

Name: Foster Parent(s)  Date:

Name: Case Manager/Agency  Child(ren): Name (DOB)

The child(ren)’s worker has:

1. Provided support by responding promptly to telephone calls, correspondence and other requests and has provided information regarding agency policy for returning calls, including how to contact the supervisor, manager, etc.

   Comments:__________________________________________

   1 – Never  2 – Sometimes  3 – Consistently/Always  N/A – Not Applicable  Don’t Know

2. Have face-to-face contact with me and the child in my home every thirty days.

   Comments:__________________________________________

   1 – Never  2 – Sometimes  3 – Consistently/Always  N/A – Not Applicable  Don’t Know

3. During the visits the worker shared relevant information about the child and the case and related my input.

   Comments:__________________________________________

   1 – Never  2 – Sometimes  3 – Consistently/Always  N/A – Not Applicable  Don’t Know

4. Provided the names and phone numbers of staff who could be contacted in emergencies.

   Comments:__________________________________________

   1 – Never  2 – Sometimes  3 – Consistently/Always  N/A – Not Applicable  Don’t Know

5. Provided basic information upon placement about the child upon placement.

   Comments:__________________________________________

   1 – Never  2 – Sometimes  3 – Consistently/Always  N/A – Not Applicable  Don’t Know

6. Provided the Child Resource Record, including all available social, educational, medical and legal information on each child upon child’s placement or within 72 hours of each child’s placement.

   Comments:__________________________________________

   1 – Never  2 – Sometimes  3 – Consistently/Always  N/A – Not Applicable  Don’t Know

7. Provided on-going educational, medical and legal information as it became available.

   Comments:__________________________________________

   1 – Never  2 – Sometimes  3 – Consistently/Always  N/A – Not Applicable  Don’t Know

8. Provided information/feedback for any recommended counseling or training pertaining to the child’s special needs, emotional disabilities, developmental disability or other handicaps.

   Comments:__________________________________________

   1 – Never  2 – Sometimes  3 – Consistently/Always  N/A – Not Applicable  Don’t Know
9. Shared the child’s Comprehensive Behavioral Health Assessment (CBHA) (recommendations) and provided referrals for recommended services.

   1 – Never
   2 – Sometimes
   3 – Consistently/Always
   N/A – Not Applicable
   Don’t Know

   Comments:

10. Solicited my participation and input in developing the case plan, and provided me with copies of the plan and of case plan updates.

   1 – Never
   2 – Sometimes
   3 – Consistently/Always
   N/A – Not Applicable
   Don’t Know

   Comments:

11. Worked in partnership with me as a team member by recognizing my contributions, soliciting my input, and keeping me regularly informed about all aspects of case progress.

   1 – Never
   2 – Sometimes
   3 – Consistently/Always
   N/A – Not Applicable
   Don’t Know

   Comments:

12. Worked with me in a respectful manner to solve problems and informed me of the grievance process.

   1 – Never
   2 – Sometimes
   3 – Consistently/Always
   N/A – Not Applicable
   Don’t Know

   Comments:

13. When there has been a staff change, provided names and numbers of new staff who work with children in my home within two working days.

   1 – Never
   2 – Sometimes
   3 – Consistently/Always
   N/A – Not Applicable
   Don’t Know

   Comments:

14. Provided timely notice of all judicial reviews, administrative hearings and department staffings regarding the child(ren) placed in my home and has encouraged my input and/or attendance including by offering alternative methods of participation.

   1 – Never
   2 – Sometimes
   3 – Consistently/Always
   N/A – Not Applicable
   Don’t Know

   Comments:

15. Provided routine and specially requested information, supervision and assistance that was helpful in caring for the child. This includes information on the child’s traumatic experiences and possible impact on behavior.

   1 – Never
   2 – Sometimes
   3 – Consistently/Always
   N/A – Not Applicable
   Don’t Know

   Comments:

16. Partnered with me to develop a plan (approach) to work with the birth family, promote connections, schedule visits, identify monitoring opportunities to assist the family and improve their parenting skills and provided needed support.

   1 – Never
   2 – Sometimes
   3 – Consistently/Always
   N/A – Not Applicable
   Don’t Know

   Comments:

17. Took reasonable timely steps toward permanency goal of the child’s case plan, i.e., reunification, adoption, or independent living in a timely manner.

   1 – Never
   2 – Sometimes
   3 – Consistently/Always
   N/A – Not Applicable
   Don’t Know

   Comments:
These tools were developed by the QPI team in order to implement the Partnership Plan.

The tools help identify areas for individual improvement and systems change that will help to make sure that the children and families we serve get the best care that we can provide.

The tools are designed so that partners can assess each other.

The tools can be used as a guide in navigating conversations among members of our team. They can and should be used without waiting for a formal assessment.

The tools can be used to build positive relationships with the people with whom we work.
Activity E: Partnership Conflicts

Time: 20 minutes

Purpose: This activity provides participants the opportunity to role-play difficult situations.

Materials:
- Slide: 2.1.22
- PG: 43, Partnership Conflicts worksheet

Trainer Instructions:
- Divide participants into pairs.
- Allow each pair to pick a scenario that would most likely irritate or trigger them:
  - A foster parent calls and complains to upper management that you are taking too long to complete their licensing process
  - A foster parent calls and asks for a different Licensing Specialist because you are young and inexperienced
  - A Case Manager does not return calls to the foster parent in a timely manner and they are blaming it on you and the system
  - A team member infrequently participates in meetings
  - High demands are placed on members to work for the partnership and still fulfill other responsibilities
  - Members argue about how to do things
  - A real conflict participants are facing
- Instruct participants to discuss the scenario with their partner and use their worksheet to prepare for the role-play by practicing the principles of effective communication:
  - Mutual respect
  - Positive practice
  - Solving problems without assigning blame
- Instruct participants to also remember the tips for having difficult conversations:
  - Be aware of your own reactions and biases
  - Create a safe place where risks can be taken and do not assign blame
  - Find or create common ground to solve problem
  - Keep an eye on your (agency’s) motive for the conversation
### Participant Instructions:

- **Listen to understand**
- **Speak to be heard**

- **Instruct each pair to pick a side they will act out and ask them to use their preparation to guide their conversation.**

- **Debrief role play.**

1. Pick a topic to role-play from your worksheet that you feel would most likely cause you to become irritated.
2. Act out the role-play with your partner keeping in mind:
   - Be aware of your own reactions and biases.
   - Create a safe place where risks can be taken and do not assign blame.
   - Find or create common ground to solve problem.
   - Keep an eye on your (agency’s) motive for the conversation
   - Listen to understand.
   - Speak to be heard.
3. Be prepared to discuss.

### Activity STOP
Trainer Note: Explain to participants that it is important for foster parents to be involved with the dependency process so that he/she may help the child achieve permanency and help birth parents complete their tasks on the road to reunification.

Involving the Foster Parent in the Dependency Process

What are some ways foster parents can participate in the dependency process?

Endorse:
- Working towards reunification with birth parents
- Working with the child and agency on a concurrent plan in case reunification is not possible
- Attending staffings
- Attending court
- Advocating for the child
- Advocating for the birth parents
- Mentoring birth parents

It is worth mentioning again that a major and challenging role foster parent’s play is advocating for the child during the dependency process. What can you do to support the foster parents through the dependency process?

Endorse:
- Answering questions and explaining the process
- Helping foster parents understand their role in the process
- Helping foster parents know what to say at court and during staffings
- Encouraging foster parents to keep a calendar of court dates and helping them gather the information
- Empowering foster parents to speak to be heard

• Working with foster parents and all team members to build positive collaborative relationships is essential to serving children in out-of-home care.
All partnerships will experience challenges; however, being aware of what makes partnerships successful and investing in professional communication and supportive actions benefits everyone.

Unit Transition: The next section builds on partnership by focusing on co-parenting between birth parents and foster parents and the role of the Licensing Specialist in supporting this relationship.
Unit 2.2: Co-Parenting and Partnership with Birth Parents

Unit Overview:
*Slide: 2.2.1*

The purpose of Unit 2 is to explain to participants how to support foster parents by facilitating their relationships with birth parents.

Learning Objectives:
*Slide: 2.2.2

1. Describe techniques to assist foster parents in meeting and establishing relationships with caregivers.
2. Discuss the requirements of foster parents participate in all case activities.
3. Explain how to assist foster parents when difficulties develop during involvement with birth parents.
4. Explain a situation in which foster parents would not be involved with birth parents.
5. Discuss the Licensing Specialist’s role in supporting co-parenting.
**Trainer Note:** In this unit, it will be important to emphasize that building supportive relationships between birth parents and foster parents may be a paradigm shift for many professionals and parents. However, these relationships can be highly effective if we think outside the box and focus on how parents that are on the same page can make life easier for children.

This may create some anxiety for Licensing Specialists who are worried about conflicts between birth parents and foster parents so you will want to reassure them that in very few cases, there are court orders, diagnoses, and personal behaviors that restrict co-parenting or partnership between birth parents and foster parents. For the most part, when relationships are encouraged and mutual respect is practiced, the child has more protections and support.

**Foster Parent and Birth Parent Collaboration**

Slide: 2.2.3

It is important to keep the birth family in the forefront and involved in any decisions made in the child’s life. The most common Case Plan goal is reunification of birth parents with children so any actions the foster parent and Licensing Specialist can take to support safe, and healthy relationships between birth parents and children will strengthen the opportunity for long-term change.

At the end of the day, the child is the birth family’s child. Parental rights remain intact unless parental rights have been terminated. Therefore, the family of origin should still be considered when it comes to how their child maintains their culture, spiritual practices, hair-care, etc.

- Case management and services are geared toward the family as center of everything they do.
- Foster parents are partners with the birth family or family of origin. Both families need to be part of big decisions or important events: court appointments, Individual Educational Plans (IEP) meetings, and doctor/dentist appointments. Every opportunity should be used to involve the birth family.
• Reunification is the preferred ultimate outcome.

• The birth family or family of origin is the center of everything because reunification is the permanency goal for most cases unless identified as not being in the best interest of the child. They are the experts of their life. The Licensing Specialist and foster parents receive information from them with regard to the child’s needs.

• It is important that the Licensing Specialist respect and honor the birth family’s role and participation.

The Quality Parenting Initiative

As we mentioned in the previous module, the Quality Parenting Initiative (QPI) is one of Florida's approaches to strengthening foster care, including kinship care. Its core premise is that the primary goal of the Child Welfare System is to ensure that children have effective, loving parenting. The best way to achieve this goal is to enable the child's own parents to ultimately care for him/her while the child is in out-of-home care. If that isn’t possible, the system must ensure that the foster or relative family caring for the child provides the loving, committed, skilled care that the child needs, while working effectively with the system to reach the child's long term goals.

Trainer Note: QPI has been discussed in terms of a high overview and collaborating with the foster parent as a partner earlier in this training. Use this prior training to strengthen participants’ skills to deal with the topics in this module: birth family challenges, trauma-related behavior, and placement transitioning.
Working with Birth Parents

What emotions might parents who are separated from their children experience?

Endorse:
- Sadness
- Anxiety/fear/worry
- Loneliness
- Concerned for their safety and happiness
- Fear of being judged
- Anger
- Hopelessness

The Icebreaker Meeting

In order to provide for the child’s well-being and child’s long term goals, probably the most important partnership in the system of care is that between the foster parent and the birth parent. But, where does it begin?

Icebreaker Meetings focus on the time when foster parents and birth parents initially meet.

In many areas this is a new concept so the video that follows will provide an introduction to the Icebreaker Meeting.
Show Time (10 minutes) – Video Review (5 minutes)

Slide: 2.2.6

Showtime - Icebreakers

Endorse:

• The Icebreaker is a facilitated conversation between birth and resource parents, often with contributions from the child, about a child’s needs. Icebreakers are child-focused, face-to-face meetings held between birth parents and resource parents as soon as possible after a child is placed in out-of-home care. Ideally such meetings are held no later than three to five days after placement.

• Icebreakers should also be held whenever a child experiences a placement change - from home to a foster home, from foster home to adoptive home, from a group home to a relative. An icebreaker meeting benefits a child, the birth parents, and caregiver anytime there is a placement change.

• The purpose of the icebreaker meeting which can be helpful in reducing the trauma the child has experienced as a result of placement is twofold:

After viewing the video, what is the Icebreaker Meeting and how would you define the purpose of the Icebreaker Meeting?

− To share important information about a child
− To be the first step in building a relationship between the child’s birth parents and the new caregivers

**How can icebreaker meetings be helpful?**

**Endorse:**
These meetings can help:

- Reduce the trauma of foster care placement for children;
- Introduce parents and caregivers in order to share information;
- Build alliances among adults when children are in congregate care, too;
- Begin relationship building and a sense of teamwork; and
- Improve everyone’s ability to help a child, including the caseworker.

The Annie E. Casey Foundation has published a comprehensive guide to icebreaker meetings and it is available as a resource at [www.aecf.org](http://www.aecf.org).

Teams are encouraged to build icebreaker meetings into their quality parenting efforts. In order for icebreaker meetings to be implemented successfully, it takes the commitment and support of leadership, parents, professionals, and the partners involved with the child and family.

**Co-Parenting**

Co-parenting is a common term and is something we want foster parents to do.

Examples include:

- Any opportunity to include birth parents or caregivers in a child’s life, e.g., share pictures and artwork created by the child.
Any training opportunity for foster parents to model, e.g., behavior techniques or demonstration of how to care for a medically fragile child

**Show Time (6 minutes) – Video Review (10 minutes)**

*Slide: 2.2.7*

View Co-Parenting video: An Introduction on Integration into a Family-Centered Practice

Model: [http://centervideo.forest.usf.edu/qpi/coparent/coparent.html](http://centervideo.forest.usf.edu/qpi/coparent/coparent.html) (8:25-14:31)

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**What do you think the potential benefits co-parenting offers children in out-of-home care?**

**Endorse:**

- Loyalty in out-of-home care may experience feelings of divided loyalty. Co-parenting helps a child feel increasingly comfortable that she/he does not have to choose.
- Allows children to have regular and ongoing contact with parents which is important while children are forming, maintaining, and strengthening their self-concepts and identity
- Allows children to see that their parents are doing well and that their parents still love them
- Seeing foster parents and birth parents cooperate allows children to relax and do their important work of being a child
What do you think the potential benefits co-parenting offers foster parents?

Endorse:

- Enhance child well-being by encouraging the child to return to the child role
- Decrease children’s behavior issues by reducing the children’s divided loyalty
- Birth parents can provide information that allows foster parents to meet children’s needs earlier and in a more effective way
- Reduces conflict
- Increases support for foster parents when birth parents feel their children are being well cared for and that foster parents do not seek to replace them
- Creates a positive connection between the foster parents, the child, and the birth parent that will not have to end, even if the placement does

Now that you have seen the video, share your thoughts on the potential benefits co-parenting offers Licensing Specialists.

Endorse:

- Makes job easier because co-parents expand resources
- Reduces disruptions
- Empowers others to support an assist
- Makes scheduling easier

What are concerns partners may have about co-parenting?

Endorse:

- Foster parents may be fearful of birth parents
- Role confusion
- Hidden agendas
- Fear of failure
- Divide loyalty
- Mistrust
Trainer Note: Based on the research of Denise Goodman, PhD, whose video we will be watching shortly, co-parenting can be seen as a continuum. The bridge analogy shows birth parents on one end of the bridge and the child in out-of-home care is on the other end of bridge. The foster parent is the bridge between them, in a unique position to foster their relationship and support family change.

Bridging the Gap

There are four specific categories to bridge the gap of separation between children and their families:

1. Encourage the exchange of information between birth parents and foster parents.
2. Ensure that foster parents and birth parents attend meetings.
3. Assist birth parents in welcoming foster parents in birth parent’s home.
4. Assist foster parents in welcoming birth parents in foster parent’s home.

This approach begins with understanding the importance of maintaining relationships between children in care and their parents. Most children have a goal of reunification so supporting birth families during the healing process, is a protective action for the child.
Show Time (21 minutes) – Video Review

Slide: 2.2.9

View video: Bridging the Gap: The Birth Parent-Foster Parent Relationship (Part 2, 21 minutes) [http://centervideo.forest.usf.edu/qpi/bridgap2/start.html](http://centervideo.forest.usf.edu/qpi/bridgap2/start.html)
**Activity F: Licensing Specialist – Supporting the Bridge**

| Time: | 30 minutes |
| Purpose: | This activity will help participants learn ways to help support the foster parent/birth parent relationship. |
| Materials: | • **PG: 50, Continuum of Co-Parenting worksheet** |
| Slide: 2.2.10 | The video, “Bridging the Gap”, will provide the content information that participants will utilize to complete the activity. |
| Trainer Instructions: | • Divide participants into four groups and assign one of the following categories to each group, or for a small class you may assign one category to each individual. |
| | – Encourage the exchange of information between birth parents and foster parents. |
| | – Ensure that foster parents and birth parents attend meetings. |
| | – Assist birth parents in welcoming foster parents in birth parent’s home. |
| | – Assist foster parents in welcoming birth parents in foster parent’s home. |
| | • Instruct participants to use their worksheets to record ideas on what Licensing Specialists can do to support the foster parent/birth parent relationship while the foster serves as the bridge between birth parents and their children. |
| | • Debrief by having each group present their ideas to the large group. |
| Participant Instructions: | 1. Watch the video. |
| | 2. In small groups, using your worksheet, respond to your assigned topic by recording your ideas on what a Licensing Specialist can do to support the foster parent/birth parent relationship. |
| | 3. Be prepared to discuss with the whole class. |
How Licensing Specialists can Support the Foster Parent/Birth Parent Relationship

Trainer Version

Suggested Responses:

Encourage exchange of information between birth parents (BP) and foster parents (FP).
- Have BP/FP exchange pictures
- Talk positively about BP to FP
- Talk positively about FP to BP
- Schedule regular/frequent visits
- Arrange phone contact between FP/BP
- Encourage FP to host sibling visits
- Serve as liaison between FP/BP
- Describe FP in non-identifying terms at placement
- Debrief FP regarding BP problems/needs
- Exchange monthly progress reports with BP/FP
- Assist FP/BP in understanding cultural differences
- Help FP understand the BP’s needs

Ensure that foster parents and birth parents attend meetings.
- Facilitate talk between BP/FP
- Have FP and BP meet at placement
- Ask BP/FP to work on Lifebook together
- Encourage BP to permit FP to call
- Set clear boundaries for contact
- Facilitate the development of a positive relationship between birth parent and foster parent
- Arrange an icebreaker for BP/FP
- Participate in visitations

Assist birth parents in welcoming foster parents in birth parent’s home.
- Encourage FP to transport child to home
- Permit FP to invite BP to attend all appointments
- Encourage FP to transport BP to agency meetings and child’s appointments
- Encourage FP to allow BP to call FH
- Assist FP/BP in managing conflict
- Mediate and resolve conflicts
- Talk openly with BP/FP about their concerns

Assist foster parents in welcoming birth parents in foster parent’s home.
• Allow FP/BP to schedule all visits
• Encourage post reunification contact
• Suggest FP provide respite care after reunification
• Discuss how FP can support BP
• Empower FP to set limits re: Contact and visitation in their home

Activity STOP
Team Decisions for Co-Parenting

In addition to the team decisions above, there are additional opportunities for making team decisions including:

- Educational planning
- Selecting extracurricular activities
- Church attendance
- Membership in community organizations
- Celebrating birthdays
- Celebrating holidays and maintaining cultural traditions
- Selecting summer camps and activities
- Clothes selection, hairstyles, and personal grooming
- Jobs
- Large purchases
- Dating
- Consequences

Foster Parent Challenges in Working with Birth Parents

There are some challenges that may need to be addressed to move toward more co-parenting opportunities between birth and foster parents.

1. The birth parent may initially exhibit feelings of anger or resentment towards the foster family. The child’s attachment to the foster family may be perceived by the birth parent as a threat to his/her personal relationship with the child. Foster parents can play a vital role in building a secure relationship with the birth parent by letting him/her know that they are supplementing and supporting his/her role in the child’s life, rather than supplanting it.

2. Children may feel conflicted by loyalties to both their foster and birth families. To assist children in dealing with this conflict, foster parents can demonstrate by words and actions that children can love more than one parent.

- Occasionally, there are safety risks when working closely with birth families. A foster family should never feel that their safety or the safety of their family is at risk when
working with birth families. Although co-parenting is strongly encouraged there are a minimal number of situations when safety concerns must be considered. These include:

- The safety of the birth parents: Safe to be physically and emotionally capable of contact with the child, and over time, possibly with the foster parents without endangering anyone. There may be a “No Contact” order due to egregious abuse or parent’s extensive history with DCF or at the recommendation of a mental health professional.

- The safety of the child: His/her readiness for a given level of contact as he/she may be recovering and healing from trauma.

- The safety of the foster parents: Ensuring that the foster parents and household are not exposed to any danger through contact.

When foster parents have safety concerns they should contact the Case Manager and Licensing Specialist to assist in developing a solution. This may involve scheduling a staffing with all partners present to develop an action plan.

3. Sometimes a child’s behavior becomes more challenging before or after a visit with the birth family. This may lead the foster parent to conclude that the contact are a negative experience for the child and should be curtailed. It’s crucial for foster parents to understand that some amount of stress and confusion is normal when children interact with their birth parents, and children use their behavior as one way to cope with stress. The transition times just before and after visits can be difficult. Provide reassurance and emotional support to children to help prepare for visits and to allow children the opportunity to talk about their thoughts and feelings following visits.

4. Having different viewpoints can easily lead to triangulation and conflict.

- Triangulation is the tension between three parties. Because of the circumstances that create the foster parent/birth parent relationship as well as their shared
concern and love of a child, triangulation can be particularly painful and difficult.

- Triangulation occurs between people when they are engaged in work or a process together and hold different roles. At times, when working together, two of the people may join together in ways that both strengthen their relationship but can leave the third person left out, blamed, or marginalized.

- Whenever there is triangulation, it is uncomfortable, especially when someone is left out, blamed, or marginalized.
## Activity G: Resolving Challenges and Supporting Quality Parenting

<table>
<thead>
<tr>
<th>Time:</th>
<th>20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>Help the participants learn ways to deal with challenging situations as a Licensing Specialist.</td>
</tr>
<tr>
<td>Materials:</td>
<td>Slide: 2.2.13 • PG: 53-54, Resolving Challenges worksheet</td>
</tr>
<tr>
<td>Trainer Instructions:</td>
<td>• Divide participants into three groups. If you have a small class, you may conduct this as a large group brainstorm or assign one of the three questions on the worksheet to each person. • Assign each small group one of the questions from the worksheet to explore. • Allow each group ten minutes to record responses to the questions. • Reconvene the whole group and have groups share their responses to each question. • Use the suggested responses as you debrief.</td>
</tr>
<tr>
<td>Participant Instructions:</td>
<td>1. Answer the question assigned to your group. 2. Be prepared to discuss with the whole class.</td>
</tr>
</tbody>
</table>

### Trainer Version

**As the Licensing Specialist, what is your role in resolving these conflicts?**

**Endorse:**
- Important to be involved
- Foster parent concerns are primary for the Licensing Specialist
- The foster parent trusts the Licensing Specialist to be supportive and advocate for them
- Maintaining positive relationships between foster parents and other professional staff is the role of the Licensing Specialist
How can the Licensing Specialist help the foster parent deal with challenging situations in co-parenting?

**Endorse:**
- Mentoring and coaching
- Resources and training (including QPI website)
- Helping with the referral process if needed

If the conflicts are not resolved in a timely manner and with team satisfaction, what might be repercussions for you as the Licensing Specialist?

**Endorse:**
- Foster parents may decide to ask children to be moved
- Foster parent may decide to discontinue fostering
- The reputation of the agency and entire team suffers
- The child is in a more stressful environment
- Relationships become damaged
- It adds additional stress to the Licensing Specialist’s job

How can the Licensing Specialist avoid triangulation between themselves, foster parents, and others on the team?

**Endorse:**
- Remembering that decisions are not personal
- Facilitating communication between all team members
- Refuse to play “good professional”/”bad professional”
- Keeping the best interest of the child in mind at all times
- Remaining calm
- Communicating
- Stepping away
- Discussing with the team

**Activity STOP**
Foster parents and Licensing Specialists are both impacted by the Case Plan which influences the length of time a child may spend in foster care.

**Working through Conflict**

These steps help in working through conflict in general and are particularly important around shared parenting, where the field is ripe for triangulation to grow.

**Step 1: Understand your role:** The Licensing Specialist’s primary roles revolve around providing a safe place for children while their families try to work on their tasks towards reunification. Focusing on the long-term goal and how to get there while building a sense of extended family is key to success.

**Step 2: Get to safety:** Foster parents need to be in a calm, regulated place so they can be as non-threatening and non-reactive as possible. This is particularly important when considering that the trauma history and the topics it will create are likely to be a cause of the conflict: the trauma of abuse, the trauma of loss and separation, and the trauma of placement in another family.

**Step 3: Gain perspective:** It is necessary to step back and try to understand the perspectives of the other people we are interacting with. The Licensing Specialist should reflect on their own part in the dilemma in order to be able to empathize with others.

**Step 4: Take actions that allow for safety of others:** Bring the qualities of humility, genuineness, openness, and Triangulation is the tension between three parties. Because of the circumstances that create the foster parent/birth parent relationship as well as their shared concern and love of a child, triangulation can be particularly painful and difficult.
The Case Plan as a Roadmap

The Case Plan is a road map for children and families from start to finish. The Case Plan in all court-involved families contains some major components that are important guidance for parents, for caregivers, for children, and for the agency.

- While some of the aspects of the Case Plan direct visitation requirements, there is intent during the period of reunification, the team will increasingly give birth parents a chance to demonstrate their changes and to learn or practice behaviors that will lead to safe return.

- The foster parent tasks mostly include well-being tasks, or the tasks of meeting the child’s physical, medical, educational, and emotional needs.

- While the child is in the foster home, it is the foster parent’s responsibility to identify key tasks that are typical and important to parenting, and when safe to do so, include the birth parents in those tasks. This serves many purposes:
  - In addition to promoting visits with birth parents, the information that parents have on their children and the mentoring foster parents can do in those moments is priceless.
  - Schoolwork and activities may also represent times when foster parents can coordinate and attend with birth parents.

- For emotional and psychiatric counseling, having birth parents available may be very helpful to the process.

Included in the Case Plan

The Case Plan includes:

- Permanency goals
- Reasons that the child(ren) came into care
- Parental changes that must occur in the family to make it possible for child(ren) to return home and a listing of
services that must be offered or available to help with the changes

- Plans to meet child(ren)’s needs while they are in the care of the state and agency
- Timeframes and future court dates

**Tasks for Caregivers**

The Case Plan includes tasks for caregivers:

- The tasks for adult caregivers list out the responsibilities that foster parents have for providing for the child/children in their care. There are considerations for basic needs, common to all children, and then there are considerations for special needs related to the specific needs and goals for each child.

- These tasks are the business of the team, particularly in regard to the role of the caregiver, the role of the Case Manager, and the role of the Guardian ad Litem. Between the three, these tasks are carried out and monitored to make sure that the child’s needs for safety, well-being, normalcy, and permanency are met.

- Over time, as the birth parents progress through their plan and as the team works with parents, more responsibility will be assumed by parents in anticipation of reunification.

- The role of the foster parent is critical during the Case Planning process. Things on a Case Plan must be completed, so if foster parents have concerns or recommendations, they should be encouraged to provide those to the Case Manager, Guardian ad Litem and the court.

- Foster parents should be informed about what their tasks are and if that has not been clearly communicated they should be encouraged to ask questions of the Case Manager and other partners. The foster parent tasks will mostly include well-being tasks, or the tasks of meeting the child’s physical, medical, educational, and emotional needs.
While some of the aspects of the Case Plan direct visitation requirements, there is an intent during the period of reunification, the team will increasingly give birth parents a chance to demonstrate their changes and to learn or practice behaviors that will lead to safe return.
## Activity H: Case Plan Review

<table>
<thead>
<tr>
<th>Time:</th>
<th>15 minutes</th>
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</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>To review a local Case Plan with Caregiver Tasks.</td>
</tr>
</tbody>
</table>
| Materials: | - Local Case Plan with Caregiver Tasks - Trainers will need to secure a Case Plan from their local area that has Case Plan tasks identified for caregivers. Remember to omit any identifying information.  
- **PG: 58, Case Plan Review worksheet** |
| Trainer Instructions: | - Review the Case Plan with participants, answering questions they may have.  
- Provide a more detailed review and discussion of the caregiver tasks using the following questions:  
  - Do the tasks seem reasonable?  
  - Would the caregiver have the resources to fulfill the tasks listed?  
  - Would any of the caregiver tasks require additional resources?  
  - How can you assist the foster parent in obtaining the resources needed? |
| Participant Instructions: | 1. Review the Case Plan.  
2. Consider the following:  
  - Do the tasks seem reasonable?  
  - Would the caregiver have the resources to fulfill the tasks listed?  
  - Would any of the caregiver tasks require additional resources?  
  - How can you assist the foster parent in obtaining the resources needed? |
Unit Transition: After gaining understanding of the importance of partnership and co-parenting, the next unit will provide an understanding and sensitivity regarding effects of parenting a child with traumatic experiences.

In addition, the next unit will focus on how to support foster parents as they provide normal childhood experiences.
Unit 2.3:
Working with Foster Parents to Manage Children’s Behavior and Meet their Needs

Unit Overview:
Slide: 2.3.1

The purpose of Unit 3 is to discuss the important aspects of parenting children in out-of-home care. In particular, the intent of the unit is to facilitate the participants’ understanding and sensitivity to the effects of trauma on a child and on the foster care family when a child who has experienced trauma has transitioned to foster care. The unit also focuses on how to provide normalcy for a child. The unit explores the ways Licensing Specialists and the team can support foster parents in this critically important role including how to prevent disruption and when to offer specialized therapeutic care.

Learning Objectives:
Slide: 2.3.2

PG: 59

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

Childhood Trauma and Trauma Sensitive Care

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

Endorse:

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

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

- How to parent a child with trauma experiences.
- How to support foster parents impacted by a child’s and family’s trauma.
Trauma-Sensitive Parenting

Trauma-sensitive parenting strategies include:

- **Understanding the Impact of Trauma**: As we have already discussed, it is important for foster parents to recognize the impact that the trauma has had on the child's life. Foster parents must be able to empathize with the child and try to see the world through their eyes...through the "lens" of their traumatic experiences. Because the drive to survive is so primal, this wired in response is literally the way the child’s brain tells the child to react whenever that feeling of being unsafe or threatened, whether emotionally or physically, is triggered.

- **Creating a Feeling of Safety and Acceptance**: Safety and acceptance are paramount to the successful life of anyone, but creating an atmosphere of safety and acceptance is critical for a child who has experienced trauma.
  
  - Often they have not felt safe and accepted in their own homes. Foster parents must establish an environment that is physically safe and build a relationship so that they can identify what it takes to make a child feel psychologically safe.
  
  - In order to create safety and acceptance, foster parents must first manage their own emotions and manage to be both calm (as opposed to volatile, unpredictable) and present so they can attend to the needs of the child.
  
  - This is how they can help a child gain a sense of safety and acceptance, and ultimately work with children to “re-wire” their brains to lower the heightened arousal that has been the survival oriented trauma response.

- **Managing Emotions**: Trauma can make a child feel overwhelmed with feelings of fear, anger, shame, and helplessness. Even experiences and interactions that are considered neutral by normal standards can result in panic and a flood of emotions from a child who is burdened by memories and images of trauma.
− Trauma can affect a child's development so that children fail to learn how to identify, express, or manage their emotional states. By providing calm, consistent, and loving care, foster parents can set an example for children and teach them how to define, express, and manage their emotions.

− Foster parents must be able to tolerate the strong emotions that children experience and to help them have a place where feeling is okay.

• **Identifying a Child’s Reaction and Response to Trauma:** Overwhelming emotion can have a very negative impact on children's behavior, particularly if they cannot make the connection between feelings and behaviors. Because trauma can derail development, children who have experienced trauma may display problem behaviors more typical of younger children.

− Trauma-sensitive parents can help children to understand the links between their thoughts, feelings, and behaviors and to take control of their behavioral responses. They can help the children make connections of their responses to trauma and their behavior.

− In the case of children in trauma, behavior modification begins with healing.

• **Supporting Connections and Relationships:** Children learn who they are and what the world is like through the connections they make, including relationships with other people. Positive, stable relationships play a vital role in helping children heal from trauma.

− The original patterns that children develop to make connections and build relationships are set within the relationship with primary caregivers. These patterns: what works with those early caregivers and what is sustained at home over the early years, teach children how to form connections that will help children define themselves and their place in the world. The early
relationships with primary caregivers form a child’s first attachment experience, and in many ways, wire a child’s brain and being towards repeating the patterns learned early on.

− Children who have been abused or neglected often have insecure attachments with other people. While some of what is learned reinforces a sense of self-worth and a sense that adults and others can be trusted, other experiences within relationships that include abuse and neglect teach a child that adult responses are unpredictable or dangerous. Nevertheless, children may cling to these relationships, when they are disrupted or even destroyed when they come into care.

− Trauma-sensitive foster parents can help children hold on to what was good about these connections, reshape them, make new meaning from them, and build new, healthier relationships between themselves and the child, and others as well.

• Helping Child Develop a Strong Sense of Self: In order to heal from trauma, children need to develop a strong sense of self, to put their trauma histories in perspective, and to recognize that they are worthwhile and valued individuals.

− Unfortunately, many children who have experienced trauma live by an unwritten rule of "Don't tell anyone anything". They may believe that what happened to them is somehow their fault because they are bad, damaged, or did something wrong.

− Foster parents can help by being safe listeners, working with them to build bridges across the disruptions of their lives, and helping them to develop a strength-based understanding of their life stories.

− Foster parents walk a fine line because on one hand, they want to be active and positive listeners, and on the other hand, they need to adhere to the rule of not disparaging the child’s parents in an effort to promote reunification, and even when reunification is not the goal, to help the
child retain the ability to talk freely about his/her connection to his/her parents.

- The foster parent’s relationship with the child becomes an anchor to help the child manage their experience and their path to healing. In learning to trust, love and attach to the foster parent, the child develops or repairs skills that move him/her forward in the ability to connect with others and to be safe.

- Foster parents help the child’s healing experience by remaining both connected through relationship, but also establishing who he she is. With a foster parent’s own sense of self intact, children are free to be themselves, to understand boundaries, and create safety while in care.

- Foster parents are responsible for making sure that safety surrounds the child. They must have enough patience, boundaries, and calm for both of them, even when things get emotional.

- **Advocating for the Child:** Trauma can affect so many aspects of a child’s life that it takes a team of people and agencies to facilitate recovery. As the person who is most intimately and consistently connected with the child, foster parents are a critical part of the team and can help ensure that efforts are coordinated. Trauma-sensitive foster parents may be in a position to help others (teachers, therapists, family, others) view the child through a "trauma lens".

- Children who have experienced trauma often need specialized assessment and treatment in order to heal. There are many treatments available whose effectiveness has been established. Foster parents are in a unique position to advocate for trauma-sensitive psychological assessment and treatment offered by experienced child trauma professionals.

- Foster parents are asked to push against their own limits and tolerance, but this is nothing more or less any parent expect our children to do every day of their lives.
• **Looking at Their Own Responses:** Caregivers of traumatized children have to take a good look in the mirror. They must also be able to set their own emotions and responses aside to they can meet the needs of the child.

• **Taking Care of Self:** Taking good care of ourselves is one of the most important skills one can develop as caregivers and Child Welfare Professionals. In taking care of ourselves, we help the children learn how to take good care of themselves as well.

### Helping the Child Heal

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

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

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

Foster parents and the child should work in collaboration with a mental health therapist or behavioral analyst on the journey toward healing. By working together, it allows the foster parent to learn how to recognize the triggers a child's behaviors are communicating and which strategies to employ, which takes a lot of skill and repetition.
Trainer Note: Foster parents receive training on psychotropic medications in Pre-service training. It is important to emphasize to Licensing Specialists that they will need to encourage foster parents to talk with providers about thinking through the lens of trauma and the trauma of removal. Additionally, a follow-up assessment may be recommended based on the behavioral or emotional level of functioning of the child within a few months as the child settles in.

Foster Parent Strategies for Responding to a Child’s Trauma

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

- **Create Safety:** First foster parents must get the child into a condition of safety through contact with a safe relationship. If a child is responding to triggers, he/she may need time out alone with someone with whom they feel safe with.

- **Look at Sensory Triggers:** Foster parents must become aware of the stimuli that are reminders of the traumatic event such as sounds, tastes, sights, touch, movement, etc.

- **Work Gradually to Reintroduce Stimuli:** Foster parents should reintroduce the things that trigger a child gradually back into that child’s life. It’s important to go back and forth between the trigger and safety. Allow the child to be able to experience the sense of fear and use his/her ability to get back into control and safety.

- **Increase the Child’s Comfort:** Beyond the caregiver, the foster parent should create an environment with many sensory comforts that the child can surround themselves with in order to feel safe such as music, blankets, books, toys, etc.

- **Create the Story:** Foster parents should help it make sense to the child by talking about it. Talk about before the trauma happened, what occurred during the trauma, what was the most frightening part, how the trauma resolved, what their body felt like, what emotions they experienced.
- **Creating the Story with Pre-Verbal Children:** While they may not understand the words, foster parents should express that they understand what happened to the child. It will convey a sense of safety. (Children will understand through an adult’s tone of voice and the rhythm and rate in which it is communicated.)

- **Using Non-verbal Communication to Communicate and Understand What is Going on with Children:** This includes eye contact, facial expression, tone of voice, posture, gestures, and timing and intensity of response.
# Activity I: Partnering to Address Trauma

| Time: | 30 minutes |
| Purpose: | This activity provides participants the opportunity to role-play how to educate, support, and coach a foster parent who is struggling to respond to a child’s trauma influenced behaviors. |
| Materials: | - Case Studies  
- PG: 63, *Foster Parent Strategies for Responding to a Child’s Trauma* |
| Trainer Instructions: | - Divide participants into three groups. Each group will need three people, so if you have a small group, conduct the activity as one group. You may need to be creative based on the size of your group.  
- Each group will be responsible for creating a ten-minute role-play of a Licensing Specialist working with a foster parent and child demonstrating the use of one of the strategies presented.  
- From the worksheet, assign the group a strategy to demonstrate.  
- The person playing the role of the Licensing Specialist is instructed to demonstrate how they would educate, support, and coach a foster parent who is struggling to respond to a child’s trauma influenced behaviors.  
- The role play will repeat two additional times, using a different scenario so that each person demonstrates the role of the Licensing Specialist. |
### Participant Instructions:

1. Using the case scenario assigned, create a ten-minute role play of a Licensing Specialist working with a foster parent and child demonstrating the use of one of the strategies presented.
2. The person playing the role of the Licensing Specialist is instructed to demonstrate how they would educate, support, and coach a foster parent who is struggling to respond to a child’s trauma influenced behaviors.
3. Repeat the role-play two additional times, using a different scenario so that each person demonstrates the role of the Licensing Specialist.

### Trainer Version

1. Every night at dinner time the child begins to cry and sometimes is so inconsolable that they throw up and cannot eat dinner. The foster parent finds out that dinner time is when one of their parents came home intoxicated and would often become violent if they did not like what the other parent had prepared.

2. You go on your licensing visit and while speaking with the foster parent, you notice that the child’s room is very plain. There are no pictures on the wall and although it is clean and neat, there are no comfort items. The foster parent comments to you that the child does not ever like to be in their room alone and this is causing stress at bedtime.

3. You receive a phone call from the foster parent after the child came home from school visibly upset. The child was angry at the foster parent for coming to the school that day because other kids saw the foster parent, who is a different race from the child, and began asking the child about the foster parent. Several kids continued to tease them on the bus ride home.
Foster parents that feel supported are more likely to experience satisfaction in parenting. When foster parents believe that Licensing Specialists have appreciation for the challenges, experiences, and behaviors children bring to their homes, they are more inclined to seek support from the Licensing Specialist.

**Building Resilience**

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

- Safe
- Capable
- Loveable

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

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

Some resiliency factors include:

- Having a strong, supportive relationship with a competent and caring adult.

- Feeling a connection with a positive role model or mentor. This can be someone who has also gone through painful experiences and survived or someone the child aspires to be like as an adult.

- Feeling their talents and abilities are being recognized and nurtured.

- Feeling some sense of control over their own lives. Being removed from one's home and placed in foster care can
increase traumatized children's feelings of having no control and no say in what happens in their lives. Being empowered can help their recovery from trauma.

- Feeling invested in and part of a larger community, be it their neighborhood, faith-based group, scout troop, or extended family. Some school-aged children or adolescents who have experienced trauma find that serving a cause can be healing.

- Foster parents should not mistake withdrawal as healing or resilience.
## Activity J: Building Resilience and Healing

**Time:**
30 minutes

**Purpose:**

**Materials:**
- PG: 65-72, *Building Resilience and Healing* case studies and worksheets
- Slide: 2.3.9

**Trainer Instructions:**
- Divide participants into case study groups.
- Instruct participants to read the case studies and use the worksheet to answer questions which include:
  - What are the child’s strengths?
  - What strategies should the foster parent use to contribute to resilience and support healing for the child?
  - How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?
  - Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?
- Debrief as a large group.

**Participant Instructions:**
1. In small groups, read the case studies and use your worksheet to respond to the questions.
2. Be prepared to discuss with the whole class.

### Cara’s Story
Cara is 12. Her mom, Carol (30), has a drug and alcohol addiction. Cara has never known who or where her father is. Cara remembers mom has always had a few beers every night, but the drugs started three years ago when Carol’s boyfriend took off with the car and the little savings she had. Carol became very sad for a long time and things changed for the worse. Carol couldn’t keep a job and money was tight, so she began to pay for food, rent, and drugs through prostitution and recently began selling drugs for one of her male friends. Carol was recently incarcerated for possession with intent to sell and is being held in prison until her trial.
Carol tried to protect Cara and keep her from making the same mistakes she has made. Cara attends school most of the time and does not take drugs or alcohol, although she has tried them on occasion. Due to Carol’s drug use, she cannot protect Cara and she sometimes forgets to take Cara to school or feed her. Additionally, Carol is not always awake when visitors come to the home. Cara remembers many male visitors at all hours of the night while growing up. Some of these male visitors would come into Cara’s room when Carol was passed out.

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

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

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

What strategies should the foster parent use to contribute to resilience and support healing for the child?
- Create safety in the home.
- Recognize and minimize triggers.
- Focus on building a supportive relationship that also supports her relationship with her mom.

How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?
- Provide the foster parent with regular information about Carol’s progress.
- Work with systems to arrange family time between Cara and Carol.

Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?
- Counselor to explore Cara’s feelings around separation from her mom.
- Social worker or counselor at the jail/prison to support Cara’s visits with her mom.
- Work closely with Case Manager to explore Carol and Cara’s needs.
- Provide the foster parent with information about adolescent support groups.
Kavin and Tyree’s Story
Kavin is nine and Tyree is eight. Their mother is Sandra (34). Sandra married Juan (33) two years ago and Juan has not officially adopted the boys yet. Sandra and Juan recently had a baby together, Lucy (six months).

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

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

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

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

What are the child’s strengths?
- Tyree is friendly and gets along with others.
- Both boys are resourceful.

What strategies should the foster parent use to contribute to resilience and support healing for the child?
- Increase comforts, especially food.
- Create safety by supervising them and providing boundaries.
- Recognize and minimize triggers.

How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?
- Provide information about Individual Education Plans.
- Check to make sure the foster parent has been linked to resources through the Case Manager.
- Support the foster parent in learning to care for a child with diabetes.

Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?
- Case Manager to ensure that all medical and educational services are arranged.
- Find out if the licensing agency has any additional supportive resources for foster parents caring for children with educational and medical needs.
- Connect the parent to other experienced foster parents.

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

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

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

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

What are the child’s strengths?
- Deirdra is very responsible, caring, and loyal to her family.
- Ian is resourceful and artistic, does well in school, and is loyal to his family.

What strategies should the foster parent use to contribute to resilience and support healing for the child?
- Create safety by being consistent.
- Pay attention to environment and increase their comfort.
Help them come up with a story to tell at school.

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

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

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

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

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

**Kendra’s Story**

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

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

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

What are the child’s strengths?

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

What strategies should the foster parent use to contribute to resilience and support healing for the child?
- Create safety by recognizing that Kendra may be uncomfortable with men and may need controlled boundaries.
- Recognize and minimize triggers.

How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?
- Provide information about sexual abuse to the foster parent.
- Check to make sure the foster parent has been linked to resources through the Case Manager.
- Support the foster parent in learning to care for a child with this kind of trauma.

Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?
- Case Manager will ensure that services are arranged.
- Connect the parent to other experienced foster parents.

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

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

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

What are the child's strengths?
- Peter has goals and aspirations.
- He is a great student.
- He is focused on positive activities.
- He has friends and support outside of his family.

What strategies should the foster parent use to contribute to resilience and support healing for the child?
- Create safety that Peter will not be rejected or ridiculed in the foster parent’s home.
- Pay attention to environment and increase Peter’s comfort.
- **Help Peter decide what and how to share with others at school and in his friend circle.**
- **Encourage foster parents to connect with Peter’s mom and dad and encourage the relationship between them and Peter.**

**How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?**
- **Try and find additional community resources that Peter and the foster parent can participate in together that supports Peter’s sexual orientation.**
- **Check to make sure the foster parent has been linked to resources through the Case Manager.**

**Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?**
- **Encourage foster parent to meet with school social worker, teacher, and counselor to support Peter.**
- **Provide the foster parent with information about adolescent support groups.**

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<th>Activity STOP</th>
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Placement Through a Child’s Eyes

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

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

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

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

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

Transition to Initial Placement

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

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

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<tr>
<th>Time:</th>
<th>30 minutes</th>
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<tbody>
<tr>
<td>Purpose:</td>
<td>This activity provides participants an opportunity to consider the hidden traumas and emotional scars that children bring with them into care. This baggage is a heavy load for children to carry and it is up to parents and professionals to help ease the load.</td>
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</table>
| Materials:    | • PG: 73, The Invisible Suitcase  
• PG: 74: The Invisible Suitcase and Behavior  
• PG: 75, The Invisible Suitcase worksheet  
• A backpack or suitcase with clothing and other items  
• One piece of regular luggage or a bag with a few clothing items and a pair of shoes  
• One clear box and on the inside you will need to place these words on separate pieces of paper, differentiating the two sets of words by using two different colors of paper:  
  - The first set of words refers to how children may see themselves: worthless, in danger, powerless, unlovable, scared, hopeless  
  - The second set of words refers to how children may see, the foster/adoptive parent: unreliable, untrustworthy, dishonest, abusive |

**Trainer Note:** The beginning of this activity is an experiential opportunity for participants to really connect emotionally to the heavy baggage that children may be carrying when they enter their home. As a trainer, you will need to seriously act this out for participants. The idea is to create an “experience” at the very beginning, before explaining the activity. Be prepared for the emotions that may surface in yourself and others.

**Pre-Activity Scenario:**

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<th>PG: 73</th>
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The Invisible Suitcase

Children who enter the foster care system typically arrive with at least a few personal belongings: clothes, toys, pictures, etc. But many also arrive with another piece of baggage, one that they are not even aware they have: an “invisible suitcase” filled with
the beliefs they have about themselves, the people who care for them, and the world in general.

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

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

But also about you as a caregiver . . .

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

**The Invisible Suitcase and Behavior**

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

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

Reenactment is the habit of recreating old relationships with new people. Reenactments are behaviors that evoke in caregivers some of the same reactions that traumatized children
experienced with other adults, and so lead to familiar - albeit negative - interactions. Just as traumatized children’s sense of themselves and others is often negative and hopeless, their reenactment behaviors can cause the new adults in their lives to feel negative and hopeless about the child.

**Trainer Instructions:**

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

- Begin debriefing the scenario with the class. Although foster parents may only see a piece of luggage or bag when children come to them, never forget there is an invisible suitcase they are carrying as well. Maintain the atmosphere and quickly have them break into small groups and respond to the questions on the invisible suitcase worksheet.

- Discuss the following in small groups:
  - How can you assist foster parents in understanding the feelings and troubling beliefs children may carry about themselves?
  - What will foster parents need from you when they begin to understand the troubling beliefs and feelings children may have about them?
  - What can you do as a Licensing Specialist to support foster parents and Case Managers in responding to these beliefs that may only be revealed in challenging behaviors?
  - How does knowing about the invisible suitcase help you in your work?

- Reconvene groups, debrief, and make final comments in the large group to wrap up the experience.
  - For children who have experienced trauma—particularly the abuse and neglect that leads to foster care, the invisible suitcase is often filled with overwhelming negative beliefs and expectations.

  - Beliefs not only about themselves:
    I am worthless.
    I am always in danger of being hurt or overwhelmed.
    I am powerless.

  - But also about the caregiver:
    They are unresponsive.
    They are unreliable.
    They are, or will be, threatening, dangerous, and rejecting.

  - Foster parents didn’t create the invisible suitcase and the beliefs inside aren’t personally about them but understanding its contents is critical to the foster parent’s
### Participant Instructions:

- Review The Invisible Suitcase in the PG, and encourage the participants to reflect on it further at a later time. Also suggest that they share it with others that are part of their support system.

1. As you watch the brief reenactment, consider the following:
   - How can you assist foster parents in understanding the feelings and troubling beliefs children may carry about themselves?
   - What will foster parents need from you when they begin to understand the troubling beliefs and feelings children may have about them?
   - What can you do as a Licensing Specialist to support foster parents and Case Managers in responding to these beliefs that may only be revealed in challenging behaviors?
   - How does knowing about the invisible suitcase help you in your work?

---

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

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

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

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<tr>
<th>Time:</th>
<th>30 minutes</th>
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<tbody>
<tr>
<td>Purpose:</td>
<td>This activity provided an opportunity for participants to learn about the different ways they can assist in minimizing the trauma children suffer at initial placement.</td>
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</tbody>
</table>
| Materials:    | • **PG: 76-77, Minimizing Trauma at Initial Placement worksheet**  
• **Flipchart paper posted with the following titles:**  
  − Placement Decisions  
  − Child Information  
  − Sensory Comfort and Settling In  
  − Empathizing with the Child  
  − Trauma Sensitive Care/Behavior Management  
  − Supporting Connections and Relationships  
  − Inclusion and Normalcy/ Cross Cultural Placement  
  − Advocating for the Child  
• **Markers** |

Because this is such a critical point for the child (as well as the foster parents), it is important to spend time exploring the role of the Licensing Specialist and providing support to the foster parents so that they may help to minimize the child's trauma at initial placement. In order to accomplish this activity, participants will need to think of what the foster parent has to do to help the child, and by extension, what they need to do to support and prepare the foster parent. Many of their answers will be the same as how a foster parent would answer because they are both focused on accomplishing the same thing. The foster parent directly and the Licensing Specialist through support.

| Trainer Instructions: | • **Divide participants into groups.**  
• **Instruct participants to use the worksheet to take notes.** |
Instruct participants to determine how a Licensing Specialist can support foster parents during initial placement in each of these areas:

- Placement Decisions
- Child Information
- Sensory Comfort and Settling In
- Empathizing with the Child
- Trauma Sensitive Care/Behavior Management
- Supporting Connections and Relationships
- Inclusion and Normalcy
- Cross Cultural Placement
- Advocating for the Child

Instruct participants to put their answers on the flip chart pages on the wall.

Debrief as a large group.

1. In small groups, using your worksheets, discuss how a Licensing Specialist can support foster parents during initial placement in each of the following areas:
   - Placement Decisions
   - Child Information
   - Sensory Comfort and Settling In
   - Empathizing with the Child
   - Trauma Sensitive Care/Behavior Management
   - Supporting Connections and Relationships
   - Inclusion and Normalcy
   - Cross Cultural Placement
   - Advocating for the Child
   2. Be prepared to discuss as a class.

### Trainer Version

Participants should identify the following:

**Placement Decisions**

- Try to make the placement decision before removal, if possible
- Identify the best match possible for the child
- Help the foster parents with the decision
- Work to place siblings together
• Empower the foster parents to ask questions during the placement phone call so they are fully informed and can help assess the match for themselves

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

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

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

**Trauma-Sensitive Care and Behavior Management/Parenting**

• Provide guidance support to foster parents as they practice trauma-sensitive care and develop a care plan that encourages them to:
  − Understand the impact of trauma, how trauma effects the brain, and how children respond to trauma.
  − Create an emotionally safe environment.
  − Build self-regulation and resiliency in children.
  − Help the child recover from trauma using emotional regulatory healing.
  − Support connections and relationships.
  − Help the child develop a strong sense of self.
  − Remain on their platform, maintain their own regulation and take care of themselves.
  − Recognize their own trauma triggers.
  − Reassure children they are not bad.

• Provide guidance support to foster parents as they practice behavior management/parenting that provides structure, control, and predictability and help them develop a behavior management/parenting plan that encourages them to:
  − Create a positive environment in the home.
  − Understand the meaning of child behavior.
  − Anticipate typical child behaviors at placement.
  − Respond to behaviors appropriately.
  − Adjust their rules based on the needs of the child.
  − Establish and communicate rules.
  − Is sensitive to trauma and the child's individual needs.

**Supporting a Child's Relationships and Family Connections**

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

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

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

**Advocacy**
- Provide guidance support to foster parents as they advocate for the child that provides and help them develop an advocacy plan that encourages them to:
  - Seek ongoing education and training. Additional training and feelings of competency in the foster parent can help relieve stress for the foster parents and the child.
  - Ask the Case Manager if they need assistance with a child.
  - Seek clarity with regards to policy and case specifics around contact between siblings or other family members.
- Support the foster parent role in actively supporting education and any mental health services so that the team has relevant and up to date information on any advocacy needs.

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

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

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

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

**Endorse:**

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

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

**Foster Parents and Secondary Traumatic Stress**

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

- Normally, when speaking about persons being traumatized, literature is referring to those people who were directly exposed to the trauma. It has only been recently that researchers and practitioners have acknowledged that persons who work with or help traumatized persons are indirectly or secondarily at risk of developing the same symptoms as persons directly affected by the trauma. Clinicians and parents who listen to their clients or children describe the trauma are at risk of absorbing a portion of the trauma.

- Vicarious trauma refers to the traumatic impact on those who feel the intensity of the traumatic event through another person. It is important to be mindful that foster parents, staff, and concerned community members, are likely to experience vicarious trauma.

- Foster parents are exposed to all of the trauma that the child carries with them. This trauma is demonstrated through the child’s behaviors and attitudes which may be challenging for the foster parent.

- In addition, foster parent’s awareness of the trauma the child has experienced creates trauma as they empathize with the child and engage in nurturing behaviors.

- The foster parent is also directly exposed to trauma when birth parents are still engaging in destructive behaviors to themselves and others.
How can the Licensing Specialist assist and support the foster parent in managing secondary traumatic stress?

Endorse:

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

| Time: | 30 minutes |
| Purpose: | This activity is an opportunity for participants to stop and reflect on the importance of their role as a licensing professional not just to the child for themselves. |
| Materials: | • *PG: 79, Self-Reflection worksheet*  
  • *Ask participants to work independently.*  
    • *Instruct participants to use the worksheet to answer the questions after reflecting on the following Walt Whitman quote:*  
      “Everything that children experience becomes a fiber of their being”.  
  1. Why is it important for you as a Licensing Specialist to develop the capacity to see the world through the child’s eyes?  
  2. How do you remain cognizant of any personal trauma triggers you may have and self-regulate so that you serve others with compassion and sensitivity?  
  3. What do you do to take care of yourself? What are your strategies for seeing yourself as safe, capable and lovable?  
  • *Debrief as a large group.* |
| Participant Instructions: | 1. Using your worksheet, read the quotation and answer the questions.  
  2. Be prepared to discuss with the whole class. |
Trainer Version

1. Why is it important for you as a Licensing Specialist to develop the capacity to see the world through the child’s eyes?
   - It is important to always keep in mind the traumatic experiences of children in foster care.
   - Helps in connecting an understanding of the impact of childhood trauma to foster parents.
   - Helps to also inspire hope to foster parent that all of the positive experiences they share with children will make a difference.

2. How do you remain cognizant of any personal trauma triggers you may have and self-regulate so that you serve others with compassion and sensitivity?
   - Be aware of your history.
   - Be honest with yourself about unresolved issues.
   - Have regular conversations with someone that you trust about past trauma and your triggers.
   - Pay attention to any early signs of triggers.

3. What do you do to take care of yourself? What are your strategies for seeing yourself as safe, capable and lovable?
   - Engage in regular self-care activities.
   - Keep your cup full.
   - Get plenty of rest and eat well.
   - Take advantage of opportunities for advanced training.

Activity STOP

Making Placement Work

The contributing factors that lead to placement success include:

- Foster Parent/Child Relationship: When the family and child have a good rapport and when they have some things in common that bind them together (shared activities, faith, values, interests), that can be enough to build that relationship that heals.
- Foster Parent/Team Relationship: When the foster parents and agency have a strong relationship, this seems to help too. Being an active team member and
feeling respected on the team will improve the Licensing Specialists chances of making placements last.

- Foster Parent Self-Awareness: The Licensing Specialist cannot give away what they do not have. They cannot promote self-awareness and calm if they cannot gain it for themselves. Children in care will push that button. They will try (unconsciously) to get their foster parents to repeat patterns they grew up with. This can be trying to split parents, trying to sabotage siblings, and generally testing the strength of your family. Children who have experienced trauma and loss need to do this to be sure this ‘nest’ will hold them.

### Predictors of Displacement

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

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

- Child behavior: Disruptive, aggressive, or dangerous behaviors are the strongest predictors of placement disruption. Foster parent is unable to cope with the trauma a child is displaying.

- Length in placement: If disruption is going to occur, it will most often occur during the first six months of placement.

- Type of placement: Kinship care is shown to have greater placement stability. Some predictors of placement stability in non-kin homes were linked to specialized or treatment foster care, therapy, and foster parent empathy.

- Number of placements: The more placements a child has, the greater the chances that foster parents will request removal.
• Availability of placement: Availability of quality foster homes as well as the policies that affect placement may affect success of placements. The number of children in a home also affects placement stability based on the strengths/needs of the foster parent and others in the home.

• Professional relationships: The amount of time, the quality of that time, and the rapport between agency workers and foster parents. Additionally, if agency turnover is high, foster families are more likely to request removal due to inconsistency or difficulty connecting with the new agency worker.

• Foster parent characteristics: Examples are their ability to deal with behaviors, being a good fit regarding temperament, being accepting, understanding behaviors are triggered responses, having motivation including general interest, knowing the child, liking children, or desiring to parent.

• Family relationships: Positive family connections for the child results in greater success in placement.

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

Endorse:

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

Stages of Disruption

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

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

The stages of disruption often include:

• Diminishing pleasure: Where in the early months of placement, the negatives begin to outweigh the positives.

• Child is seen as the problem for everything: When anxiety creates a time of child's "acting out" and the child is seen as the cause of all problems.

• Going public: When talking about the problem to family and friends increases bad feelings.

• Turning point: When a bad or critical incident or crisis occurs that almost is "the last straw".
• The deadline or ultimatum: When parents set a time frame for improvement, or give the threat, "One more time..."

• The decision to disrupt: When the child fails to meet the expectations for the deadline, violates the conditions established and has to go.

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

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

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

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

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

Change of placement is advisable when:

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

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

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

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

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

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

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

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

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

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

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

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

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

The Licensing Specialist, the Case Manager, and other members of the profession must work together to help support normalcy. While background screenings are only required if there is a reasonable basis for doing so, there are times when the Case Manager must be consulted.
Trainer Note: Review with participants the following laws, rules, and operation procedures:

- **Slide:** 2.3.21, s. 39.4091 Participation in Childhood Activities *(PG: 84)*
- **Slide:** 2.3.22, Normalcy Requirements for Decision Making (s. 39.4091 (3), F.S.) *(PG: 84)*
- **Slide:** 2.3.23, Explanation of Reasonable and Prudent Parent Standard (s. 39.4091, F.S.) *(PG: 84)*
- **Slide:** 2.3.24, Normalcy Overview (CFOP 175-11, 6-5) *(PG: 84)*
- **Slide:** 2.3.25, Social Media, Computer Usage, and Cell Phones (CFOP 175-11, 6-7) *(PG: 84)*
- **Slide:** 2.3.26, Driving (CFOP 170-11, 6-8) *(PG: 85)*
- **Slide:** 2.3.27, Babysitting Overview (CFOP 170-11, 7-3) *(PG: 85)*
- **Slide:** 2.3.28, Overnight Care (CFOP 170-11, 7-4) *(PG: 85)*
- **Slide:** 2.3.29, Vacation (CFOP 170-11, 8-3) *(PG: 85)*
- **Slide:** 2.3.30, Out of Town Travel (CFOP 170-11, 8-4) *(PG: 85)*
Show Time (4 or 9 minutes) – Video Review (10 minutes)

Slide: 2.3.31

PG: 86

View one of the following two videos:
Normalcy (4 minutes). https://www.youtube.com/watch?v=31b71YGXb80

Promoting Well-Being and Normalcy for Foster Youth (9 minutes).
https://www.youtube.com/watch?v=8yBEhne3fIw

Discuss video briefly and answer any questions.

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

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

Ages One-Three
- Play-dates

Pre-School-Kindergarten
- Small, simple chores
- Play-dates
- Sports

Elementary Age
- Chores
• Field trips
• Extra-curricular activities
• Sports
• Play-dates
• Going to a friend’s house

Junior High
• Chores
• Field trips
• Extra-curricular activities
• Sports
• Sleepovers

Teens
• Chores
• Dating
• Driving
• Jobs
• Exploring college

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

<table>
<thead>
<tr>
<th>Time:</th>
<th>30 minutes</th>
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<tbody>
<tr>
<td>Purpose:</td>
<td>Participants will provide input on how to assist foster parents in making a “normal decision” based on prudent parent decision making. In addition, this activity gives them additional practice at evaluating a child’s needs, strengths, and weaknesses. Matching the right normalcy decisions gives participants the opportunity to look at a child’s strengths and weaknesses from the perspective of helping create a more ‘normal’ day-to-day life for them.</td>
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</table>
| Materials:    | - PG: 87-88, Normalcy Planning worksheet  
- CFOP 170-11, Chapter 6 |
| Trainer Instructions: | - Ask participants to work in pairs.  
- Instruct participants to use the Participant Guide material reviewed and answer questions:  
  1) Are teenagers in foster care permitted to get a driver's license?  
  2) Are teenagers in foster care permitted to get a job?  
  3) Are children in foster care permitted to spend the night at a friend’s house?  
  4) Are teenagers in foster care permitted to date?  
  5) Are children permitted to have a cell phone?  
  6) Are caregivers permitted to post pictures of children in their home on social media sites?  
- Debrief as a large group. |
| Participant Instructions: | Review the statute for normalcy and then answer the following questions. |
Trainer Version

1) **Are teenagers in foster care permitted to get a driver's license?**
   a. Caregivers and child welfare professionals shall assist children in finding a driver’s education program.
   b. Support of the child’s efforts to learn to drive a car, obtain a learner’s permit, and driver’s license shall be based upon the child’s age, maturity, and access to insurance.
   c. The Keys to Independence program is available to assist caregivers, youth and child welfare professionals to maximize children’s access to learners’ permits, driving education and drivers’ licenses.

2) **Are teenagers in foster care permitted to get a job?**
   a. The out-of-home caregiver must determine that the activity or outing is safe and appropriate in accordance with the reasonable and prudent parent standard.
   b. Children shall be encouraged to participate in normal school, community or social activities and outings, such as employment, school field trips, dating, scout camping trips, and activities with friends, school, and church groups as appropriate for the child based upon a reasonable and prudent parent standard.

3) **Are children in foster care permitted to spend the night at a friend’s house?**
   a. Background screening is not required for the child’s participation in normal childhood activities and outings, like sleepovers with friends, participation in school lock-in’s, or team sports.

4) **Are teenagers in foster care permitted to date?**
   a. Background screening is not required for the child’s participation in normal childhood activities and outings, like sleepovers with friends, participation in school lock-in’s, or team sports.

5) **Are children permitted to have a cell phone?**
   a. Children are permitted to participate in social media, computer usage, and have a cell phone as long as permission has been given by the caregiver.

6) **Are caregivers permitted to post pictures of children in their home on social media sites?**
   a. Caregivers are permitted to post pictures on social media including children placed in their care. Caregivers may not use the child’s last name or identify the child as residing in out-of-home care.

Activity STOP
Key Points:

- Licensing Specialists serve as the primary support for foster parents and are responsible for encouraging partnership between foster parents and other professionals and caregivers.

- The relationship between foster parents and birth parents can with few exceptions be developed into one of support and cooperation to serve the child’s best interests. It takes an investment from everyone involved.

- It is essential for foster parents to understand the impact of trauma on a child’s development and how that may influence the child’s behavior. This enables foster parents to provide care that is trauma sensitive.

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

Module Transition:

Understanding foster parents and children we serve enables the Licensing Specialist to build positive, supportive relationships.

The next module focuses on recruiting quality parents that can meet the needs of children in out-of-home care.