Phase II: Caregiver Supports, Training, Recruitment and Retention Workgroup

Summary Report

Presented to The Public Children Services Association of Ohio (PCSAO) and the Ohio Department of Job and Family Services Office of Children Services Transformation

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This report was made possible in collaboration with Casey Family Programs, whose mission is to provide, improve – and ultimately prevent the need for—foster care. The findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinions of Casey Family Programs.

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I. Introduction

The number of children in foster care in the state of Ohio has been on a steady increase for over a decade, with 16,045 children in care on a single day during 2019 (state-reported figure) and 7,788 total licensed foster homes in the state (https://www.fostercarecapacity.com/states/ohio). Annually, approximately 27,000 children are in care within the state at some point. Further, among those children/youth in care, approximately 14% were living in congregate care. Congregate care is not a proper setting if the child's needs can be addressed in a family setting, thus indicating the need for alternative forms of care in Ohio. The terms "foster parent" and "foster caregiver" are used interchangeably throughout this report to refer to the individuals recruited, trained, and responsible for caring for children in out-of-home, non-congregate care placements within the child welfare system (see page 11 for further discussion about terminology).

Phase I of the Tiered Treatment Foster Care Project was convened to address Strategy 2 of the Children's Continuum of Care Reform Plan (CCCR), which put forth three core tasks: (A) Develop statewide foster parent recruitment and retention assistance; (B) Modernize Ohio's foster care system; and (C) Establish a new exit from foster care to permanency with the Kinship Guardianship Assistance Program (KGAP). Phase I provided the opportunity for day-long discussions with over 40 key stakeholders who convened to discuss and brainstorm Ohio's Tiered Treatment Foster Care model. The Tiered Treatment Foster Care Workgroup Report and Recommendations was released in February 2020, with three recommendations to further the work of this project:

(1) Expand the levels of foster care beyond traditional and treatment by creating three tiers of treatment foster care.
(2) Adjust foster care per diems based on the level of care provided by establishing a standard per diem range for traditional foster care that is consistent across the state. Establish a standard set of per diem ranges for three tiers of treatment foster care that is consistent across the state.
(3) Professionalize the role of foster caregivers by determining skills required, support provided, and expectations for entering foster care as one's primary area of focus.

Based on these recommendations, workgroups for Phase II were developed; the first to launch was Workgroup I on Caregiver Supports, Training, Recruitment, and Retention. Workgroup II will examine professionalization, and Workgroup III will focus on payment in the tiered treatment foster care model in Ohio. Please note that the reiteration of importance and cost-savings of a tiered treatment foster care model versus placement in congregate care may be needed for custodial agencies, such as via presentations of different models and/or simulations. This report focuses on caregiver supports, training, recruitment, and retention.

II. Background for this Workgroup

The topics of supports, training, recruitment, and retention are of great importance in the field of child welfare, as the need for foster homes continues to be a pressing one. In the document, A Movement to Transform Foster Parenting (2016), The Annie E. Casey Foundation suggests that, "when appropriately trained and properly supported, foster parents—both kin and non-relative caregivers—are critical partners in a child-centered foster care system" (p. 1). The report suggests three major techniques for engaging and empowering foster caregivers: (1) ensuring quality caregiving for children; (2) forging strong relationships between public child welfare agencies, private providers, and foster caregivers so that everyone is a respected member of the team; and (3) finding and keeping amazing caregivers to continue working with our children. These sentiments were echoed in The Office of Children Services Transformation Initial Findings Report (February, 2020), which highlighted the needs of foster caregivers including (1) formalizing foster caregiver rights; (2) the need for services and support; (3) streamlining of training and licensure processes; (4) more diligent recruitment and retention of foster caregivers; and (5) increased recognition and appreciation of foster caregivers.

The Phase II Workgroup on Supports, Training, Recruitment, and Retention convened its first in-person meeting on March 9, 2020, prior to the onset of the Stay At Home orders for Ohio. This meeting occurred at the Ohio Department of Job and Family Services and was preceded by a survey asking participants for input on the four topics (supports, training, recruitment, and retention). The survey results were compiled and shared with the group at this first meeting. After the first in-person meeting, the group shifted to virtual meetings, which were held on April 3, April 22, May 22, and June 22, 2020. In between the meeting on April 22nd and the meeting on May 22nd, the workgroup participants completed a second survey related to how foster caregivers are treated by the system. The themes from this survey are included in this report. A list of stakeholder workgroup members is provided below.

Considering previous recommendations of the larger group during Phase 1 of this project and existing knowledge and research, the workgroup was tasked to achieve the following goals:

(1) Recommend a range of supports for treatment foster care parents and establish a foundational/baseline set of supports that can be adopted across the state of Ohio
(2) Review training requirements for treatment foster care parents and consider meaningful training topics and training formats that better equip caregivers with the skills needed
(3) Recommend recruitment strategies that speak to the levels of need of children in the tiers of treatment foster care
(4) Recommend strategies for retention for treatment foster care parents

The members of this workgroup are listed in Table 1 on the following page.

Table 1. Workgroup Members		
Name	**Organization**	**Title**
Bryan Forney	Focus on Youth, Inc.	CEO
Celeste Nichols	Licking County JFS	Placement Unit Supervisor
Colleen Tucker	ODJFS-OFC	Bureau Chief
Crystal Allen	Casey Family Programs	Senior Consultant
Danielle Swendal	Knox County JFS	Social Services Administrator
Dave Beck	ODJFS- OFC	Human Services Developer
Deanna Prezioso	Trumbull County Children Services	Foster Care/Kinship Care Supervisor
Jessica Parks	NECCO	
Julie Schoenlein	Lorain County Children Services	Recruiter
Kate Rossman	Ohio Children's Alliance	
Kelley Gruber	Institute for Human Services	Training Manager
Linda McKnight	Franklin County Children Services	Associate Director
Lisa Allomong	Pressley Ridge	
Mark Mecum	Ohio Children's Alliance	CEO
Matt Mitchell	Pressley Ridge	Executive Director of Ohio
Megan Garbe	Ohio Family Care Association	Foster Caregiver
Samantha Shafer	Integrated Services for Behavioral Health	Chief Transformation Officer
Tara Shook	ODJFS-OFC	Section Chief, Substitute Care and Permanency
Teri DeVoe	Fairfield County JFS	Foster Caregiver

III. Supports

Supports are typically understood as resources or services that are available to foster caregivers to aid them in the day-to-day care of a child. Supports play a crucial role in the retention of foster parents. Supports provided by agency staff are a significant predictor in intent of foster caregivers to refer other families and in their overall satisfaction[1], and the absence of supports is one of the reasons that families discontinue fostering[2]. Health insurance, involvement in service planning, respite, and social support are recognized as impacting foster caregivers' satisfaction[3]. Supports like involvement in service planning, social support, and stipends impact retention, while wraparound impacts stress.[3] The State of Georgia Division of Family and Children Services (2017) states that wraparound services "are designed to provide immediate, critical support to placement families and the children entrusted to their care, with the intent of promoting safe and stable families" (p. 54) and include supports such as crisis intervention, in-home case management and in-home therapeutic services.

Mighty Crow developed a list of supports, using the available literature on this topic and information listed in the Ohio Administrative Code. Members of the workgroup reviewed and discussed this list, including providing feedback via a survey on the availability of the supports and the level of value for the supports from the perspective of the caregiver. Additionally, the group provided context for the supports in the form of a "wish list" to indicate what the support should "look and feel like" to the caregiver. A summary of supports along with definitions is provided in Table 2. Supports that are highlighted in yellow in the table indicate those supports that were most valued by the workgroup.

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[1] Mihalo, J.R., Strickler, A., Triplett, D.R., & Trunzo, A.C. (2016). Treatment foster parent satisfaction: Survey validation and predictors of satisfaction, retention, and intent to refer. *Children and Youth Services Review, 62*, pp. 105-110).

[2] Ahn, H., Greeno, E.J., Bright, C.L., Hartzel, S. & Reiman, S. (2017). A survival analysis of the length of foster parenting duration and implications for recruitment and retention of foster parents. *Children and Youth Services Review, 79*, pp. 478-484.

[3] Piescher, K.N., Schmidt, M., & LaLiberte, T. (2008). Evidence-based practice in foster parent training and support: Implications for treatment foster care providers. Center for Advanced Studies in Child Welfare. Retrieved from: https://www.academia.edu/20527852/Evidence-Based_Practice_in_Foster_Parent_Training_and_Support_Implications_for_Treatment_Foster_Care_Providers

Table 2: Supports Definitions		
Support Options from the Survey	**Wish List/Context for the Support**	**Definitions from the Ohio Administrative Code:** **http://codes.ohio.gov/oac/5101:2-1** **Children Services Definition of Terms**
Table 2: Supports Definitions, continued		**Other formal definitions**
24/7 Crisis/Emergency Services Survey Results: 93.8% Available throughout Ohio 93.3% Valued by Caregivers	Crisis/emergency management that is not a directive to call the police; more like a "super nanny" response	OAC (83) "Crisis services" are services provided to families in crisis situations for the purpose of providing an immediate or temporary solution to the presenting problem. OAC (104) "Emergency" means a situation where there is reason to believe that a child is threatened or alleged to be abused, neglected, or dependent to an extent that the child is in immediate danger of serious harm. OAC (105) "Emergency caretaker services" are those services provided by a person placed within a child's own home to act as a temporary caretaker when the child's own caretaker is unable or unwilling to fulfill the responsibility.
Respite: Paid Survey Results: 68.8% Available throughout Ohio 66.7% Valued by Caregivers	Day-to-day supports for daily tasks like cooking, driving, tutoring, cleaning, etc. Transportation Support, especially for visitation	OAC (269) "Respite care," as used in Chapters 5101:2-5 and 5101:2-7 of the Administrative Code, is any alternative care provided for a child placed in a specialized foster home that lasts more than twenty-four consecutive hours when the plan is to return the child to the same specialized foster home at the end of the period of respite care. OAC (270) "Respite care services" are services designed to provide temporary relief of child-caring functions including, but not limited to, crisis nurseries, day treatment, and volunteers or paid individuals who provide such services within the home. This service may be provided to a child placed in a foster home or with a relative as well as for a child in his own home. OAC (271) "Respite home" is a home managed by a respite family receiving funds from and approved to provide respite care services by the department of developmental disabilities.
Respite: Unpaid Survey Results: 68.8% Available throughout Ohio 6.7% Valued by Caregivers	No additional context.	OAC (332) "Volunteer services" are those services (e.g., transportation) performed by a person of his own free will and without monetary gain or compensation.
Peer to Peer Support Survey Results: 56.2% Available throughout Ohio 40% Valued by Caregivers	Support in the moment from other foster caregivers Phone a friend Volunteer Circle Formal Mentoring	*No formal definition is listed in the OAC.* AdoptUSKids (2019) states that peer support is "where parents and children and teens spend time with others in similar situations or with similar experiences. Peer support enables those with more experience to share wisdom and encouragement and provides a safe, non-judgmental place for children and parents to ask questions and share insight into their experiences (p. 1). They go on to define the following terms: (a) Mentoring and coaching: "connecting families with experienced parents and caregivers who can provide tips and insights and help them develop their skills (e.g. parenting techniques, ways to understand children's behaviors)" (p. 1). (b) Direct Support: "with experienced peer parents serving as a resource to families by providing suggestions, information, emotional support, respite care, and other forms of support" (p. 1).

Alternative Care Arrangements	Alternative care	OAC (5101:2-7-08) "(B) Alternative arrangements for the care of a foster child by someone other than the foster caregiver shall be approved by the recommending agency." (C) Alternative arrangements for the care of a foster child does not include arrangements that are being made in accordance with the reasonable and prudent parent standard. (D) A foster caregiver shall have prior written approval by the recommending agency of a plan for the care of a foster child in emergency situations. (E) A foster caregiver shall have prior written approval by the recommending agency of a statement for each foster child specifying whether or not the foster child may be left unattended and, if so, for what period of time. (F) If a foster caregiver arranges for a foster child to be cared for in a child care center or by a type A or type B child care provider, the foster caregiver shall: (1) Ensure the child care center type, type A or type B child care provider is licensed in accordance with Chapter 5101:2-12, 5101:2-13, or 5101:2-14 of the Administrative Code. (2) Provide documentation to the recommending agency that the child care center, type A or type B child care provider is currently licensed.
Support Groups Survey Results: 62.5% Available throughout Ohio 20% Valued by Caregivers	No further context for this support.	*No formal definition is listed in the OAC.* "Support groups bring together people who are going through or have gone through similar experiences…A support group provides an opportunity for people to share personal experiences and feelings, coping strategies, or firsthand information". Support groups may include face-to-face or virtual meetings, may be led by a facilitator, and may offer educational opportunities (e.g., guest speakers). (Mayo Clinic, 2018, para. 1-2)
In home meetings/visits Survey Results: 93.8% Available throughout Ohio 46.7% Valued by Caregivers	Professional support on site during a crisis	OAC (119) "Family support services" for the purposes of utilizing Title IV-B, "subpart 2" means community-based services to promote the safety and well-being of children and families, which are designed to increase the strength and stability of families (including adoptive, foster, and kin), to support and retain foster families so they can provide quality family based settings for children in foster care, to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development, including through mentoring.
Case Management Service Coordination Survey Results: 87.5% Available throughout Ohio 0% Valued by Caregivers	No further context for this support.	OAC (41) "Case management services" are activities performed by the PCSA, PCPA, PNA, or Title IV-E agency for the purpose of providing, recording and supervising services to a child and his parent, guardian, custodian, caretaker or substitute caregiver.
Birth parent and foster caregiver relationship*	Supporting relationships between foster caregiver and birth parents	OAC (35) "Caregiver" is a person providing the direct day-to-day care of a child during his placement in substitute care. OAC (36) "Caretaker" is a person with whom the child resides or the person responsible for the child's daily care. This includes, but is not limited to, the parent, guardian, custodian or out-of-home care setting employee.

Table 2: Supports Definitions, continued		
Assessment/Matching*	(1) Basic and ongoing training with assessment (2) Caregiver skill assessment (3) Better matching of the needs of the child with the level of care/skills provided by the parent	*No formal definition is listed in the OAC.* ODJFS (2018) states the following: Pre-placement training is required for anyone who wishes to become a foster parent. The training includes 36 hours of coursework, which covers basic knowledge about foster care, as well as agency policies. During each certification period of 2 years, foster parents are required to complete a minimum of 40 hours of ongoing training. If caring for a child who receives "specialized treatment", 60 hours of ongoing training is required.
Limiting the number of children in the home Survey Results: 81.2% Available throughout Ohio 0% Valued by Caregivers	No further context for this support.	*No formal definition is listed in the OAC.* Based upon the needs of the child, an agency may limit the home to one or two children, etc.
Other considerations:		*Consistency between agencies on policies is needed.* *Foster Parent Bill of Rights* Foster Parent Bill of Rights is intended to inform foster parents of their rights within the child welfare system (NCSL, 2019). **Attachment C** provides suggested components to include in a Bill of Rights provided by the FFTA.
* This support was not listed on our original survey; it was added to the list after further discussion with the workgroup.		

Other OAC terms and definitions that may be applicable to supporting foster families include:

- OAC (204) "Parent aide services" are those supportive services provided by a person assigned to families as a role model, and to provide family support for a portion of the twenty-four-hour day.
- OAC (205) "Parent education" is a teaching process to assist a parent, guardian, or custodian in developing the basic skills necessary to provide adequate care and support to a child in his own home.
- OAC (300) "Substitute care" is the care provided for a child apart from his parent or guardian, while the child's custody is held by a PCSA or PCPA.

OAC (301) "Substitute caregiver" means an individual providing care for a child who is in the custody of the PCSA or PCPA including, a relative other than the child's parents, a nonrelative having a familiar and longstanding relationship with the child or the family, a foster parent or pre-adoptive parent, and a staff person of a group home or residential facility who is providing care for the child.

Many of these supports can also be conceptualized along a timeframe that corresponds with the foster parenting experience, beginning with pre-placement and moving into day-to-day caregiving.

Table 3: Supports Provided in the Foster Parenting Experience	
Timeframe	**Supports Identified by the Workgroup**
Pre-Placement	• Need basic information about a child before they are placed • The ability to do a better job matching the child with the skills/capabilities of the treatment foster family
Training as Treatment Foster Caregivers	• Basic and ongoing training with assessment • Training: We need a skills assessment
Day-to-Day Caregiving	• Day-to-day supports: driver, dinner-cooker, babysitter (separate from respite), tutor/mentor (e.g., Faith Bridge Foster Care). Day-to-day caregiving supports may be paid for via their own stipend or a specific stipend for such services. Other services can occur on a volunteer basis. • Seasoned/retired caregivers as "phone a friend" volunteer circle -- hot line! Peer support. • Formal mentoring with seasoned foster caregivers • Transportation to special appointments or under special circumstances
Moments of Crisis	• Crisis/emergency management that is more than "call police" or "go to hospital" • Connection in moment of crisis in addition to police/hospital (ideally professional but also fellow caregiver support) – at least by phone/Skype but ideally in person
Relationship with birth parent or caregiver	• Agency support for relationship between birth parent and caregiver • Visitation should include opportunities for frequent/daily virtual contact with birth families and parents (including siblings) and intentional weekly/semimonthly contact when the child is in foster care • Virtual contact can focus on regular updates on child's routine, education, extracurricular, or other updates to maintain the connection between the child in placement and their birth parents/family.
Relationship with Agency or County	• Need "broadest opportunity for state policy" to compare with more restrictive county/agency policy in order to move toward normalcy • Foster Parent Bill of Rights and/or advocate to clarify for parents

The list of supports, their known definitions, and the timeframe for when those supports would likely be utilized by foster parents was given significant discussion by the workgroup. Once this list was fully developed, Mighty Crow developed a crosswalk between the three recommended tiers for treatment foster care, the expectations for caregivers, and the supports associated within each expectation. As the workgroup discussed the supports that were considered most valuable to foster parents, the importance of relationship building continued to be emphasized. Relationship building between foster parents as mentors to one another, the relationship between foster and birth parents, and the relationship between foster parents and the system of care were all deemed significant. These aspects of relationship building were included in the crosswalk document, which is provided as ***Attachment A*** to this report. In addition to Attachment A and the information provided in Tables 2 and 3, Mighty Crow examined the Family Focused Treatment Association (FFTA) Standards for Treatment Foster Care and developed a crosswalk between their standards and supports. This crosswalk is provided as ***Attachment B*** to this report. These documents are reflective of one another, as Tables 2 and 3 are represented in the

supports listed in the Tier Crosswalk (Attachment A), which is similar to the supports discussed in the FFTA Standards document.

One of the challenges in Ohio is the variation of resources leading to inconsistency in practice across counties and between agencies for the types of supports provided. The difference does impact issues of recruitment and retention, and more consistency is desired. The workgroup indicated that the supports that should be in place for all treatment foster parents include: Peer-to-peer support, support groups, 24/7 crisis and emergency services, and paid respite.

Supports Examples
Trumbull County Children Services (Northeast Ohio) and
Integrated Services for Behavioral Health (Central and Southeast Ohio)

The workgroup's third meeting included presentations from two members who have implemented innovative programs that provide support to families in the foster care system: Trumbull County Children Services and Integrated Services for Behavioral Health. A summary of each support service is provided in this section.

FOCUS Mentoring Program: Trumbull County

DeeDee Prezioso from Trumbull County Children Services provided an overview of their FOCUS (**F**amilies **O**ffering **C**are **U**nderstanding and **S**upport) Mentoring Program for Caregivers. Mentors have a defined purpose, which includes:

- Being a source of information and direction
- Assistance with navigating the child welfare system
- Linkage to community resources
- Provide insight, understanding, and shared experience
- Encourage problem-solving, and provide open and honest feedback
- Being available to serve as a confidant in a time of crisis

Every newly licensed foster parent (not only treatment foster families) is matched with a FOCUS mentor, and mentors have contact with their mentee at least once per week for the first three months and then twice per month for the next nine months. Mentors also work with caregivers outside of their first year of licensing in times of need. Mentors receive training and abide by a mentor agreement, which includes confidentiality, social media use, and role definition. Mentors are compensated for their work.

Risk Management: 24/7 Support: Integrated Services for Behavioral Health

Samantha Shafer from Integrated Services for Behavioral Health (ISBH) discussed her organization's role in the Southeast and Central Ohio Systems of Care Collaborative, which is a 12-county ODJFS/CPS collaboration along with partners in healthcare and behavioral health. ISBH serves as a lead facilitator in this collaborative and provides Risk Management, Residential Services, and High-Intensity Home-based

Services. The Risk Management Program is committed to supporting youth and families being safe and healthy together. Eligible participants include youth and families involved with children services (i.e., foster care) and/or youth and families at risk of involvement due to challenges related to mental health and substance use. Supports are delivered in the home and community setting 365 days a year. Planned and unplanned services are provided during the non-traditional hours of after 5pm, weekends, and holidays. Such support services can act as a great resource for foster caregivers as they care for children in tiered treatment foster care. The goal is to reduce the need for emergency room visits or engagement with law enforcement. Risk Managers have ongoing communication with all natural and professional supports identified by the family to promote meaningful coordination of care.

- ***Planned responses*** are activities that are scheduled ahead of time between the Risk Manager and the youth/family. Activities may include family outings, stabilization work, shared activities with foster care providers and the biological family.
- ***Unplanned responses*** are initiated by the family or through the local children services agency and often warrant a face-to-face visit with the youth and/or family. Support can also be provided over the phone when appropriate.

Other Examples of Supports:

We recognize that there are other examples of supports that exist in Ohio and across the United States. As the importance of supports continues to be discussed in Ohio and other states, we will continue to examine what is available in the literature. Provided below are two additional examples of supports, one of which is available in Ohio at this time.

Care Portal is a technology platform that connects vulnerable children and families to people who have something to give, largely through church communities. Families make requests through the Care Portal, and churches or ministries are linked to the family. There are three tiers of need for requests:

- Tier 1: concrete goods and services like cribs, clothing, professional services, finances
- Tier 2: engagement requiring a background check. Examples include tutoring, mentoring, substance abuse classes, supervised visit facilities, transportation for adults, babysitting
- Tier 3: engagement requiring specialized training or a license. Examples include: Safe Families, foster care, adoption

In Ohio, Care Portal is active in ***Fairfield County***, with 11 churches involved. The county sponsor is listed as Garner Insurance. In Franklin County there is one church involved and a sponsor is not listed.

Foster Together connects neighbors to foster parents in an effort to "build a village for our families." Foster Neighbors provide support through hand-delivered, home-cooked meals delivered once a month. There is a three-month commitment with a self-paced training session in their online portal. After training, neighbors are matched virtually with a family in need. After getting to know the family, the neighbor may expand their offerings. At the time of this report, Foster Together is not in Ohio.

Supports for the Biological Family: Parent Mentor Perspective

As this workgroup's discussion progressed, it became evident that having the perspective of a birth parent who had navigated the system of child welfare was needed. Gretchen Hammond had the opportunity to engage in an initial conversation with Angela Cochran, Peer Mentor for Trumbull County Children Services. Angela is a Certified Peer Recovery Support Specialist and is a parent who experienced the child welfare system and successfully reunified with her children. Because this conversation was so informative, she was asked to speak to the workgroup and share her perspective as a parent. Gretchen Hammond facilitated this dialogue, with opportunities for the workgroup to ask Angela questions directly. Key points in the discussion included:

- **Terminology:** Terminology that the field uses to describe birth parents, foster parents, etc. is a topic of interest, as the intention is to be respectful in the words we use. When asked for her perspective on the following terms: *Bio Parent/Birth Parent*, *Parent of Removal,* and *Natural Parent*, Angela indicated that most birth parents just want to be called **"Parents" or "Mom and Dad"** versus another term. She also said that hearing the children refer to the foster parents as "parents" or "mom and dad" is very painful and creates jealousy. The term *Shared Parenting* has also started to circulate; when asked about this term she indicated that this term was really confusing and would make birth parents think "shared custody," which is not the case and also an implication that there really is an opportunity to share -- when that's not the reality of the situation. Most decisions and visitation are in the hands of the foster parent, not the parent, and so this idea of calling it "shared" almost feels unfair. Angela thought the term **"Resource Families"** was much better and that parents would understand what this meant. From the parents' perspective they would translate that as, "the family is a *resource* for me and my children."

- **Supports:** **Peer Support, Recovery Coaches, Systems Navigators** are all very important roles for parents from Angela's perspective; also, these types of supports are supported in the literature. Having someone who has successfully navigated the child welfare system to support the parent is very helpful, along with a peer supporter or coach who can support them in addressing other challenges like entering treatment, entering recovery, accessing mental health services, etc. The regular contact from persons in this role is VITAL. Peer supporters, coaches, etc. tend to see people weekly or bi-weekly, versus a caseworker who sees the parent monthly. Also, **Intensive Case Management** is a valued support because of the regular contact and assistance. Angela also said that there is a lack of support for fathers; they can sometimes seem to be left out of the discussions on supports and services.

- **Visitation:** Angela said there is a lack of visitation when it comes to parents who might be in treatment. In her experience, she saw her kids less than five times in 18 months. **The lack of visits is traumatizing for the parent and the child.** She encouraged being more creative about visits: using Zoom and other platforms to engage with parents during dinner, during homework time, etc. and elevating visitation from one hour to a regular occurrence around natural/normal life events. Having a Zoom call a couple nights a week while doing schoolwork allows the parent to engage with their child and the foster parent and keeps them informed of what is going on with their child. This leads directly into the next suggestion.

- **Keeping the parent informed of what has been going on with their child is a big issue.** The children who do reunify come back as strangers to some extent. Mom/Dad need to be updated on school, medical issues, dental issues, routines, etc. Angela said when her kids were reunified, she really had no idea of what their daily routine had been because she had not seen them frequently. She advocated for parents to be included regularly in the lives of their children. They want to see report cards, go to IEP meetings, be included in doctor visits, etc. While regular updates on educational and medical decision making are required in the foster care system, it is important to maintain open, transparent, and collaborative communication between foster and birth families. **Plus, these experiences are learning opportunities for the parent**. Child Welfare Information Gateway has several resources on building the relationship between parents and foster parents.

- **Support after reunification is essential.** The transition back is hard -- and the parent is nervous about the return of their children. We discussed that for parents who have gotten sober, "sober mom" is terrifying because if you've never parented sober, you almost don't know what to do. Also, the children have changed. Before removal they may have been in a more parentified role due to a parent's active addiction or active mental illness; now that the parent is sober and doing better, those roles should change. There is a natural "rough patch" right after reunification, so the support to that parent is very helpful in preventing any further disruption or reentry into the system. Angela said if support can be provided by the foster parents after reunification, that would be great, but she also said this is where peer mentors, navigators, etc. can come into play. The Birth and Foster Parent Partnership identifies five protective factors of relationship-building between the parents and the resource family as: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

- We also wondered about **data on reunification** when there is a strong relationship between the parents and the foster parents before and after reunification. Meaning, do we have data that demonstrate that parents do better if this relationship is in place? There is a factsheet from childwelfare.gov for parents that discusses the process. Casey Family Programs has a tip sheet on working with families with substance use disorders that includes reunification support. CASA for Children has a detailed brief where they recommend 12 months of post-reunification support. More information on this topic is needed.

- **Linkage to Treatment and Other Service Providers:** Parents who need to connect to services as part of their case plan need help in gaining access. They face long waits and cannot seem to get into treatment services quickly. Having MOUs with adult treatment providers that prioritize parents coming from the children services system would be helpful for parents.

Ohio START is an evidence-informed program that addresses several of these areas.

Recommendations for Supports: Please see Section VII for the group's recommendations.

IV. Training

This workgroup examined four topics: Supports, Training, Recruitment, and Retention, as they are seen as interconnected. As such, the topic of training was discussed throughout the workgroup meetings. This section provides an overview of training for foster parents and treatment foster parents.

Training for foster parents is described in the Ohio Administrative Code (OAC), Chapter 5101:2-5-33 Foster Caregiver Preplacement and Continuing Training. The OAC states, "A recommending agency shall document that each person seeking certification successfully completes all Preplacement training required by this rule according to the type of foster home for which certification is sought." Training includes preplacement and then continuing training. Training requirements are separated by Pre-Adoptive Infant Foster Home, Family Foster Home, and Specialized Foster Home. Treatment foster care would fit within the Specialized Foster Home requirements, which includes 36 hours of Preplacement training. Within the 36 hours, training includes issues specific to the types of children placed in the type of specialized foster home the person seeks to operate. The code offers two examples:

i. Issues concerning appropriate behavioral intervention techniques, such as de-escalation, self-defense and physical restraint techniques and the appropriate use of such techniques.
ii. Education advocacy training.

Specialized foster homes must complete a minimum of 60 hours of continuing training during each certification period. There are limitations on how much training can occur outside the classroom setting (e.g., online). Specifically the OAC states, "The acceptance of training that is completed outside a classroom where a trainer is not present, shall be considered by the recommending agency on an individual basis and shall not be used for more than six hours of Preplacement training or to meet more than one-fourth of a foster caregiver's continuing training requirements."

There exists limited standardization of training for foster parents. Broadly, the Foster Care Independence Act of 1999 (H.R. 3443) requires that foster parents be trained in skills and knowledge necessary to care for children placed in their care, and recommends ongoing training to upkeep foster caregiver skills as well. Beyond requirements of the Foster Care Independence Act, foster caregiver training requirements and offerings fall mainly to the discretion of the foster care agency.

Currently, legislation is pending that would make changes to the training requirements. House Bill 8 (HB8) amends 2151.353, 5103.031, 5103.032, 5103.033, 5103.035, 5103.038, 5103.0313, 5103.0314, 5103.0316, 5103.0317, and 5103.31 and repeals sections 5103.039 and 5103.0311 of the Administrative Code regarding foster caregiver training. The ORC recommendations in the bill are a result of the Foster Care Advisory Group (FCAG). After the law gets changed, the plan would be to look at the following recommendations from that group:

- Decrease the number of pre-service training hours and re-focus pre-service training on the readiness of prospective foster caregivers.
- Restructure foundational and ongoing training for new foster caregivers such as reducing preplacement training requirements and increasing ongoing training once a family has received a placement.

- Restructure foundational and ongoing training for foster caregivers who have completed their initial certification period.
- Permit more alternative training formats for foster caregivers.
- Consider mentoring and coaching for foster caregivers as needed or determined by the licensing agency.
- Expand specialized training for foster caregivers caring for drug-impacted children.

The members of the workgroup discussed aspects of training as it relates to recruitment, retention, and supports. Some types of training are a support, especially training that is specific to addressing the needs of a child in the home. Training on trauma, helping children adjust to the foster home, managing challenging behaviors, and learning about agency expectations for foster parents is considered of the utmost importance[4]. The workgroup also discussed the improvements in online training and online curriculum over the past few years, making the limitation on online training seem too restrictive. Discussion over who provides the training between private and public agencies, how parents are compensated (or not) for attending trainings, and inconsistency in developing individual training plans for caregivers were all topics of discussion. The workgroup emphasized that training needs to be **meaningful** to the people being trained, be **relevant** to the needs of the children in their home and help them to **build their skill sets** as caregivers. Flexibility in the formats available for training is also needed. As Ohio awaits legislation on HB8, we also recognize that consistency across regions, counties, and agencies related to training requirements, delivery, and supports for training are needed.

Recommendations for Training: Please see Section VII for the group's recommendations.

[4] Herbert, C.G. & Kulkin, H. (2017). An investigation of foster parent training needs. *Child and Family Social Work, 23*, pp. 256-263.

V. Recruitment and Retention

Recruitment of foster parents and treatment foster parents is a topic of significant discussion on a national level as jurisdictions grapple with an increased need for homes and a decline in the number of families who are willing to foster[5]. The Administration for Children and Families acknowledges that recruitment is difficult due to incongruent approaches utilized by different agencies (public and private) and organizations (non-profit, faith-based, etc.) and recruitment of the same families by multiple agencies. Recruitment is impacted by retention, as the need to offset families leaving is a challenge, with between 30% and 50% of families stepping down each year in many states[6].

PCSAO's Children's Continuum of Care Reform Plan (May 2019) recommends the development of statewide foster parent recruitment and retention assistance, which includes seven specific recommendations intended to improve recruitment and retention. Those recommendations include:

i. Dedicated state funding for recruitment and retention of foster parents, and ensure adequate funds to cover the true cost of recruitment, retention, and foster parent support.
ii. Promote the Foster Care Advisory Group's recommendations regarding best practices for recruitment and retention.
iii. Consider regional approaches to recruitment:
    a. State funding for recruitment
    b. Local and regional marketing efforts
    c. Utilization of the Annie E. Casey Foundation's Foster Care Estimator tool with various levels, by county, by region, by child's needs.
iv. Modernize recruitment efforts and move away from traditional methods by assessing lessons learned from other states.
v. Increase availability of foster homes in the county so that children don't have to be placed far away from their own county.
    a. Explore what ODJFS is developing to assist public children service agencies (PCSAs) in finding available foster homes
    b. Research other options the state could use to assist PCSAs in accessing available foster homes such as the Every Child A Priority (ECAP) system
vi. Enhance Ohio's family search and engagement efforts and various pilots such as 30 Days to Family.
vii. Explore possible online portals such as BINTI that help to expedite the licensing process by allowing families to upload required documentation.

There are a growing number of evidence-based programs for foster parent (or resource family) recruitment. The California Evidence-Based Clearinghouse (CEBC) includes programs that focus on the

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[5] Kenny, J. (2017). Rethinking Foster Parent Recruitment. The Chronicle of Social Change. Retrieved from: https://chronicleofsocialchange.org/blogger-co-op/rethinking-parent-recruitment/24859

[6] Haskins, R., Kohomban, J. & Rodriguez, J. (2019). Keeping up with the caseload: How to recruit and retain foster parents. Retrieved from: https://www.brookings.edu/blog/up-front/2019/04/24/keeping-up-with-the-caseload-how-to-recruit-and-retain-foster-parents/

location, identification, recruitment, education, training, support, and retention of adults who are interested in being resource parents or who are already resource parents within its rating system. In the CEBC, there is one program with a Scientific Rating of 1: Well-Supported by Research Evidence; this program is Treatment Foster Care Oregon- Adolescents (TFCO-A). There are three programs with a rating of 2: Supported by Research Evidence; these programs are: KEEP SAFE, Together Facing the Challenge (TFTC), and Treatment Foster Care Oregon for Preschoolers (TFCO-P). There are five programs with a rating of 3: Promising Research Evidence: Foster Parent College, FPC-IHS Blended In-Person and Online Pre-Service Training for Resource Parents, KEEP (Keeping Foster and Kin Parents Supported and Trained), Neighbor to Family Sibling Foster Care Model (Neighbor to Neighbor), and Pressley Ridge's Treatment Foster Care (PR-TFC) Pre-Service Curriculum. Thus, programs continue to grow in their evidence base and can be a resource to Ohio as it looks to improve recruitment and retention.

Most individuals become foster parents out of a sense of social responsibility and altruism, with a feeling of social obligation to enhance the lives of children in the foster care system[7]. While recruitment efforts vary (e.g., mass media, referrals from religious organizations, and referrals from other foster parents), recruitment methods do not necessarily impact the number of children foster families serve, years of fostering service, family intent to continue fostering, or family's intent to foster children with special needs[8]. Factors increasing job satisfaction for foster caregivers included feeling competent to work with children placed in their home and the caseworker (or agency worker assigned to the family) offering praise and acknowledging a job well done for the foster caregiver[9]. Common reasons foster parents exit or do not return include (1) changing of life situation, (2) problems with the agency (e.g., not feeling appreciated, limited response in time of need, not provided enough support, bad experience with workers), and (3) problems with children in the home (e.g., not given enough/correct information about the needs of the children)[10].

The Center for State Child Welfare Data (2018) highlights how length of service (an indicator of retention) is impacted by various foster parent and foster home characteristics, with the following leading to the longest median length of service (the time between when a home is licensed to when it is closed):

1. Foster parents who begin parenting between the ages of 30-39 followed by between the ages of 40-49, in comparison to foster parents who begin parenting at ages younger and/or older;
2. Homes approved for caring for male and female children; and
3. Homes approved for caring for sibling groups.

[7] Chipungu, S.S. & Bent-Goodley, T.B. (2004). Meeting the challenges of contemporary foster care. *Future Child, 14 (1),* pp. 74-93.

[8] Cox, M.E., Buehler, C., & Orme, J.G. (2002). Recruitment and foster family service. Journal of Sociology and Social Welfare, 29 (3), pp. 151-177.

[9] Denby, R., Rindfleisch, N., & Bean, G. (1999). Predictors of foster parent's satisfaction and intent to continue to foster. *Child Abuse and Neglect, 23 (3)*, pp. 287-303.

[10] Ahn, H., Greeno, E.J., Bright, C.L., Hartzel, S. & Reiman, S. (2017). A survival analysis of the length of foster parenting duration and implications for recruitment and retention of foster parents. *Children and Youth Services Review, 79*, pp. 478-484.

The Diligent Recruitment of Families for Children in the Foster Care System: Challenges and Recommendations for Policy and Practice (2019)[11] describes process as one that:

> Informs the communities of the need for resource parents; reaching out to potential parents; responding to interested families, and assessing, training, and licensing parents. Once resource parents are successfully recruited and licensed, supporting them to care for children and to take pride in their role encourages them to continue to provide homes for children. In addition, these supports help resource families' work with birth parents toward reunification when appropriate and identify and strengthen connections with other caring adults in the child's family and social networks (p.5)

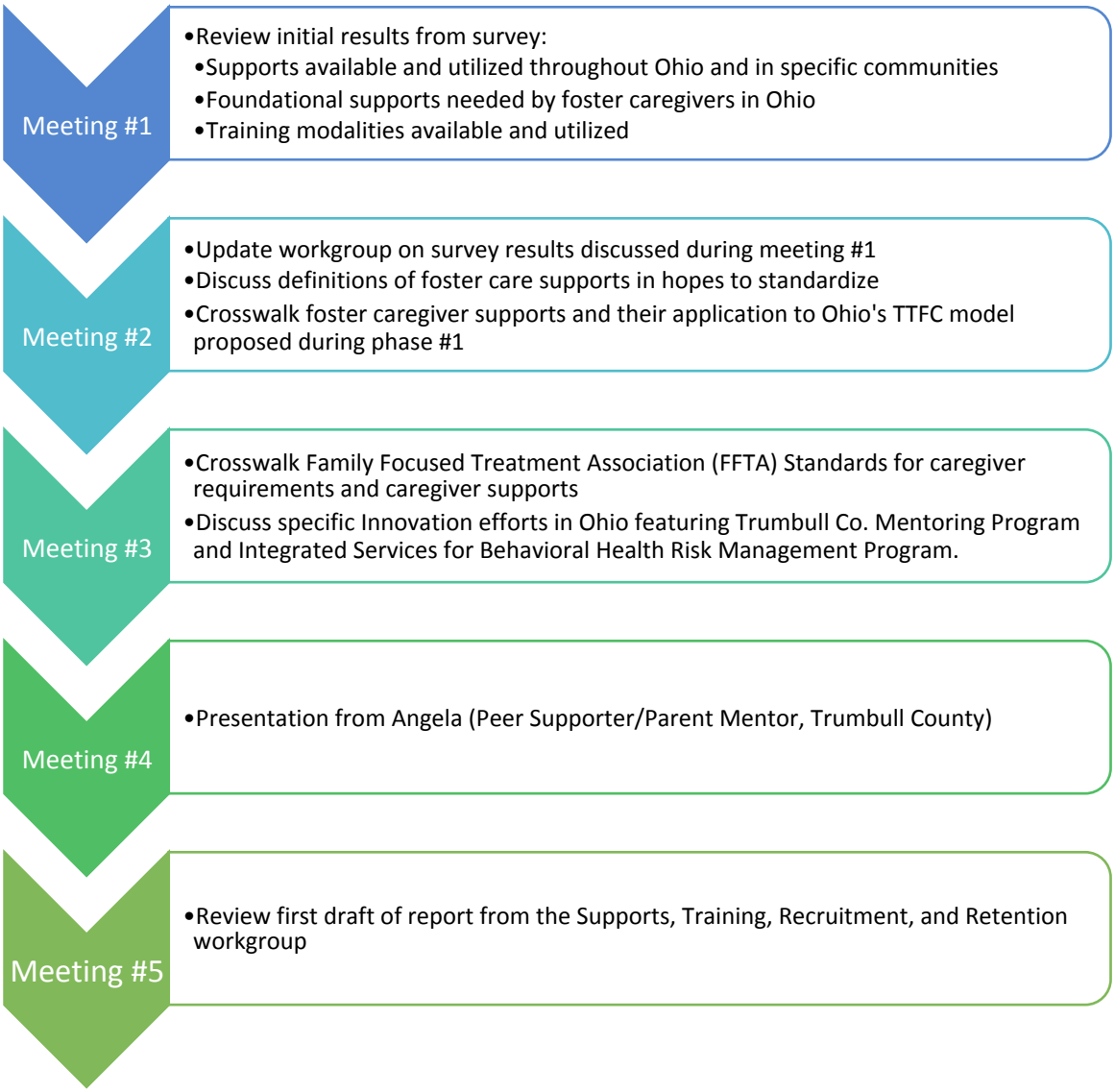
While our workgroup agreed with many of the challenges to recruitment and retention available in the literature, one significant issue was identified as being absent: how resource parents and families are often treated by the system itself. The workgroup participated in an anonymous survey to gather their feedback on the treatment by the system of the parents it works so hard to recruit and retain. From this survey came the following set of considerations:

1. Foster caregivers should feel like a respected member of the treatment team (where their voice and opinion are heard and respected) and invited to the table.
2. Foster caregivers should have clear rights and responsibilities and not experience role confusion.
3. Foster caregivers should have access to supports while a child is placed and after a child is reunified with their birth family (such as grief counseling) so that the transition after a child exits is less difficult.
4. Foster caregivers should have time to process the conclusion of a placement and be given some time in between placements to "rest and recharge" between placements while not necessarily losing the income of caregiving (e.g., family may opt to serve as a respite family for a short period of time).
5. Foster caregivers should not lose income when a child's level of care has been reduced. Reduction of pay may be seen as a "punishment" when in reality, the decrease in level of care is often due to the hard work of the foster caregiver/family, and they should be rewarded and acknowledged for such.

Recommendations for Recruitment and Retention: Please see Section VII.

[11] James Bell Associates (2019). Diligent recruitment of families for children in the foster care system: Challenges and recommendations for policy and practice. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from: https://www.acf.hhs.gov/sites/default/files/cb/diligentrecruitmentreport.pdf

VI. Meeting Synopsis



VII. Recommendations

Supports

First, we recommend that support for resource families be increased and made consistently available across all 88 counties in Ohio. *Second*, we recommend these supports include:

a. Person to person mentoring for resource families and mentoring for birth parents that begins early in the life of the relationship and continues post-reunification.
b. Crisis Intervention that focuses on risk-management to help reduce situations where a crisis ensues. This crisis intervention should be delivered in-person or through the use of technology and should not be reliant upon a directive to call 911 or go to an emergency department except when it is necessary for the health and safety of those involved in the crisis.
c. An overall shift in focus to consider foster care as a support to families, as described in the April 2020 Information Memorandum from the Administration for Children and Families[12], which recommends building and supporting relationships between resource families and parents to facilitate improved engagement of parents, promote timely reunification, build protective capacities in parents, and strengthen overall child and family well-being, while ensuring child safety (p.1).
d. Relationship building supports between the birth family (including siblings and other family members who are important to the child/ren) that are facilitated by the agency early in the life of the case and continue post reunification. Strategies for relationship building as detailed in the Birth and Foster Parent Partnership (June 2020)[13] through the Children's Trust Fund Alliance and the Youth Law Center's Quality Parenting Initiative should be examined and put into practice. **Attachment D** provides an excerpt from the Relationship Building Guide, which includes suggestions for introductory and ongoing meetings between resource families and parents.

These supports should reflect the needs identified within the tiers of treatment foster care, as detailed in **Attachment A** of this report. This crosswalk provides an overview of the supports needed across domains within each tier.

Training

*First, w*e recommend that training requirements and plans for resource families in tiered treatment foster care be consistent across public and private agencies. *Second*, we recommend that training be offered in various formats including in-person and robust online education that is available for all resource families. *Third*, we recommend training include:

[12] IM-20-06: Foster Care as a Support to Families; published April 29, 2020. Retrieved from: https://www.acf.hhs.gov/cb/resource/im2006

[13] https://ctfalliance.org/partnering-with-parents/bpnn/resources/

a. Increased financial support for resource parents related to the cost of training in addition to increased support for childcare when resource parents are engaged in a training session.
b. Skill-based training that better prepares foster parents for addressing the needs of children who have experienced trauma and may have other behavioral challenges.
c. Training on topics that include grief and loss, compassion fatigue, and self-care for resource families.
d. Caregiver skills assessments to help measure the skills and abilities of resource parents and provide opportunities for recognition of growth in the role.
e. A restructured training format that includes:
    i. Shorter preservice training that focuses on readiness for placement;
    ii. Increased foundational training once the family takes a placement; and
    iii. Ongoing training that includes specific training modules/sessions focused on grief and loss, compassion fatigue, and self-care.

Recruitment

We recommend that evidence-based recruitment strategies be employed across the state of Ohio, and that those strategies include:

a. Clear expectations about what it means to be a foster parent (i.e., clarification on the difference between fostering and adoption and the role of a foster parent and a treatment foster parent).
b. The use of a system navigator or point person who can support potential resource families during the recruitment process, as potential resources families may feel disconnected from the process early on.
c. The availability of mentors to aid in recruitment and training of potential resource families.
d. An increase recruitment of families/homes that can accommodate sibling groups and youth with diverse SOGIE (sexual orientation, gender identity and expression).

Retention

As with recruitment, we recommend evidence-based retention strategies be employed across the state of Ohio, including the provision of supports. We recommend that retention efforts include:

a. Providing resource families with a voice in decisions being made about the child in their care, including an invited presence in court hearings, in treatment team meetings, and in other decisions that impact the child. This sense of voice contributes directly to a sense of being valued.
b. Opportunities to provide respite care services prior to accepting a placement, especially a placement in treatment foster care, as a method for building skills.
c. Training that is meaningful and relevant and works to build the skill set of resource parents and their overall sense of self-efficacy in caring for children in treatment foster care.
d. The provision of supports throughout the life of the placement and in between placements to help resource families feel valued.

e. An increase in recognition for resource families. Such recognitions can include end of year celebrations, award ceremonies, and other forms of more frequent recognition of accomplishment and success.
f. Increasing incentives for resource families who achieve skill-based milestones to help resource families build upon their skill set. These incentives provide an opportunity to recognize the work put into improving one's skill set and capabilities to work with children who may have multiple challenges.

Terminology

First, we recommend a shift in terminology used within the tiered treatment foster care model across all 88 counties in Ohio. Language is a core component to supports and relationship-building between the birth families and resource families. *Second*, we recommend this terminology shift include:

a. A review of current terminology used in treatment foster care, including terminology usage in statute and rule to consideration the use of the term "resource family" when referring to an individual and/or family caring for a child or children placed in their home within Tiered Treatment Foster Care. The term ***resource family*** emphasizes the importance of the relationship between the child/ren, their birth families, and their foster families who are a resource to both parties (birth parents and the child/ren). The ACYF-CB-IM-20-06 states, "CB is also making an effort to refer to "foster parents" as resource families as an effort to emphasize the enhanced role that resource families can play in the lives of children and their parents, serving as a support, as opposed to a placement alone. CB encourages all colleagues to make a similar effort to be aware of the words we use" (p.1).
b. Referring to birth parents simply as "parents" as discussed in the ACYF-CB-IM-20-06. The IM states that "CB is making a conscious effort to stop using the terms "birth parents" and "biological parents" and simply refer to a child's parents as parents. We are making this effort at the request of parents with lived experiences…We believe that qualifying parents as "birth" parents or "biological" parents can be experienced as disempowering and can deemphasize the primacy of the parent child bond" (p.1).
c. Additional research on terminology utilized to refer to the licensed individual within the resource family. Further research includes research on what other states are doing and researching the perspectives of key stakeholders in Ohio (i.e., birth families and resource families).
d. A shift to the use of "resource family" across Ohio's entire foster care system, including in family foster care.

Additional Considerations Due to the COVID-19 Pandemic

As the majority of the meetings of this workgroup convened during the COVID-19 pandemic, much thought was put into its impact on the child protection system and our work in this specific group. It is important to note that foster caregivers are at the frontlines of caring for children in their care, especially during the COVID-19 pandemic. As such, we have outlined the following additional recommendations:

a. We recommend greater flexibility in visitation that encourages more visits with the family and more collaboration between the public child welfare caseworker and the worker at the private agency. We also recommend the use of virtual visits to assist in flexibility for the resource family and increased opportunities for collaboration between the workers and the parents of the youth.
b. We recommend increasing the number of expected virtual connections between resource and birth families, to aid in the transition to the foster home and eventually back to the primary family home (when appropriate). Increased opportunities for relationship building between birth and resource families are crucial to each transition in addition to the well-being of all stakeholders. We recognize that the relationship-building work between the youth's parents and the resource family will be new to some organizations in Ohio and may require additional training and supports.

Attachment A: Tiers Crosswalk

Tier 1: Caregiver Skills and Corresponding Supports

Caregiver Skills Category	Description	Corresponding Supports
Placement Experience Acceptance	Accepts youth after returning from short hospitalization stay (30 days), after a trial home visit/reunification, after a pre-adoptive or pre-kinship placement disruption, after a short stay (72 hours-59 days) in residential treatment)	- Assistance in the transition back into the treatment foster home - More frequent visitations/meetings with agency staff at beginning of placement to assist with transition - In-home visits - Build relationship with biological parents to get an understanding of the child and begin support between resource family and bio family - Utilize technology as a means to connect
Home environment, supervision, guidance, and structure	May include use of alarms on doors/windows, visual monitors, or other safety devices. Provides adult supervision to assure safety of all in the home, met regularly with culturally appropriate behavioral/MH professional to adapt parenting	- Staff available for regular check-ins/meetings - Day-to-day supports on an as-needed basis to help support caregivers - Placement matching that considers the specific needs of the child/youth and how they match to the skills/abilities of the caregiver/family. Consider including needs assessment in training to help in matching the child/youth and caregiving family. - Optional mentoring sessions (individual or group) with current and/or previous treatment foster families
Education	Supports educational success and attendance for youth with current issues in school (i.e. suspension, truancy, school phobia, etc.) Includes disruptive behaviors that require caregiver's regular (more than weekly) intervention at the school with youth.	- Specific training to attend to educational needs of children (i.e. IEP, etc.) - Access to tutoring services as a part of day-to-day supports as needed - Assistance with helping maintain the child in their existing building/district and support for transportation
Identity	Caregiver demonstrates and mentors youth to develop skills to safely negotiate difficulties in diverse settings. Regular coordinates, attends, or hosts cultural community events to help youth establish, develop, and maintain connections to their culture that builds their identity	- Agency provides updated schedule of events in nearby neighborhood/community to help child maintain connection to their culture and build their identity - Agency provides regularly updated resource list of agencies within the neighborhood/community - Agency support in maintaining the relationship with birth family (as appropriate)

Health (Physical and Behavioral)	Complete training from medical professional. Support mental health needs by participating in on-going family therapy, or meeting with MH professional to improve caregiver's family communication. Caregiver puts into action specific parental strategies in the home & specific continuing care plan for youth's medical/developmental needs, and monitors specific health concerns/developmental lags: - Daily basic care assistance that can be addressed with minimal caregiver training - Takes youth to medical and/or therapy appointments outside of home (over 6 hours of time per month) - Participates with in-home professional services several times a month	- Agency offers flexible in-house schedule for trainings (medical, etc.) - When possible, agency provides schedule of alternative in-person and virtual trainings - Agency regularly updates schedule of training available for caregivers - Agency support for accessing and utilizing community-based services (i.e. linkage, etc.) - Agency offers financial support for transportation related to medical (physical and behavioral health-related) appointments. - 24/7 crisis/emergency services where more concrete assistance is provided (more than "go to hospital" or "call 911")
Family Connections	Supports family and/or sibling visits or contacts, helps youth prepare for visits, and helps them with any reactions. Shares information with birth family to preserve connections (i.e. upcoming appointments and activities). Caregiver shares information with youth about their family to preserve connections.	- Agency support for relationship building between birth parent and caregiver - Agency assists with communication between caregiver and birth family - Training includes information on communication techniques for use with both birth family and youth. - **Sibling connections** as well as parent connections; coordinating those visits to allow siblings to see one another - Helping with the logistics, introductions, etc. and figure out the expectations, etc. Use virtual meetings as a tool - Ensuring kinship families have the contact information to resource family to allow siblings to connect - Ensuring that babies also are connected to siblings - Incentivize around helping make those family connections (thinking about extended family members)
Respite	May include anywhere from 8-14 hours a week, in addition to one respite weekend a month	- Agency has specific respite homes or plan in place for when respite is needed to promote retention and avoid caregiver parent burnout. - Other retention efforts should also be taken to avoid burnout of caregiver parents.
Older Youth	Provides youth ages 14-19 with appropriate independence and support, providing them with decision making opportunities.	- Agency staff provide assistance on as-needed basis for how to promote independence for older youth - Agency may provide families with additional stipend/monies for child to have access to cell phone or other

		resources/activities
Peer-to-Peer Support	The need for a community of care between foster parents was a topic that came up as a value and as a necessary component of quality care, support, retention, and recruitment. Stakeholders with lived experience as foster parents vocalized the importance of being able to call upon other foster parents to solve problems that arise in the home, and to provide one another guidance and support. The mentorship of one another was also a benefit of this community of care.	- Agency has proper screening procedure to determine which current/previous treatment foster parents will serve as "good" mentors - Agency maintains a pool of current/previous TFC parents to serve as peer mentors to other TFC parents - Agency determines policy for access to peer mentor services

Tier 2: Caregiver Skills and Corresponding Supports

(**Tier 2 would receive all supports listed in Tier 1)

Caregiver Skills Category	Description	Corresponding Supports
Placement Experience Acceptance	Accepts youth returning to home after 60 days or more in residential treatment, or other residential/correctional program or hospitalization.	- Assistance in the transition back into the treatment foster home - More frequent visitations/meetings with agency staff at beginning of placement to assist with transition - In-home visits
Home environment, supervision, guidance, and structure	Provides one-to-one supervision who cannot be left alone in any room of the home without a responsible adult due to emotional functioning or medical condition requiring continuous supervision.	- Staff available for regular check-ins/meetings - Day-to-day supports (i.e. dinner/cooker, babysitter) on a more regular basis - Placement matching that considers the specific needs of the child/youth and how they match to the skills/abilities of the caregiver/family. Consider including needs assessment in training to help in matching the child/youth and caregiving family. - Optional mentoring sessions (individual or group) with current and/or previous treatment foster families
Education	Supports youth in home-based educational program who may have been expelled from school, involved in alternative education program, or cannot attend daily school program.	- Specific training to attend to educational needs of children (i.e. IEP, etc.) - Tutoring services provided regularly - Tutoring services can occur in-person or virtually
Identity	Caregivers have transformed their daily life to include youth's individual identity and community. Normalcy activities as part of daily routine are encouraged.	- Agency provides updated schedule of events in nearby neighborhood/community to help child maintain connection to their culture and build their identity - Agency provides regularly updated resource list of agencies within the neighborhood/community - Agency support in maintaining the relationship with birth family (as appropriate)
Health (Physical and Behavioral)	Caregiver has knowledge about youth's medical or mental health needs and adjusts parenting to individual health needs, utilizing community medical and MH services. - Provides basic care (i.e. feeding, diapering, etc.) - Required to complete training from medical professional to provide specific medical treatments and monitor medical equipment	- Agency offers flexible in-house schedule for trainings (medical, etc.) - When possible, agency provides schedule of alternative in-person and virtual trainings - Agency regularly updates schedule of training available for caregivers - Agency support for accessing and utilizing community-based services (i.e. linkage, etc.)

	- Takes youth to medical/therapy appointments outside of home several times a month (requiring more than 12 hours/month) - Actively participates with in-home professional services - Provides on-going round-trip transportation, 16 or more times a month	- Agency offers financial support for transportation related to medical (physical and behavioral health-related) appointments. - Supports may include specific "respite-like" caregivers who volunteer for transportation services to assist with medical needs of child - 24/7 crisis/emergency services where more concrete assistance is provided (more than "go to hospital" or "call 911")
Family Connections	Contact with youth's parents/relatives is complex and difficult, but caregiver(s) maintains safe relationship and contact with youth's family by exercising sound judgment	- Agency support for relationship building between birth parent and caregiver - Agency assists with communication between caregiver and birth family - Training includes information on communication techniques for use with both birth family and youth.
Respite	This may include 15-28 hours or more in a week, In addition to one respite weekend a month.	- Agency has specific respite homes or plan in place for when respite is needed to promote retention and avoid caregiver parent burnout. - Respite caregivers will have specific and more intensive training to be able to service needs specific to a child within the 2nd tier. - Other retention efforts should also be taken to avoid burnout of caregiver parents.
Older Youth	Provides youth ages 14-19 with appropriate independence and support that allows them flexibility to make their own choices, while providing guidance needed to maintain household routine and mutual respect.	- Agency staff provide assistance on as-needed basis for how to promote independence for older youth - Agency may provide families with additional stipend/monies for child to have access to cell phone or other resources/activities
Peer-to-Peer Support	The need for a community of care between foster parents was a topic that came up as a value and as a necessary component of quality care, support, retention, and recruitment. Stakeholders with lived experience as foster parents vocalized the importance of being able to call upon other foster parents to solve problems that arise in the home, and to provide one another guidance and support. The mentorship of one another was also a benefit of this community of care.	- Agency has proper screening procedure to determine which current/previous treatment foster parents will serve as "good" mentors - Agency maintains a pool of current/previous TFC parents to serve as peer mentors to other TFC parents - Agency determines policy for access to peer mentor services

Tier 3: Caregiver Skills and Corresponding Supports

(**Tier 3 receives all supports listed in Tiers 1 and 2)

Caregiver Skills Category	Description	Corresponding Supports
Placement Experience Acceptance	Accepts youth returning to home after 90 or more days in residential treatment or other residential/correctional program or hospitalization	- Assistance in the transition back into the treatment foster home - More frequent visitations/meetings with agency staff at beginning of placement to assist with transition - In-home visits
Home environment, supervision, guidance, and structure	Provides one-to-one supervision of youth or is responsible for ensuring another adult provides such supervision in the home and community. Youth cannot be left alone in any room without a responsible adult due to emotional functioning or medical condition. A mental health/social services professional has identified the safety risk and developed a written safety plan for the caregivers to follow	- 24/7 emergency on-call services beyond just "call the police" or "go to the hospital" - Day-to-day supports on an as-needed basis to help support caregivers - Placement matching that considers the specific needs of the child/youth and how they match to the skills/abilities of the caregiver/family. Consider including needs assessment in training to help in matching the child/youth and caregiving family. - Regularly scheduled mentoring sessions (individual or group) with current and/or previous treatment foster families
Education	Supports youth in home-based program who may have been expelled from school, involved in alternative program, or cannot attend a daily school program (not including homeschool program that a caregiver decided to provide or day treatment where education is a component)	- Specific training to attend to educational needs of children (i.e. IEP, etc.) - Tutoring services provided regularly - Tutoring services can occur in-person or virtually - Support from agency staff/caseworker with educational needs of the child
Identity	Caregivers have transformed their daily life to include youth's individual identity and community into caregiver's daily life. Caregiver can list the substantial, deliberate parenting actions they take to nurture child's pride in their identity and involvement in group activities that build positive self-image. Normalcy activities take a concentrated effort to assure community involvement and require support to allow for engagement skill practice and coaching.	- Agency provides updated schedule of events in nearby neighborhood/community to help child maintain connection to their culture and build their identity - Agency provides regularly updated resource list of agencies within the neighborhood/community - Agency is heavily involved in all communication between birth family and caregivers (as appropriate) and supports caregiver in maintain the relationship
Health (Physical and Behavioral)	Transforms parenting to safely manage youth's complex behaviors or conditions that are a safety risk to self or	- Agency offers flexible in-house schedule for trainings (medical, etc.)

	others. Caregiver has knowledge about youth's medical/MH needs, adjusts parenting to meet individual health needs, and utilizes community medical and mental health services. Additionally: - Provides basic care not typical for a youth - Required to complete training from a medical professional to provide specific medical treatments and monitor medical equipment in the home - Takes youth to medical and/or therapy appointments outside the home several times a month, requiring more than 16 hours of caregiver's time each month - Actively participates with in-home professional services several times a month, requiring more than 20 hours of caregiver's time/month - Provides substantial daily basic care not typical for a youth - Provides on-going round-trip transportation, 20 or more times a month	- When possible, agency provides schedule of alternative in-person and virtual trainings - Agency regularly updates schedule of training available for caregivers - Agency support for accessing and utilizing community-based services (i.e. linkage, etc.) - Agency staff support during or in planning for in-home services - Agency offers financial support for transportation related to medical (physical and behavioral health-related) appointments - Supports may include specific "respite-like" caregivers who volunteer for transportation services to assist with medical needs of child. - 24/7 crisis/emergency services (more than "go to hospital" or "call 911")
Family Connections	Contact with youth's parents/relates is complex and difficult, but caregiver(s) safely maintains a relationship and contact with youth's family by exercising sound judgment.	- Agency support for relationship building between birth parent and caregiver - Agency assists with communication between caregiver and birth family - Training includes information on communication techniques for use with both birth family and youth.
Respite	This may include 29 hours or more in a week, in addition to one respite weekend a month.	- Agency has specific respite homes or plan in place for when respite is needed to promote retention and avoid caregiver parent burnout. - Respite caregivers will have specific and more intensive training to be able to service needs specific to a child within the 2nd tier. - Other retention efforts should also be taken to avoid burnout of caregiver parents.
Older Youth	Provides youth ages 14-19 with appropriate independence and support, while providing guidance needed to maintain household routine and mutual respect	- Agency staff provide assistance on as-needed basis for how to promote independence for older youth - Agency may provide families with additional stipend/monies for child to have access to cell phone or other resources/activities

Peer-to-Peer Support	The need for a community of care between foster parents was a topic that came up as a value and as a necessary component of quality care, support, retention, and recruitment. Stakeholders with lived experience as foster parents vocalized the importance of being able to call upon other foster parents to solve problems that arise in the home, and to provide one another guidance and support. The mentorship of one another was also a benefit of this community of care.	- Agency has proper screening procedure to determine which current/previous treatment foster parents will serve as "good" mentors - Agency maintains a pool of current/previous TFC parents to serve as peer mentors to other TFC parents - Agency determines policy for access to peer mentor services

QRTP Supports and Application to Tier 3 TFC

QRTP Required Supports	Application for Tier 3	Supports Needed for Caregivers
Provide trauma-informed model of care designed to address needs (including clinical needs)	Utilize trauma-informed care training in the home	Incorporate trauma-informed care into training for foster parents
Registered/licensed nursing staff/licensed clinical staff who are on-site consistent with treatment model available 24/7	Access resources within the community and provided via the placement agency	24/7 crisis support that is closer to "super nanny" rather than "call the police or call 911"
Facilitates family's participation in a child's treatment program. Facilitates family outreach, documents how this outreach is made, and maintains contact information for any known biological family and fictive kin of child. Documents how the child's family is integrated into the child's treatment, including post discharge, and how sibling connections are maintained.	Maintains contact and relationship with birth family (as appropriate). Both birth and foster parents participate in treatment team meetings and planning to best support the child.	Support from agency and staff for relationship building between foster and birth family.
Provides discharge planning and family-based aftercare supports for at least 6 months post-discharge	Maintain contact with child as appropriate once reunification is achieved	Training on grief and loss to help prepare parents for reunification. Although the ultimate goal of TFC (when appropriate), a child moving out of the home can be very difficult for Foster Parents.
Program is licensed and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation, or others	Parent attends necessary preservice and ongoing training to upkeep licensing and knowledge in specific areas	Provide flexible scheduling and offerings of trainings (in-person and online). Consider including the following: child care is provided during in-person training, paid training regardless of if in-person or online, incorporate a needs assessment into trainings.

Attachment B: FFTA Program Standards and Corresponding Supports

Family Focused Treatment Association (FFTA) Program Standards and Corresponding Supports

Introduction: "The FFTA is an agency-led organization of Treatment Foster Care and other treatment family care providers established in 1988 with an initial purpose of defining and refining the Treatment Foster Care practice" (FFTA (2019). Program Standards for Treatment Foster care, 5th ed.). Section 2: Treatment Parents provides an overview of the role of the Treatment Parent, including the responsibilities of the Treatment Home. We have taken these responsibilities and listed them out, along with the description from FFTA, and then aligned them with the corresponding supports that would be needed from the agency (Please see pages 32-35 of the above referenced document). This section also states: "Prospective Treatment Parents shall be provided with an shall review with Program Staff a written list of duties clearly detailing their responsibilities both as Treatment Parents and as foster parents prior to their approval by the Program" (p. 32).

Treatment Home Responsibilities	Description from FFTA	Corresponding Supports
Assessment	Participate in assessment process and provide all necessary information relevant to development of child's treatment plan.	- Agency staff are available for support as questions arise during the assessment and treatment planning process.
Treatment Planning	Participate with Caseworker and other team members in development of treatment plans.	
Treatment Implementation	- Assume primary responsibility for implementing effective in-home treatment strategies specified in the child's preliminary and comprehensive treatment plan and revisions. - Assist the child in understanding treatment goals, objectives, and interventions and for helping child to achieve success. - Should interventions **NOT** be effective, it is the Treatment Parent's responsibility to collaborate with Program Staff and the treatment team to revise interventions accordingly.	- Agency staff available for in-home support regarding tasks associated with the child's Treatment Plan - Agency provides training that includes how to engage child in conversations about their Treatment Plan, goals, and objectives. - Program staff should provide assistance and support for the Treatment Parent with implementation strategies as needed.
Treatment Team Meetings	- Work cooperatively with other team members under the leadership of the Caseworker. - Active and full participants in team meetings, trainings, and other gatherings. - Provide input and engage with other treatment team members. - Be prepared to present relevant information that contributes to the child's treatment evaluation, assessment, and progress and to fully engage with team members, including child's family.	- Agency staff available to help facilitate conversations between Treatment Parents and birth family (as appropriate). - If a Treatment Parent cannot attend in person, Program Staff should arrange for their participation via video or audio conference.

Record Keeping	- Keep systematic, accurate, and descriptive records including child's behavior and progress, family contacts, appointments, community activities, and face-to-face contacts with Program staff. - Information should be recorded daily or weekly with frequency determined by treatment plan. - Systematically record information, log medication administration and document activities as required by the Program and the standards, regulations, and contractual obligations under which it operates.	- Incorporate record keeping skills/strategies and/or tools into training for TFC parents - Agency maintains list of available supports (i.e. mental and behavioral health agencies, etc.) - Agency maintains schedule of community events
Contact with Child's Family	- Assist youth in maintaining contact with their family (including siblings). - Responsible for positive and meaningful engagement with a child's family, creating a positive relationship between the Treatment Family and the child's family. - Actively support child's contact with family, including arranging and supervising visitation, providing transportation, and assisting child in having contact via letters, phone conversations, and email. - Have regular contact with the child's family to reinforce the positive relationship, to report on the child's progress and goals, and to attempt to include the family in events such as birthday celebrations, doctor appointments, and school activities.	- Program Staff will work with Treatment Parents and the child's family to avoid conflict of interest and confusion for the child or family. - Agency supports TFC parents in maintaining positive contact with the birth family**
Technology and Social Media	- Each TFC family will develop technology rules that are appropriate for their household and consistent with the child's treatment plan. - Parents monitor technology use. - Discuss with youth the potential dangers of posting or sharing personal identifying information. - Reinforce with children and youth the importance of privacy and confidentiality	- Program shall require that children and youth under age 14 have consent of Program and Treatment Parents to access any online resource or technology, including email accounts, social media sites, and other social networking**
Permanency Planning Assistance	Assist child in meeting permanency goal(s) including: - Provide support and intervention such as emotional support, information sharing, and demonstration of effective child behavior management - Maintain positive, supportive relationships with biological family (as appropriate) and work collaboratively with family - Assist youth in developing self-sufficiency and transitioning to adulthood	- Agency provides support to help maintain positive relationship between Treatment Parent/s and birth family (as appropriate). - If the Treatment Parent is a candidate for becoming an adoptive parent, Program staff need to clarify the roles of the Treatment Parents in respect to family involved in the lives of the children and youth.

Community Relations	- Develop and maintain positive working relationships with service providers in the community (i.e. departments of recreation, social service agencies, mental health programs/professionals). - Spread awareness of and gain community stakeholder support for TFC whenever possible.	- Agency provides regularly updated list of available community supports (professionals and agencies) - Agency provides assistance linking Treatment Parents with available community resources
School Relations	Assume primary responsibility for ongoing relationships with teachers/administrators in child's school: - Monitor school attendance, homework, and academic achievement. - Stay aware of programs and information that could impact youth in their care. - Inform program staff and school administrators of harassment upon becoming aware that it is occurring.	- Help TFC parent advocate to ensure children and youth in their care receive all needed educational services. - Agency provides specific training related to supporting educational needs of children (i.e. IEP, etc.) - Agency provides accessing and/or list of tutoring services available as part of day-to-day supports
Advocacy	Advocate on behalf of child to achieve goals identified in treatment plan; obtain educational, vocational, medical, and other services needed to implement the plan, and to ensure full access to and provision of public services to which the child is legally entitled.	- Agency maintains list of available supports in the community (educational, behavioral health, medical, etc.) - Agency supports TFC parent in accessing services as needed
Notice of Request for Child Move	Avoid moves to new foster families or kinship caregivers whenever possible. If a move becomes unavoidable, Treatment Parents shall provide at least 30 days' notice to Program Staff to allow for planned and minimally disruptive transition: - Participate in a direct meeting with Program Staff to discuss interventions that could preserve the placement. If none is found, the meeting participants will discuss proper planning for appropriate transition. The child or youth shall be notified as soon as it is clear a transition is imminent.	- Agency provides preventive supports to avoid move to new foster/kinship home - Agency provides documentation necessary for move if unavoidable - Agency provides information on negative outcome associated with new placements for children during training
Cultural Competency	Treatment Parents must be willing to become culturally competent, be welcoming and affirming of diverse populations, be willing to recognize their own biases and able to accept and understand the importance of cultural issues in family and community life and in treatment planning.	- Agency provides initial and ongoing culturally competent training and support - Agency staff helps Treatment Parents maintain contact with birth family (as appropriate) to understand important cultural aspects of the birth family's daily living, etc.

**Direct quote from FFTA standards.

The standards detail Treatment Parent supports as follows: Information Disclosure, Respite, Agency Responsiveness, Counseling, Support Network, Financial Support, Resources and Information, and Damages and Liability.

Attachment C
FFTA Bill of Rights: Core Features
A Bill of Rights for Treatment Parents should include:

1. **Respectful Treatment**: Treatment Parents will be treated with dignity, respect, trust, and consideration as valued members of the treatment team.

2. **Programmatic Support**: The Program will provide access to program staff 24 hours a day, 7 days a week.

3. **Reimbursement**: The Program will provide written information regarding Treatment Parent reimbursement in a timely manner according to the written plan. Information regarding potential changes in reimbursement, such as moving the child to higher or lower intensity of care over time, shall be provided to the Treatment Parents prior to the placement of a child, or in the case of children living with kin, at the time the family becomes involved with the program.

4. **Placement Decisions**: The program will provide pre-placement information regarding the needs of children and youth in the match process for placement in the Treatment Family's home. This includes information about behavioral problems, health history, educational status, cultural and family background, results of assessments and evaluations, and any other information known to the Program at the time the child is placed. At any point that further information becomes available, the Program must share that information with the Treatment Family immediately. Treatment Parents shall have input into decisions determining whether the child would be an appropriate placement for them. The Program shall inform the Treatment Parents of court hearings and of decisions made by the courts or the child's legal representative that affect the placement of the child.

5. **Treatment**: Treatment Parents will be part of the treatment planning process, with their opinions and suggestions carrying the same weight as those of the other treatment team members.

6. **Respite**: Treatment Parents will have access to adequate respite.

7. **Training**: The Program will provide the training and support necessary for Treatment Parents to provide care and treatment specific to the needs of children and youth in their home; the Program will provide ongoing supervision regarding implementation of the treatment process.

8. **Grievance Process**: The Program will provide access to a far and impartial grievance process to address licensure, case management decisions, and delivery of service issues. Treatment Parents shall have timely access to the Program's appeals process and shall be free from acts of retaliation when exercising the right to appeal.

9. **Maltreatment Allegations**: When a Treatment Parent or anyone in the household is accused of maltreatment of children or youth, the Program will ensure the safety of all children in its care while also advocating on behalf of the Treatment Parent of family member for a speedy and fair investigatory process. Unless prohibited by the rules of the investigating body, the Program shall inform the Treatment Parent in person and in writing of maltreatment allegations. The Program shall provide to the Treatment Parents information about the investigatory process, including the Treatment Family's rights and responsibilities. A written notification shall be provided to a Treatment Parent within five days of the agency's receipt of that decision.

Source: FFTA (2019). Program Standards for Treatment Foster care, 5th ed., pp. 12-13

1. Building the Relationship

Building a positive relationship between the birth parent and the foster parent/kinship caregiver at the beginning of the placement can help create a smooth transition so that the the children or youth are able to experience the love, support and care of two families. When both families are willing to work together to coordinate the care of the children or youth, it allows them to maintain a sense of identity and family history and helps them understand the new relationships in their life. It also helps the birth parent and the foster parent feel more supported. Positive relationships lead to:

- Supporting regular open communication about ways the parents can meet the specific needs of the child or adolescent.
- Helping both families get questions answered.
- Keeping routines and traditions for the child or adolescent as consistent as possible.

Two particular strategies, comfort calls and in-person family introductory meetings, can help to begin the relationship building process by talking about important background information relating to the children or youth and also learning more about one another. Comfort calls usually happen within 24 hours of the children or youth being placed in a home. Social workers can request permission from birth parents to share their telephone number. This is usually the first time that the birth and foster parents will begin talking with one another. An in-person family introductory meeting (also referred to as an icebreaker meeting) is best held within three to five days after placement and is another way to help build this connection.

Other creative ideas for initial relationship building situations include: a meeting at the hospital or medical center, team meetings and group orientations or trainings. Because Court Appointed Special Advocates (CASAs) frequently have contact with birth parents and foster parents during visits with children, they are in a unique position to talk with them about the positive impact of partnering together to help meet the needs of the children or youth in care. All of these strategies support the relationship building process by providing an opportunity for:

- The birth parent to develop a sense of being respected for what he/she knows about his/her child and the foster parents being accepted as a support for the children or youth.
- The foster parent/kinship caregiver to let the birth parent know of his/her interest in working in partnership with the parent to minimize the trauma of foster care and support reunification.
- Both sets of parents to talk about the unique needs and interests of the children or youth in care (e.g., sleeping habits, food preferences, likes and dislikes, etc.).

Equally important is recognizing and creating healthy dialogue between foster parents/kinship caregivers and birth parents on topics to recognize the individuality of the children or youth in care and their families.

It is important to consider:

- Different parenting styles and discipline practices
- Cultural beliefs and traditions
- Ethnic practices
- Sexual identification and the need to be sure that all people are free from any form of discrimination
- Religious beliefs and the importance of supporting any existing religious beliefs and practices of the child.
- Medical/dental history
- Other daily practices (e.g., haircare, grooming, hygiene and nutrition)

It could be uncomfortable for the foster parent/kinship caregiver or the birth parent to discuss some of these issues. If you do not know how to approach a certain subject, it is best to ask for more information in a respectful and caring manner.

"As a foster parent, I have deep appreciation for the challenges faced by birth parents when their children are placed in the foster care system and in my home. My goal is to do all I can to help them achieve their goals of getting their children back home. After they are reunified, I try to stay in touch if that is welcomed by the birth parent and remain a support to the whole family."

Robyn Robbins, foster parent (California)

1. Building the Relationship

Birth Parent

Suggested ways to build a strong relationship with the foster parent/kinship caregiver through comfort calls and other introductory meetings to share your knowledge about your child, maintain a close bond and keep in regular contact with your child.

Here are some ideas you may want to share or discuss during a comfort call or an in-person family introductory meeting:

- ☐ I really love and care about my child.
- ☐ I am hoping that my child will be able to come back home to me.
- ☐ I want to know how my child is doing.
- ☐ I want you to know about my child's medical information.
- ☐ I want you to know what my child really likes.
- ☐ I want you to know what my child doesn't like.
- ☐ I want you to know that my child needs this routine for bedtime.
- ☐ I would like to know what school my child will attend.
- ☐ I would like to know how many children you have cared for in your home.

You may wish to ask questions about where your child is placed and information about the foster parents/kinships caregivers such as:

- ☐ What does your home look like?
- ☐ Are there any other children in your home?
- ☐ What does an average day in your house look like?
- ☐ How will my child fit into your family?
- ☐ How do you handle discipline in your family?

It would be valuable for you to share your child's sleeping habits, food preferences, likes and dislikes, medical issues, school progress and other relevant information to help the foster parent/kinship caregiver provide a smooth adjustmen for your child.

Some suggested ways to talk with the foster parent/kinship caregiver about topics to recognize the individuality of your child:

- ☐ You may wish to share information about how your child looks forward to certain religious holiday celebrations. For example, your child may wish to light Chanukah candles during this Jewish holiday. You may wish to ask to take your child to the synogogue to celebrate this time together.
- ☐ You may wish to share how you help your daughter braid her hair. You might ask to arrange a weekly time to help her do this.
- ☐ You might want to share your child's likes or dislikes about different activities (e.g., playing in snow, riding a bicycle, etc.).
- ☐ You may wish to talk about cultural opportunities for your teen such as participation in Tribal gatherings, LGTBQ and other support groups that meet regularly.

Foster Parent/Kinship Caregiver

Suggested ways to build a strong relationship and support the birth parent in comfort calls and other introductory meetings to help you understand the experiences, culture, traditions and routines of the child so that you can better respond to the needs of the family.

Here are some ways that you can introduce yourself during the comfort call or in-person family introductory meeting:

- ☐ "Hi – I am Betty, the foster parent taking care of your son for now. I can tell that he really misses you and his dad. I wanted to make sure that you knew who was taking care of Tommy and I would love for you to help me to do this."

The foster parent/kinship caregiver may ask the birth parent questions such as:

- ☐ Do you have any ideas how I can help your child tonight?
- ☐ What is your child's favorite toy? Likes? Dislikes?
- ☐ What is your child's favorite song that he/she likes?
- ☐ Does your child have a bedtime routine or any sleep habits?
- ☐ How are you doing?
- ☐ Do you have anyone who can support you right now?
- ☐ Can I tell your son or daughter that you are doing okay to help him or her feel more comfortable?

If you are comfortable doing so, you might share information about your family size and the ages and gender of the other children in your home. You may also want to describe a little about what your home looks like and the general neighborhood where you live.

If the birth parent does not want to talk during the first comfort call, you may say you understand why they may be upset and ask if it would be okay to call back. Explain that you would like to share how their son or daughter is doing and also obtain ideas from the parent about how best to support their child at this challenging time.

Some suggested ways to talk with the birth family about topics to recognize the individuality of their child:

- ☐ You may be unsure about how to assist a child/youth with their grooming, haircare or hygiene due to their cultural upbringing. You might ask the birth parent:
  - ○ "Do you have any advice on how to best help your child with their grooming and haircare – does she/he have any special clothing preferences?"
  - ○ "Does your child have a favorite way of bathing – does he or she prefer a shower or bath?"
- ☐ You may learn that the child or youth wishes to attend weekly religious services. You may wish to talk with the birth parents to make arrangements for this.