

The intent of this guide is that it would be a tool to guide training and upon which staff could build their skills post training. It is also intended for use by staff in ongoing practice as they are faced with initial placements, replacements, reunifications and other planned and unplanned moves for a child in foster care.

Planful Transitions are the thoughtful, collaborative processes, and actions designed to ease the trauma for a child, to maintain established attachments and connections, and to facilitate attachment with a new caregiver and a successful move. A planful transition means that those responsible for the child's well-being (e.g., DCFS, foster parents, biological parents, judge, attorney, providers, etc.) work together to ensure that the child's move is a smooth one. Each plan must be individualized to each child specifically considering his/her unique circumstances, developmental stage, psychological needs, safety, and attachment to current and future caregivers.

Transition Plans should be developed whenever a change of caregiver is being contemplated for a child. That includes removal from a birthparent, change of foster caregivers or placements, and permanency moves of reunification, adoption, guardianship and all other permanency plans. These *Planful Transitions* are critical to maintain attachments and support successful outcomes for children when they move.

- All transitions should include focus on preserving existing connections, assessment and addressing the loss and attachment for the child, and reducing trauma, stress and anxiety.
- Planful transitions are based on the unique needs of the child, his/her age, and developmental stage. The needs of the child are prioritized while the needs of the biological parents, foster parents, and other caregivers are considered to support a successful plan.
- Planful transitions incorporate as much normalcy into the plan as possible, including involving individuals to whom child is attached/has a relationship, activities of significance to the child, and recognition of external attachments and significant individuals who should be involved and at what level (teachers, religious leaders, neighbors, classmates, therapists, extracurricular groups, etc..)
- Engage birth parent(s) or foster caregivers to recognize unique perspective and ability to reduce trauma for child by assisting in preparing child for a move and in providing information for the future caregiver to meet the child's needs. The child's caseworker and caregiver should jointly participate in preparing child and provide the following information (at minimum) prior to removal of a child from his/her home.
 - Explain temporary need for safe environment and home and goal of reunification
 - Explain continued contact and provide specific days or time frame
 - Assist in gathering favorite toys, clothing, other personal items that will assist child
 - Discuss leaving some items at the home for when child returns
 - Provide core information on foster home to child and parent (based upon specific circumstances and absent safety concerns)

- Assure that if any significant events are coming for the child, that the plan will include child's ability to attend and participate in as normal fashion/manner as possible. This would include involvement of birthparents or relatives if that would have been normal activity/plan.

Initial Removal and Placements -

Whether children initially enter foster care through emergency or more planned removals, caseworkers should implement planful transitions to the greatest degree possible. It is important to engage the birth parent(s) to recognize their unique perspective and ability to reduce trauma for their child by assisting in preparing the child for the move and in providing information for foster caregiver to best meet their child's needs. The caseworker and parent should jointly participate in preparing the child and provide the following information (at minimum) prior to removal of the child from their home

- Explain temporary need for safe environment and home and goal of reunification
- Explain continued contact and provide specific days or time frame
- Assist in gathering favorite toys, clothing, other personal items that will assist child
- Allow child to select items and help pack
- Discuss leaving some items at the home for when child returns
- Discuss information the foster parent will need about the child and solicit the child's input whether additional information should be shared
- Provide core information on foster home to child and parent (based upon specific circumstances and absent safety concerns)
- Explain that the Initial Call will occur upon placement, as well as the Ice Breaker meeting which will occur within 3 – 5 days, coinciding with a visit with birth family.
- If known, provide preliminary information about the foster parents, family composition, town, etc.
- Utilize any information obtained from collaterals, therapists, teachers, etc... to assist in preparing child and foster caregiver.

In route to the foster home, review the information about the foster home, solicit any questions from the child, and review the upcoming birthparent contact. Driving by the foster home, giving the child the chance to assess the neighborhood, environment, etc... and again soliciting any questions he/she may have will assist in reducing the child's anxiety.

Replacements within Foster Care

Great caution must be taken as each move for a child can have long term consequences and most assuredly, when a child's attachment figure is abruptly severed without allowing the child to form new attachments. Unless there are significant safety issues for the child, it is critical for the child to maintain contact with the previous caregiver. Review to ensure that all efforts and resources which could safely support and maintain the child's current placement have been utilized and if new supports are identified, staff must assess implementation of these supports or services. The review should include the caregiver, child, if age appropriate, professionals involved in services to the child, and others who are involved in the regular care of the child.

If placement cannot be maintained, relative resources should be reassessed, along with the current status of parents' progress in mitigating the circumstances which warranted the child's

placement in foster care. Again, reducing the number of moves for a child, when this can be safely accomplished should be part of the standard in practice.

The replacement and transition plan must be developed with the involved parties, including at minimum the child, if age appropriate, current caregiver, new caregiver, birth parent if appropriate. Service providers or other staff working with the child, or current and proposed caregivers should also be included in the discussion of the plan to ensure they are aware of the proposed changes and to express any concerns or supports they may have.

The child's transition plan should be developed primarily to meet the child's critical needs to have sufficient time to gradually form new attachments to the new caregiver while having the support and emotional safety net provided by their current caregiver. Factors which must be considered include but are not limited to:

- Child's age and developmental level
- Length of time with caregiver and attachment to caregiver
- Ability of caregivers to understand transition needs of child and actively support the plan
- Caseworkers ongoing assessment and supports needed to the child and caregivers to assist them in understanding the need for the plan and following through with transition activities and steps

Involvement of Caregivers, Service Providers and other Supports

- Mental health therapist involved with child – discuss strategies to support child's adjustment, emotional and mental health, concerns, etc. Discuss strategies that would specifically support development of, or, strengthen attachment to new caregiver
- Teacher – discuss plan far enough in advance (but not prior to child's knowledge unless emergency safety removal). Discuss how child may be given sufficient time to have closure with classmates, other school personnel, and obtain personal materials he/she may bring to support relationships and positive memories associated with that school, teacher, classmates. Use caution when discussing reasons, respect privacy issues however, provide sufficient information that will allow teacher to be supportive to child and plan.
- Other individuals with whom child has an attachment can be utilized, if appropriate, to help prepare the child. Confidential information and details about the reasons for replacement need not be shared, rather asking these individuals to help the child

Inclusion and Support in Court Process

It is important that everyone involved in the child's case be aware from the beginning, the critical importance of the need for transition planning prior to any moves. Staff should inform all parties in the court process of the value of their participation in the development and implementation of the transition plan. Explaining the core concepts of gradually creating opportunities through visits and contact for establishing and/or strengthening attachments while allowing child to maintain current caregiver attachments is crucial. It is important that team members understand that the child must be allowed to process their feelings surrounding their current safety, trust, and attachment associated with their current caregiver and to be given time to develop or increase the same confidence, sense of safety and attachment with the new caregiver, even if returning to their birth family.

Developing Specific Plan - Determining Length of Time, # of and Frequency of Transition Contacts, and Assessment

It is important to commit to a sufficient transition period prior to making premature moves. This is especially critical for permanency moves. Providing sufficient time for quality contacts and attachments to develop will provide a strong foundation for a successful move. Based upon assessment of the child's needs, developmental status, and transition and attachment progress, different types of contact may be used to support transition and attachment. The primary method must be face to face contacts, but additional contacts can be enhanced with phone calls, Face Time, Skype, etc...

Initial contacts should be on neutral locations in comfortable and child friendly locations that support interaction between the child and caregivers. Locations that are crowded, noisy, etc should not be utilized as they are not conducive to interaction between the child and caregivers.

Planful transitions should occur over time moving from shorter meetings and visits to more frequent and longer visits with the new caregiver assuming more and more parenting responsibilities and activities. Young children may have planful transitions of 1 – 2 months, school age children less (note: they are able to keep their caregiver in mind). Teens may not need as long a transition process as younger children but, each should be based on individual needs of child and evolution of the process and the aforementioned time periods are guidelines and not to be automatic default time periods.

Transitions should begin with visits of a couple of hours with a few days between contacts and moving to longer visits with less and less time between the contacts. During the periods between face to face contacts is when phone calls, FaceTime, Skype, etc could be used to support the relationship. It is recommended that a few face to face contacts occur and a preliminary relationship established prior to use of phone calls or other technological communication options. While each child's transition must be planned and modified as needed, generally a few visits of several hours will occur prior to initiation of overnight visits. It is most helpful to develop the actual transition schedule with all involved parties on a calendar, so all may see the actual days of and days between visits, contacts, etc. Phone numbers may be included on calendar for ready reference in the event of questions or need to reschedule.

Caseworkers should consult with all parties of the transition plan regularly to assess the child's response and address any concerns or issues immediately. The caseworker should discuss with the child each visit, their experiences, and adjustment with the new caregivers. Careful assessment of the child's emotional and mental health status should be conducted and any issues addressed and the child reassured that adequate time will be provided for the child to feel comfortable. The child should also be reminded and prepared for the next visit, length of time, etc as well as reassuring the child he/she will return to current caregiver after each visit until all are ready for the move.

Caregivers' concerns or assessment of contacts/visits should also be openly discussed to ensure any issues are addressed before next contact or placement. It is at this time the caregiver's role in the transition planning should be reviewed and suggestions offered to assist the child and caregiver and their own family with the transition.

In addition to the caregivers, contact with therapists, teachers, etc... who can provide information based on their observation of the child would be beneficial to the assessment of the

child's successful progress with the transition. Any supports or resources which would support the child's emotional status and transition should be identified and discussed.

Final Move

As assessment indicates satisfactory progress for the child and caregivers, the contacts should move to 2 – 3 night visits then a longer stay of 5 days or so. During these extended overnight transitions, the child may begin gradually moving some of their possessions to help convey the actual transition process. Following the final extended transition visit, a return to the foster caregiver should occur before placement. Children and families often request to cancel the final return to the foster home as they feel the child had “settled in” and to avoid the perceived emotional pain of saying goodbye. It is however very important for the child to say goodbye to foster family members, neighbors, friends, school mates, teachers, church members. etc... as well as gather any final belongings. It also provides the foster family the opportunity for a final family gathering and demonstration of affection and support to the child and his/her family.

Finally, it is important to include in writing on the transition plan that after placement, contact with the child's previous foster caregivers will be held. A face to face visit should be held within approximately 2 weeks, again, based upon the needs of the child. It will be incumbent upon the caseworker to convey to the child, birth parents, foster caregivers, and court that this final planned visit is a part of the plan and necessary to assure child that important caregivers in their lives remain okay after the child leaves. Unless contraindicated, birth parents should be helped to understand that maintaining contact and a relationship with the child's previous caregivers will be beneficial to the child and can serve as extended family and support.