

Quality Parenting Commitment

Louisiana QPI (Quality Parenting Initiative) outlines the philosophy to which we hold ourselves accountable for the day-to-day care and parenting of children and teens in the custody of the State of Louisiana. Developed in partnership among caregivers, staff, and agency system partners, the following are fundamental expectations of the Child Welfare agency, caregivers, and staff who share responsibility for ensuring quality parenting every day for children in our care.

We believe: Every child deserves quality parenting every day, regardless of where the child is living or who is providing for their care.

System	Caregiver	Staff
Demonstrate respect for all system partners through open, honest communication as we work together to ensure safety, permanent families, and the well-being of children.	Demonstrate respect for the child, the family, and all those working on their behalf, recognizing the value in open and honest communication and exchange of information of caregivers and system partners.	Demonstrate respect for the child and his family, caregivers, and other system partners through open and honest communication and exchange of information.
Example: Caregivers and DCFS staff working together in a manner that nurtures and supports an open, honest, positive, working relationship; Policies and practices that promote quality care of children through respect, honest communication and exchange of information are pursued, implemented and supported.	Example: Acknowledging the challenges we each face in fulfilling our role, acknowledging and supporting the unique perspective and information each may possess, and starting with the assumption that each is doing the best they can for the children and families being served. Demonstrating respect for the identity of the child or teen including their religion, culture, race, ethnicity, tribal affiliation, language, sexual and gender identity or expression, physical ability and other characteristics in every aspect of care.	Example: Demonstrate respect for the identity of the child or teen including religion, culture, race, ethnicity, tribal affiliation, language, sexual and gender identity or expression, physical ability and other characteristics; Staff implement policies and practices by modeling respect, professionalism, honesty and open communication throughout every action. They acknowledge and support the unique roles, perspectives and challenges of the caregiver, child and others in meeting the goal of quality care of the child.
Seek and promote opportunities for ongoing scrutiny of policies and practices to ensure they reflect, encourage and support a culture of normalcy within the context of each child's needs.	Invest in parenting each child based on their unique needs by welcoming the child into your home and treating the child as part of your family	Information is respected, viewed as confidential and shared timely and thoroughly with caregivers and other resources as necessary to best meet the child's needs, promote normalcy, and support the highest quality of care.
Example: DCFS regularly solicits input from caregivers, birth parents, children, and other stakeholders to assess and evaluate support and achievement of quality parenting for children in foster care. Input is carefully considered and utilized as appropriate, with feedback provided to promote continued interaction and exchange of information; acknowledging and supporting assessments, recommendations and plans to support normalcy for children in their care.	Example: Having respect for the child or teen's individuality, and fully integrating him or her into your family; Recognizing and supporting his or her interests, strengths and skills, and seeking meaningful opportunities to support them as well as each child's individualized needs to the extent possible.	Examples: Staff provide caregivers all relevant information available about the child and family situation prior to placement and provide updates as soon as reasonably possible to assist the caregiver in parenting the child and in meeting child's overall needs for normalcy; Caregivers and staff share information with each other and the birth parent about the child's progress and needs, health and mental health services, visitation, recreational and social activities, academic performance, behavioral functioning and issues regarding school placement. All partners treat information confidentially.
Provide on-going training and educational opportunities that	Actively participate in meeting the physical, mental, educational,	Share the overall assessment and decision-making process

are accessible, relevant, and of high quality to build competence to meet the needs of the children and families we serve and build understanding and competence of child's needs for safety, permanency, and well-being.	spiritual, social, and emotional needs of the child; recognize value as caregiver of child in support and active investment and participation in the child's established permanency goal; advocating for and utilizing all available training and educational opportunities focused on improving quality of care and meeting child's needs.	with caregivers, sharing the results, implications, and resources needed for achieving established permanency goal.
Examples: Regularly discussing the strengths and needs of the caregivers to competently provide quality care to meet the specific and unique needs of each child placed in their home. Seeking out and offering training and educational opportunities to enhance knowledge and skills to meet individualized needs of caregivers and staff to ensure system support.	Example: Schedule and take child to medical appointments; Prepare child and transport to family visit; be prepared to support child who may be upset after a family visit. Assess one's own strengths and needs and identify available training opportunities that would enhance and support caregiver's ability to provide quality care for child and meet needs for safety, permanency, and well-being.	Example: Caregivers and DCFS staff collaborate in developing a plan for the child and teen in care. Caregiver input is actively sought, supported and encouraged to participate in all Family Team Meetings and court review hearings and to advocate for the needs of the child in their care.
Value the safety, health, and well-being of our staff and caregivers; honor and respect the right of caregivers and staff to ask for support. Provide opportunity for system partners to be heard and to receive a response to their concerns, without fear of adverse consequences	Demonstrate respect for the child's biological family and encourage an on-going, positive relationship between the child and all those who are important in the child's life.	Recognize time, commitment, and support needed to provide for the safety and well-being of children through quality parenting and the reduction of trauma and its impact.
Example: Recognizing that brief periods of respite for caregivers following a child's move may be both valuable and necessary to allow caregivers to appropriately grieve child's absence, assess ability/interest in continued caregiving, and adequately prepare for subsequent placement of other children in their home. Support staff and caregivers in identifying areas of personal need and strategies to address. DCFS regularly solicits input from caregivers, birth parents, children, and other stakeholders to assess and evaluate support and achievement of quality parenting for children in foster care.	Example: Respecting and supporting the child's ties to his or her birth family and other important connections or relationships. Caregivers, with the guidance of DCFS staff, support the child in maintaining these relationships by assisting with appropriate visitation, phone calls, emails, text messages, Facetime, Skype etc; Caregivers make conscientious effort to establish positive relationship with child's birth family whenever safely possible, so as to model respect and appropriate relationship skills for child in their care.	Examples: Providing contact information for the worker, supervisor, and other resources so that support is available 24/7 as needed; Responding timely to phone calls, emails, requests for services and other resources so caregivers can meet the needs of the child; Encourage and support caregiver's need and efforts to establish safe and positive relationships with child's birth family. Openly and supportively discuss caregiver's status and needs regarding attachment, permanency goal, and success in achieving case plan.
Support a child's need for safety and permanence and seek to minimize trauma and its' impact.	Support a child's need for safety and permanence and seek to minimize trauma and its impact.	Support a child's need for safety and permanence and seek to minimize trauma and its impact.
Example: Promote child focused best practices through clear and sound policies that avoid or minimize trauma to a child. Provide ongoing training to staff, caregivers and stakeholders in safety and permanency needs of staff and in identifying and supporting specific strategies and practices to minimize trauma around all aspects of a child's life.	Examples: If a child or teen must leave the caregiver's home for one of the above reasons, and in the absence of an unforeseeable emergency, the transition will be accomplished according to a transition plan created through cooperation and information sharing among all parties. It should consider the child or teen's developmental stage and psychological needs. It should also ensure	Example: Once a caregiver accepts responsibility for the care and placement of a child or teen, the child or teen will be removed only when: 1) the caregiver is clearly unable to meet his or her needs; 2) when the child and their birth family are reunited; 3) when the child or teen is being placed in a legally permanent home in accordance with the case plan or court

	the child or teen has all of his or her belongings. This will ease the transition from the caregiver's home and diminish the physical and emotional impact of trauma on a child.	order; 4) or when the removal is demonstrably in the child's best interest
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As a system partner, foster parent, or child welfare practitioner, we understand and acknowledge the value and critical need for quality care for each child who has entered the child welfare system. We further understand and acknowledge the above principles, how each supports quality care for children, and how we, along with all partners, must commit to active and ongoing support of these principles in order for caregivers to be successful in providing every child the quality care each deserves.

Recognizing that every child deserves quality parenting every day; regardless of who is providing the parenting, or whose home the child is in, we acknowledge that our child welfare system must demonstrate full support of the following Quality Parenting principles in our day-to-day practice, policy development and standards of care:

1. Demonstration of respect for the child and his family, and all those working on their behalf.
2. Foster parents investing in parenting each child based on each child's unique needs, providing love, acceptance, and as normal an environment and childhood experience as possible, and children's caseworkers actively supporting the child's caregiver to meet the unique needs of the child and to support normalcy for each child.
3. Active support of the child's goal of reunification with his parent for as long as it is the goal. Should the child's goal change, actively supporting achievement of that goal.
4. Fulfilling my role as a professional partner of the team by supporting this child and family through attendance at meetings, court, case planning discussions and providing input and information unique to my role with the child.