

Louisiana Quality Parenting Practices

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 between 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 everyday 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 and his family, and all those working on their behalf, recognizing the value for a child thru 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, the individual roles each has; 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/teen including their religion, culture, race, ethnicity, tribal affiliation, language, sexual and gender identity/expression, physical ability and other characteristics in every aspect of care.	Example: Demonstrate respect for the identity of the child/teen including their religion, culture, race, ethnicity, tribal affiliation, language, sexual and gender identity/expression, physical ability and other characteristics; Staff implement policies and practices by modeling respect, professionalism, honesty and open communication throughout every action and acknowledging and supporting the unique roles, perspectives and challenges of the caregiver, child and , others in meeting 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/teen's individuality, and fully integrating the child/teen into your family; Recognizing and supporting each child's interests, strengths and skills, and seeking meaningful opportunities to address support these as well as each child's individualized needs to the extent possible.	Examples: Staff provide caregivers all relevant information known 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/mental health services, visitation, recreational/social activities, academic performance, behavioral functioning and issues regarding school placement. All partners treat information confidentially.

<p>Provide on-going training and educational opportunities that 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.</p>	<p>Actively participate in meeting the physical, mental, educational, spiritual, social, and emotional needs of the child; recognize value as caregiver of child in support and active investment and participation in working toward 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.</p>	<p>Share the overall assessment and decision making process with caregivers, sharing the results, implications, and resources needed for achieving established permanency goal.</p>
<p>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.</p>	<p>Example: Schedule and take child to medical appointments; Prepare child and transport to family visit; be prepared to support child who may be upset afterwards. Assess one's own strengths and needs and identify training needs or deficits in 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.</p>	<p>Example: Caregivers and DCFS staff collaborate in developing a plan for the child/teen in care. Caregiver input is actively sought, invited to attend, supported and encouraged to participate in all Family Team Meetings and court review hearings and advocate for needs of child in their care;</p>
<p>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</p>	<p>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</p>	<p>Recognize time, commitment, and support needed to provide for the safety and well-being of children through quality parenting and minimizing trauma and its' impact.</p>
<p>Support a child's need for safety and permanence and seek to minimize trauma and its' impact.</p>	<p>Support a child's need for safety and permanence and seek to minimize trauma and its' impact.</p>	<p>Support a child's need for safety and permanence and seek to minimize trauma and its impact.</p>
<p>Example: Promote child focused best practices thru 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.</p>	<p>Examples: If a child/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 the a transition plan created via cooperation and information sharing among all parties and takes into consideration the child/teen's developmental stage, psychological needs, ensures that the child/teen has all of their belongings and allows for a gradual transition from the caregiver's home. Having an awareness of the unique physical and emotional impact of trauma on a child;</p>	<p>Example: Once a caregiver accepts responsibility for the care and placement of a child/teen, the child/teen will be removed only when: 1) the caregiver is clearly unable to meet the child/teen's needs; 2) when the child and their birth family are reunited; 3) when the child/teen is being placed in a legally permanent home in accordance with the case plan or court order; 4) or when the removal is demonstrably in the child's best interest</p>

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 the 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 behalf of them.
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 and 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.

