*“The most successful caregivers understand that their role goes beyond supporting the children in their care to supporting the children’s families, as a whole, and that children and their families benefit when caregivers and birth or legal parents are supported by an agency culture that encourages a meaningful partnership between them and provides quality support.” 409.1415 (1)(b)FS*

In an effort to support meaningful partnerships 409.1415(2)(a)1 FS requires “*facilitating telephone communication between the caregiver and the birth or legal parent as soon as possible after the child is placed in the home of the caregiver.”* That initial call is commonly referred to as a comfort call. The following are best practices, as approved by Florida Department of Children and Families and the Youth Law Center’s Quality Parenting Initiative. However, every region in Florida has developed local practices and expectations to facilitate comfort calls in their local areas.

**Comfort Calls**

**Best Practice Guidelines:**

The comfort call is a phone call made by an agency representative and foster parent or kin or fictive kin to the birth parent(s) after a child is removed from their home. The purpose of these calls is to:

* Comfort the child;
* Take the first step in establishing a positive co-parenting relationship between the foster parent and birth parent(s); and to
* Discuss vital information needed to meet the child’s needs.

This call also provides an opportunity for the child and parent to speak to each other after removal, which can help both to feel more comfortable with the placement. This call should always occur within 12 hours, if at all possible, after child is removed from their home. Otherwise, the call should occur no later than 48 hours after removal.

During the call, the foster parent should allow the birth parent(s) to be the expert on their child by discussing information needed to meet the child’s needs such as:

1. Medical – allergies, medications, upcoming or needed appointments, immunizations, etc.;
2. Behavioral – past trauma, placement history, therapeutic history;
3. Educational and Developmental – school attended, teachers, academic performance, special services, etc.;
4. Family/Fictive Kin/Peer support systems – Who else can the child call for support?;
5. Routines – extracurricular activities, schedules, bedtimes, etc.;
6. Set up an Icebreaker and first in person visit; and
7. Let the child speak with their parent.

Agency staff should help to set guidelines with the parents for appropriate conversations, and phone should be on speakerphone.

The foster parent should be provided with all the available information on the child’s health and social history at the time of removal and/or placement.

*(Regions may use forms already developed to gather and document the child’s health and social history. Forms should be provided to a foster parent at time of placement. Information not yet available at the time of placement should be gathered and completed as part of the comfort call and first face to face meeting between the foster parent(s) and birth parent(s).)*

**General Guidelines:**

* The child protective investigator or agency staff who facilitates removal of child(ren) from home should discuss the upcoming comfort call with birth parent(s). This includes the best number to contact parent(s), when to expect the call, the purpose of the call, and general expectations and guidelines.
* The comfort call can be made in a variety of ways:
* From the staff member’s work cell phone at the foster home;
* If the foster parent is comfortable with it, from the foster parent’s phone; or
* Through Google Voice.
* Begin the call by reminding the birth and foster parents that the purpose is to provide important information that may only be known by the birth parent to make sure the foster parent can provide the best care possible, and to provide the birth parent with information about the family the child is living with.
* Introduce birth and foster parents by providing first and last names, unless specific safety issues exist, then utilize first names only.
* Encourage foster parent to acknowledge positive attributes, appearance, manners, etc. of child.
* Caseworker should remain near the phone and utilize speaker phone to monitor information shared and to intervene, if necessary. The caseworker can assist in re-directing conversations as needed to support continuation of the call and to maintain focus on the child and not on removal or other issues. If the call becomes inappropriate and the caseworker is unable to re-direct, the call should be terminated.
* In concluding the call, acknowledge the difficulty of establishing this new relationship and highlight that the initial face to face meeting will be easier having had this conversation. Reiterate how beneficial it is to share important information and alleviate fears and anxiety through direct communication.
* When back in the office, enter information about the comfort call in a case note, including whether the call occurred, who participated, what was discussed, and whether all parties were appropriate. If the comfort call did not occur, document this in a case note as well, and explain why it did not occur.

**Outcomes of Comfort Calls:**

* Minimizes trauma of separation for both child and parents.
* Sets stage for ongoing focus on the child.
* Reinforces that the birth parent is the expert on their child.
* Provides for smoother transition into foster home by allowing foster parent to ask about specific information pertinent to their home environment and routines.
* Reassures the parent that the child will be well cared for and that the foster parent is committed to helping the family reunify.
* Provides birth parent the opportunity to convey, in their own words, information they feel is critical for care of their child.
* Initiates and promotes immediate communication between foster parents and birth parents – humanizes “stranger” foster parents or sets the tone for a new relationship between the kinship caregiver and birth parent.
* Establishes a positive working relationship early in the case by developing trust and open and honest communication.

**Unique Circumstances:**

Hospitalized or Incarcerated Birth Parent(s):

* Depending upon the hospital, treatment center, detention facility, criminal charges, etc., contact with and explanation of the purpose and procedures of the initial call with the physician, nurse, social worker, jail warden etc. may allow for a brief or modified call - it doesn’t hurt to ask.
* If the call cannot be conducted immediately due to hospitalization or incarceration, the initial call should be made as soon as possible once the birth parent is released or able to have such a call.

Parent’s Whereabouts Unknown:

* When parent(s) are located, the initial call with the foster parents should be done immediately to exchange information, reduce trauma for the child, and demonstrate trust and establishment of relationship between caregivers.

**Safety Concerns:**

Unfortunately, there may be rare situations where there are confirmed significant safety issues and risks which may preclude the initial call or require modification to the call procedures. When such situations exist, the caseworker shall discuss with the worker’s supervisor the specific safety concerns, jointly assessing options and possible procedural modifications which would allow the call to occur safely.