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I. SUBJECT

A Family Share meeting is a meeting between the birth parent(s)/previous care giver(s) and resource parent(s) to gain information about the child/children entrusted to the resource parent(s) care.

II. PHILOSOPHY

The Office of Child and Family Services recognizes the importance of providing the opportunity for the child's family and/or previous care giver(s) and the resource family to share information about the child/children in order to have the most relevant information about that child/children's behavior, likes, dislikes, talents, strengths, specific medical needs, etc.

III. PURPOSE


The purpose of a Family Share meeting between the birth parent(s)/previous care giver(s) and resource parent(s) is to provide the resource parent(s) with an opportunity to gain specific and pertinent information about the child that will allow them to safely care for and protect that child while placed in the resource family home. Also, this meeting can help allay a birth parent/previous care giver's uncertainty, anxiety, or worries about being judged over the circumstances that resulted in the child's removal from their care. Ideally, this first meeting can set the tone for a positive relationship for the duration of the child's placement. The hope is that the meeting may help create a mutually supportive and trusting relationship that can foster important communication that will increase the success of the placement, and reunification. Lastly, it is important for a child who is capable, to witness that there is team work between his/her birth family and the new resource family related to his/her need for care and support.

IV. PRACTICE MODEL

We recognize that family members know the most about their own families. It is our responsibility to understand children and families within the context of their own family rules, traditions, history, and culture.

V. LEGAL BASE:

Title 22 MRSA §4003 - Purposes
 Title 22 MRSA § 4004 - Authorizations

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VI. DEFINITIONS

Family Share: Is a meeting that is facilitated, child-focused and held between the child’s birth parent(s)/previous caregiver and resource parent in order to provide an opportunity for birth parent(s)/previous care giver(s) and resource parent(s) to meet and share information about the needs of the child.

Resource Parent: Means licensed foster family, relatives, and fictive kin.

VII. PROCEDURE STATEMENT:

- The Family Share meeting must be held within 5 working days of a child being placed in out-of-home care or when a child is making a placement change.
- Family Share meetings are not to occur in conjunction with or during an FFTM/FTM or any other meeting. A Family Share meeting should occur separate from these meetings and should be documented in separate narratives. However, a Family Share meeting can be held prior to, or at the conclusion of these meetings.
- Family Share meetings should occur during the entire life of the case whenever the child experiences a placement change. Placement changes would include, for example, when the child is safety planned from a home, when the child enters foster care, when the child is moved to a new “primary placement,” and when the child is moved to a pre-adoptive placement.
- The meeting must be facilitated by the child/children’s Department caseworker (i.e. child protective worker, permanency worker or either workers supervisor) in a location where everyone can be comfortable (if possible at the resource parent(s)’ home).
- Both the birth parent(s)/previous care giver(s) and resource parent(s) must be informed about the intent of the meeting prior to the meeting and the meeting must remain focused on the needs of the child/children.
- It is also a time to encourage the resource family to share about who they are as a family and their values and traditions.
- A Family Share meeting is expected to take place even in circumstances where a child/children is/are placed with a relative or fictive kin who may have familiarity with the child/children.
- The Family Share meeting is a time to share information about the child’s special medical needs, his/her habits, likes, dislikes, comforts, and fears and about family traditions, values, and routines.
- It is a time to talk about what ongoing contacts (i.e. safe family members, counselor, physician, dentist, etc., provided the child is placed close enough for the same provider to be used), will best meet the needs of the child/children and provide continuity for the child/children. This meeting can also address visitation as appropriate.

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Child Involvement:

The child/children shall participate in a portion of the Family Share meeting, if deemed appropriate to do so by the department caseworker, and the birth parent(s)/previous care giver(s), in order to share what they believe is important for the resource family to know about them.

Department Social Worker Role:


- Prepare birth parent(s)/previous care giver(s) family, resource parent(s) and child/children (if appropriate) for meeting
- Discuss purpose, roles and answer questions
- Schedule meeting and decide where it will take place
- Facilitate meeting
- Debrief at close of meeting

Documentation: (Family Share Meeting must be chosen as Contact Method and needs to be used for each child/individualized)

Documentation shall include:

- Who was present at meeting
- Date and location of meeting
- Birth parents/previous care givers expressed wishes (i.e. do not want child's long hair cut)
- A brief summary of the information that was shared

If a Family Share meeting does not occur, (i.e. there are significant safety concerns as identified by the Department, the birth parent(s)/previous care giver(s) is incarcerated, the birth parent(s)/previous care giver(s), is hospitalized, etc.) this needs supervisory approval and the supervisor will document the basis for that decision in the narrative log by using the Family Share drop down. In the event that the birth parent(s)/previous care giver(s), circumstances change, the caseworker should review the decision to hold a family share meeting.

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Appendix I:

The following Family Share meeting guide is an optional guide for caseworkers to use to help guide the meeting process.

FAMILYSHARE MEETING GUIDE

Case Name: _____ A Number: _____

Social Worker/Facilitator: _____

Date of Meeting: _____ Location: _____

Child/Children: _____

PARTICIPANTS:

Foster Parent/Kinship Provider: _____

Foster Parent/Kinship Provider: _____

Birth Parent/Previous Caregiver: _____

Birth Parent/Previous Caregiver: _____

DEPARTMENT SOCIAL WOKRER:

_____ Introduce all participants

_____ Explain that the meeting is focused on the needs of the child/children and that confidentiality will be maintained and respected from all participants.

RESOURCE PARENT(S): (Recommended Discussion Points)

_____ Share how the child/children is/are doing in their home at this time.

_____ Share information about other adults and children in the home.

_____ Share experience as a resource parent(s).

_____ Share basic structure of their home, family, rules.

_____ Describe what the child/children's living situation is like (own room, shared room, etc.)

_____ Are there any questions they have of the birth parent(s)/previous care giver(s)(within the boundaries discussed with the Department Social Worker)?

BIRTH PARENT(S)/PREVIOUS CAREGIVER(S):

(Refer to 'Recommended Topics for Discussion' for breakdown of each topic area.)


_____ Family information

_____ Feeding & Diet

_____ Child/Children's behaviors

_____ Health Information

_____ Education Information

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CHILD/CHILDREN(S) INFORMATION:

Family Information

Mother's Name: _____ Father's Name: _____
 Child/Children's Name(s): _____ Siblings Name's: _____
 Other Important Family/Friends to Child/Children: _____
 Religion Requested by Birth Parent(s)/Previous Care Giver(s): _____

Feeding/Diet

Currently Breast Fed: _____ Bottle Fed: _____ Formula: _____
 Feeding Schedule: _____
 Usual Feeding Method and Position: _____
 Usual Diet (Likes/Dislikes): _____

Child/Children's Behaviors


Child/Children's Likes/Dislikes, Special Needs: _____
 Sleep Schedule: _____
 Usual Sleeping Arrangements/Type of Bed/Position: _____
 Bedtime Habits/Activities: _____
 Bath Time Habits/Activities: _____
 Morning Habits/Activities: _____
 Child/Children's Comfort Objects/Routines: _____
 Child/Children's Strengths: _____
 Child/Children's Fears (i.e. Thunderstorms, Loud Noises etc.) _____
 Child/Children's Unique Behaviors (i.e. Sleeping Walking, Nightmares etc.): _____
 Child/Children's Friends: _____
 Any additional information you wish to share that will help your child/children be more comfortable while in care: _____

Health Information

Physician Name/Address/Phone Number: _____
 Medical Concerns: _____
 Allergies: _____
 Medications: _____
 Medical Follow Up Needed: _____
 Dentist Name/Address/Phone Number: _____
 Dental Follow Up Needed: _____
 Eye Doctor Name/Address/Phone Number: _____
 Eye Care Follow Up Needed: _____
 Other Medical Providers or Therapists Names/Address/Phone Number: _____
 Follow Up Needed: _____

Education Information

Name/Address/Phone Number of Most Recent School/Pre-School Attended: _____

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Grade Level:

Special Education Services:

Handicapping Condition:

Academic Functioning/Favorite Subjects/Subjects Struggle In:

Extra-Curricular Activities: