

ICEBREAKER MEETING PROCEDURES

- I. Icebreaker Meeting Guidelines**
- II. Meeting Process and Agenda**
- III. Icebreaker Meeting Report**
- IV. “All About Me” (younger and older child versions), “Meet our Family”, and “Child Health/Social History Form” Questionnaires**
- V. Co-Parenting and Co-Sharing of Information Agreement**
- VI. Meeting Evaluation**

I. ICEBREAKER MEETING GUIDELINES

Definition:

An icebreaker meeting is a facilitated, child- focused meeting held shortly after a child is placed in out-of-home care to provide an opportunity for birth parents and foster parents (or other caregivers) to meet each other and to share information about the birth family, foster family, and most importantly, the needs of the child. This meeting is the beginning of establishing communication and building a relationship between the child's parents and caregivers.

Purpose:

- To provide an opportunity and setting for the foster parents and birth parents to meet
- To begin establishing communication and a relationship between the child's parents and caregivers/ foster parents
- To share information that will help the foster parents/ caregivers to support the child in care
- To reduce parents' anxiety about their child's placement and well-being
- To reinforce the parent's role(s) as "parent" and establish foster parents/ caregivers as part of the team working to support the child and reunify the family.
- To reassure the children that their parents and caregivers are all working together to provide for their care, giving children permission to adjust positively to their placement while maintaining their relationship with their parents.

An Icebreaker Meeting is held when:

- A child is placed in out-of-home care (foster or kinship), or
- A child is making a placement change (birth parent with new foster parent/ caregiver)

Attendees:

Birth Parent(s), Foster Parent(s) or other caregivers, child's social worker, and the child when appropriate*. The meeting is considered completed if at least one of the child's parents attend; however, it is considered best practice for both birth parents and both foster parents/ caregivers (if applicable) to participate in the same meeting (or separate meetings, if needed).

*Children may attend the meeting, as appropriate. This decision is made by the caseworker in consultation with the child and other participants. Regardless of whether a child is to attend or not, he or she is to be informed of the meeting and should be helped to understand that the meeting does not determine if the child is to return home, rather that it is focused on sharing information about the child's needs. The caseworker can have the child fill out the "All About Me" questionnaire in advance of the meeting (different options for younger and older children).

Issues to Consider when deciding whether a child should attend:

- Child's physical and developmental age
- Child's desire to attend
- Parent's ability to stay positive and child-focused during the meeting
- Child's comfort level regarding meeting with his/ her parents, including ability to separate from the parents at the end of the meeting

Participant Preparation:

The caseworker is responsible for preparing participants for the content of the meeting, including information they may not want to share, prior to it being held. Issues to be discussed include:

- Purpose of the meeting
- Importance of staying child-focused.
- What the meeting is (an opportunity to share vital information about their child and for all parents to form a partnership) and is not (not a discussion of the allegations or whether or not a child will return home).
- Foster parent share information about their family with the “Meet Our Family” document
- Birth parent(s) share information about their family and child(ren), parents may wish to bring a favorite toy, blanket, book, and/or photos for the child.
- Short-term visitation plan.
- For temporary/emergency placement, a supervised comfort call is held within the first 12 hours – supervised by the caseworker

Meeting Logistics:

- Scheduled by the child’s caseworker
- Takes place within 7 days of the out-of-home placement, can be in conjunction with the first visit
- Takes place at the agency or a neutral location
- Lasts about 30 minutes
- Scheduled to be held before the placement when the placement is a planned transition
- Alternate form of a meeting (phone, video, in writing) is arranged if a face to face meeting is not viable (e.g. parent incarcerated, in rehab, etc)
- “Child Health/ Social History” form, if not completed at removal and discussed during a comfort call, will be provided (by the caseworker) and completed for each child by the birth parent and brought to the meeting
- Caseworker document information gathered during the meeting on the “Icebreaker Meeting Report” Form
- Social worker make copies of the completed “Child Health/ Social History”, “Meet Our Family”, “All About Me”, “Co-Parenting and Co-Sharing of Information Agreement”, “Icebreaker Meeting Report”, and “Icebreaker Meeting Evaluation Form” to distribute at the meeting/ at the end of the meeting to all participants (file in parent assessments section of the case file)
- AA in each office will scan meeting evaluations to Icebreaker Evaluation folder on the RR shared Drive

Safety:

The caseworker will implement alternate methods for sharing information if there are serious safety concerns for any party.

II. ICEBREAKER MEETING PROCESS AND AGENDA

Meeting Introduction

Case Manager

Review the purpose of the meeting

Introduction of Participants

Case Manager

Introduce each participant and clarify roles and responsibilities of each

Foster Parent Information

Foster Parent(s)

The foster parent is invited to share information with the birth parent(s) including:

- How is the child doing in their home so far
- Share information using the *“Meet our Family”* questionnaire as a guide

Child Specific Information Sharing

Birth Parent(s)/ All

The parent is invited to share information about the child using the *“Child Health/ Social History”* questionnaire as a guide

Opportunity for Questions from the Child

Child

The child is given an opportunity to ask questions or to express his/ her desires regarding ongoing activities and contact with important people. The child is also given the choice to share the *“All About Me”* questionnaire with the meeting participants

Communication and Short-Term Visitation Plan

Case Manager

The case manager and participants discuss a communication plan that is appropriate and is comfortable for all parties, including method(s) of communication. The arrangements for the short-term visitation plan (first few visits) will be developed/ reviewed

Co-Parenting and Co-Sharing of Information Agreement

Case Manager

The case manager explains the purpose of this agreement, provides to foster parent(s) and birth parent(s) and asks for commitment from all parties to work together

Meeting Evaluation

Case Manager

The case manager distributes the *“Meeting Evaluation Form”* to each birth parent and each foster parent who attended the meeting and asks them to complete the form before departing the office. Case manager asks each participant to give their completed evaluation for to the AA at the front desk before departing.

III. ICEBREAKER MEETING REPORT

(Fill out during meeting, copy and provide to all attendees at completion of the meeting)

Case Name: _____

Case Number: _____

Date of Meeting: _____

Caseworker: _____

Name(s) of Child/Children: _____

Attendees (name/ title/ role)

_____	_____
_____	_____
_____	_____

Items Discussed: _____

Follow-Up Needed: _____

Visitation Arrangement: _____

Communication Plan: _____

Attach all questionnaires/ forms to this report
Attach any other notes from the meeting to this report
File in the parent assessments section of case file

ALL ABOUT ME

<p>My name is:</p>	<p>My Birthday is:</p> 
<p>I like to eat:</p> 	<p>My favorite toy/ activity is:</p>  
<p>I don't like:</p>	<p>I am good at:</p> 
<p>I need help with:</p> 	<p>Please don't:</p> 
<p>My family members:</p> 	<p>My pets:</p> 

All About Me

My name is _____ and here is some information that might be helpful to my new caregivers.

My birth date is _____ which means I am _____ years old.

I have _____ brothers and sisters. Their names and ages are: _____

The last school I attended was _____ and I am in the _____ grade.

Describing myself:

I would describe myself as:

- | | | | |
|---|-----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> friendly | <input type="checkbox"/> quiet | <input type="checkbox"/> artistic | <input type="checkbox"/> talented |
| <input type="checkbox"/> funny | <input type="checkbox"/> loud | <input type="checkbox"/> musical | <input type="checkbox"/> shy |
| <input type="checkbox"/> smart | <input type="checkbox"/> athletic | <input type="checkbox"/> outgoing | <input type="checkbox"/> good looking |
| <input type="checkbox"/> stylish/trendy | <input type="checkbox"/> pretty | <input type="checkbox"/> | _____ |

When I have a problem, here is how I try to handle it:

- | | |
|---|--|
| <input type="checkbox"/> writing in a journal | <input type="checkbox"/> talking to my friends |
| <input type="checkbox"/> thinking by myself | <input type="checkbox"/> talking to a caring adult |
| <input type="checkbox"/> getting angry and being mean | <input type="checkbox"/> talking to my counselor |
| <input type="checkbox"/> going on a run or exercising | <input type="checkbox"/> _____ |

I get angry when _____

It makes me scared when _____

I feel good about myself when _____

Favorites:

Favorite subject at school _____

Least favorite subject at school _____

Favorite kind of music _____ Band: _____

Favorite movie: _____ Book: _____

Things I like to do:

	Love to do	Like to do	Want to learn how
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have these hobbies: _____

I need some help finding some hobbies.

Living with me:

If it were up to me you would find my room:

Messy

Clean

Somewhere in between

Chores and help around the house that I am pretty good at:

My sleeping habits are:

I usually stay up late and sleep in

I get up early in the morning

I have a hard time sleeping

It helps me get to sleep when _____

My favorite foods are _____

My least favorite foods are _____

Other information I would like you to know about me:

Meet Our Family

This form is intended to aid in the co-parenting relationship between foster parent and birth parent. It is completed by the foster parent and is to be presented to the birth parent at the Icebreaker Meeting.

My full name is _____

I prefer that your child refer to me as _____

E.g.: Mr/Ms Last Name; Mr/Ms First Name; First name only; Grandma/Grandpa; other

I am of the following race(s) and my cultural background is: _____

I have been a foster parent for _____ months/ years, and I have cared for _____ children.

My spouse or significant other's name is _____

There are _____ children living in my home and their ages are: _____

I have _____ pets living in my home and their names, types, and breeds are:

_____	_____	_____
name of pet	type of pet	breed of pet

_____	_____	_____
name of pet	type of pet	breed of pet

_____	_____	_____
name of pet	type of pet	breed of pet

The typical weekday routine for my family is: (foster parent(s) work outside home; foster parent(s) are stay at home parent(s); children living in the home do/do not go to school outside the home; normal time for dinner, homework, bedtime, prayers, etc)

The typical weekend routine for my family is: (extracurricular activities; religious service attendance; work outside the home; weekend school; visit relatives and/or friends; etc.)

A typical breakfast, lunch and dinner in my home consists of: _____

Typical mealtime routines or chores consist of: (prayer before meal; setting table; tv or phone during meals; etc): _____

My family has the following favorites:

Sport(s) and/ or TV show(s): _____

Activity (other than TV or sport(s): _____

Other things you should know about my family are: _____

Child Health/Social History Form – One For Each Child

Name of child _____ DOB _____
Placement Date _____ Placement Name _____
Caseworker Name & Contact Information: _____

My child's doctor is _____ Dr.'s phone # _____

Dr.'s address _____ Next medical appointment _____

My child's dentist is _____ Dentist's phone# _____

Dentist's address _____ Next dental appointment _____

My child's eye doctor is _____ Dr.'s phone # _____

Dr.'s address _____ Next vision appointment _____

Please list ANY and ALL allergies and any reactions (be sure to include medicine as well as food) _____

Please list ANY and ALL medications your child takes, including dosage and what it is for _____

Does your child have any immediate or ongoing medical/mental health needs that we should be aware of?

Is your child current on their immunizations? If no, please explain why _____

Is your child covered by Medicaid or private health insurance? Please provide information _____

Please provide daycare/school/after-school program information _____

What name does your child like to go by? _____

Is there a nightly routine (such as normal time for bed, bedtime reading, and prayers, special stuffed animal, blanket, music, night light etc). _____

Does your child sleep through the night? Yes _____ No _____ If not, what is the best way to help him/her? _____

Does your child wet the bed? _____ If yes, how is this handled? _____

Does your child have any fears? Please explain _____

How do you provide your child comfort? _____

Are there any special toys or games your child likes to play? _____

Are there any specific foods that your child likes? _____

Any specific foods your child will not eat? _____

What does a normal breakfast, lunch and dinner consist of? _____

Are there any meal time routines or chores? (Prayer before meal? Setting table? TV during meals etc...) _____

What does your child's weekend routine look like? _____

My child attends _____ religious services.

I am comfortable with my child attending _____ religious services.

What is your child's favorite game? _____

Favorite sport? _____

Favorite TV program? _____

Are there any friends or extended family members you would like for your child to keep in contact with, with prior approval from your Social Worker? Include relationship, name and contact information. _____

Does he/she have a pet at home? _____ If yes, what kind? _____ Name? _____

Is there anything else you think we should know about your child to make him/her feel more safe and secure? _____

A copy to be given to foster parents upon placement or at the very least, information provided verbally. Please input into UNITY.

V. CO-PARENTING AND CO-SHARING OF INFORMATION AGREEMENT

To be completed by the foster parent(s)/ caregivers and birth parent(s) at the onset of child's placement.

- We agree to work together and ensure that all important information related to _____ is shared with one another. We agree that this can take place by sharing important information in a Journal or through other agreed upon mode of communication. Information like next doctor's appointment, school performances, school activities, major behavior changes, other pertinent information, etc. can be shared
- We agree to respect each other's boundaries and we will honor one another as caretakers for the child/ren.
- We agree to be kind and patient with one another.
- We agree that we will communicate frequently in order to ensure that all important information is shared.
- We agree that we will address partnership challenges with each other in a respectful and solution focused manner.
- We agree that we will keep visitation schedules to ensure consistency and predictability for the child.
- We agree to speak positively about each other in front of the child and will model partnership to decrease confusion and anxiety.

Birth Parent

Birth Parent

Foster Parent

Foster Parent

VIII. MEETING EVALUATION

Caseworker Name: _____

Please indicate if you are (please check one):

Birth Parent _____ Foster Parent _____

Please give a numeric score to the following 6 questions

1=Strongly disagree

2=Disagree

3=Somewhat Agree

4=Agree

5=Strongly Agree

1. The meeting I attended provided me with helpful information. Score_____
2. I had a chance to share information. Score_____
3. The meeting was focused on the child. Score_____
4. The meeting lessened any anxiety/ uncertainty I may have had about who my child is living with. Score_____
5. My questions, if I had any, were answered for the most part. Score_____
6. Icebreaker meetings are generally helpful. Score_____

Did at least one child in care attend the Icebreaker meeting (please check one): Yes_____ No_____

If yes, please indicate the number of children for each age group:

Ages: 0-5_____ 6-10_____ 11-15_____ 16-18_____

General Comments:

Please hand the meeting evaluation to the front desk when you leave

Admin: Scan to "Scanned Icebreakers Evaluations" folder in RR Drive – "Comfort Calls & Icebreaker Meetings"