

What is the PURPOSE of Family Team Meetings?

Family Team Meetings (FTMs) **engage families in collaborative proactive planning** that puts young children's developmental needs for safe, stable, and nurturing early caregiving relationships, as well as the individualized needs of each family member, at the center of decision-making.



What DOES IT LOOK LIKE when FTMs are implemented successfully?

- The participants in FTMs **work together in partnership** as a 'family team' in all planning and decision-making
- Discussions center on the **specific developmental needs** of the infant/toddler.
- **Parents are part of the family team, with professionals actively supporting** the parent's confidence, motivation, and capacity for self-advocacy in a shared planning process.
- **Professionals use respectful and non-stigmatizing language** in developing a climate of compassion and dignity for the family.
- The Family Team works together in a collaborative, solution-finding spirit, built on mutual respect and transparency (no surprises, no "hiding the ball") that develops **trusting working relationships**.
- Planning, including concurrent planning and planning for transitions, uses a **developmental, multigenerational, family-centered lens**.
- There is explicit **attention to the social and environmental conditions** that affect health and well-being in identifying child and family needs, including such concrete needs as housing, food, transportation, and social supports.
- **Meetings occur regularly** and frequently across the life of the case to ensure that needs are identified and met in as responsive and timely a manner as possible.
- **Meaningful information and individualized recommendations** for the child and family are agreed upon for presentation at the next hearing.

Who PARTICIPATES in FTMs?

Exactly who participates will depend on the family and community, but **FTMs must include parents and their self-identified supports** along with the **child welfare caseworker, Guardian ad Litem (attorney/Court Appointed Special Advocate), parent attorney(s), child welfare agency attorney, and providers** supporting the child and family in the child welfare case process. When resource/kinship caregivers participate, it can build and strengthen shared parenting; however, the decision to involve resource/kinship caregivers in FTMs should be made with the parent(s) and on an individualized basis. It is important to note that in the Safe Babies approach, **the judge/judicial officer does not participate in FTMs.**¹

Examples of Family Team Meeting Participants	
Community Coordinator	Child welfare supervisor
Facilitator	Prosecuting attorney or child welfare agency attorney
Parent(s)	Child welfare family support services provider
Parents' self-identified supports	Infant/Early Childhood Mental Health therapist or consultant/expert
Peer mentor/parent partner	Home visiting program provider
Resource/kinship caregivers	Adult mental health provider or consultant/expert
Child welfare caseworker	Adult substance use disorder treatment provider or consultant/expert
Child's guardian ad litem (attorney/CASA)	Domestic violence treatment provider or consultant/expert
Parent attorney(s)	Translator (as needed)

¹Although judges/judicial officers do not participate in FTMs, they are actively involved in the Site Implementation Team and Active Community Team to identify areas for improvement to support all families participating in the Safe Babies approach.



Essential Functions and Practices

The list of essential functions and practices below is provided for the FTM members as a detailed guide to the specific professional practices that fall under the purview of an FTM.

The essential functions for FTMs align with best-practice recommendations for engaging families, promoting protective factors, trauma-responsive care, and multidisciplinary practice as an attribute of high-quality legal representation. With these best practices as the foundation, the Safe Babies approach identifies FTM practices specific to the needs of infants, toddlers, and their families.

Essential Functions	Practices
<p>Engaging families in an inclusive, trauma-responsive, and strengths-based participatory planning and decision-making process</p>	<p>Elevating the parent’s voice by shifting power and supporting the parent in prioritizing topics for discussion in case planning and problem solving</p>
	<p>Demonstrating kindness, compassion, and openness in all interactions</p>
	<p>Treating parents with respect and dignity, using non-stigmatizing terms and language (e.g., “positive screening” or “individual who is in recovery”)</p>
	<p>Celebrating the family’s successes and accomplishments with genuinely supportive statements and encouragement, looking for opportunities to call out strengths and successes</p>
	<p>Eliciting the diverse perspectives, knowledge, and resources of all caregivers and reflecting the cultural context of the child and family</p>
	<p>Prior to the meeting, asking the parent(s) what they would like to discuss during the meeting and how to best share that information, as well as informing them about what else will be brought up and why it is important/relevant to discuss</p>
	<p>Using plain and simple language, terms, and acronyms; avoiding professional jargon (e.g., adjudication, stipulation, concurrent planning); explaining clearly and using repetition to help parents understand what is being said and what is being asked of them to do; and routinely checking for understanding</p>
	<p>Responding to parents with empathy about factors that may be affecting their thinking and behavior, including trauma</p>
	<p>Providing families with information that includes relevant languages and cultural contexts</p>
<p>Creating SMARTIE (Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, and Equitable) goals, including those in the child welfare treatment plan, that are individualized and achievable with the appropriate support and scaffolding</p>	

Essential Functions	Practices
<p>Collaborating to plan and find solutions in a proactive way</p>	<p>Creating a space where parents receive compassion, with all relevant information shared openly to promote trust, clear communication, and the opportunity for everyone to be heard</p>
	<p>Engaging families with a strengths-based approach to accomplishing change together, ensuring that parents are prepared in advance of meetings and hearings and that there are no surprises</p>
	<p>Coming prepared with key information about case progress and any barriers impacting progress</p>
	<p>Engaging collaboratively in difficult conversations to address the safety and well-being of the child and family</p>
	<p>Seeking creative solutions that address barriers families face in accessing services and supports</p>
	<p>Building the family's ability to seek help, including how to navigate community resources, such as connecting the family to a peer mentor/parent partner</p>
<p>Promoting shared accountability by identifying and assigning tasks to members of the Family Team in preparation for the next meeting or hearing</p>	



Essential Functions	Practices
<p>Putting the very young child’s health and developmental need for safe, stable, and nurturing caregiving at the center of planning and decision-making</p>	<p>Prioritizing infant and toddler health and developmental needs in all discussions and planning</p>
	<p>Partnering with the family to develop thoughtful individualized “parallel planning” (concurrent planning) and transition planning that protect the very young child’s developmental need for safe, stable, and nurturing early caregiver relationships</p>
	<p>Partnering with the family to develop thoughtful, individualized post-permanency planning that helps to maintain family resilience and strengths and to protect the very young child’s developmental need for safe, stable, and nurturing early caregiver relationships</p>
	<p>Identifying strategies that support frequent family contact (ideally taking place daily or several times per week, when appropriate and safe) to protect and strengthen the very young child’s relationship with his or her parent</p>
	<p>Identifying strategies that support quality family contact, including settings and supportive mentoring/modeling opportunities that promote nurturing, protective caregiving and strengthen the relationship between the very young child and his or her parent</p>
<p>Identifying and addressing the comprehensive and holistic needs of the family</p>	<p>Examining how social and environmental conditions are impacting the family’s circumstances (e.g., safe and stable housing)</p>
	<p>Referring the child and family for screening and assessment, including for:</p> <ul style="list-style-type: none"> • Life stressors and emotional distress, including that related to intimate partner violence, experienced by the parent • Child emotional/behavioral dysregulation • Developmental screening • Strengths and challenges in the child-parent relationship • Parental depression • Substance use disorders • Child and parent physical health • Needs related to protective factors • Needs related to the social determinants of health, including social supports
	<p>Ensuring that referrals are individualized to address the specific needs identified through screening and assessment</p>
	<p>Monitoring case data to ensure that children and their families are receiving all necessary supports and services and that the case is progressing</p>

Essential Functions	Practices
<p>Ensuring timely, effective, individualized wrap-around services and supports</p>	<p>Meeting regularly and frequently throughout the life of the case</p>
	<p>Utilizing a continuum of services for infants and toddlers in case planning, including:</p> <ul style="list-style-type: none"> • Regular well-child visits where children receive age-appropriate developmental screenings and immunizations • Part C early intervention services and other developmental supports • Psychoeducational parenting intervention • Infant and Early Childhood Mental Health services, such as Child-Parent Psychotherapy • Home visiting programs for parents and caregivers of young children, such as SafeCare, Healthy Families America, and other models
	<p>Utilizing a continuum of services and supports for parents in case planning, including (but not limited to):</p> <ul style="list-style-type: none"> • Concrete supports and resources to meet the family’s needs • Peer mentor/parent partner support • Shared parenting/building relationships between parents and resource families • Infant and early childhood mental health services • Early education and care • Adult mental health services, including medication management (e.g., for substance use disorders) • Domestic violence services • Primary and other health care services, including postpartum care • Home visiting programs • Supports and services in the community that are culturally relevant • Civil legal services to address issues such as housing, domestic violence, paternity, and immigration
	<p>Prioritizing age-appropriate, evidence-based practices in referral-making, including those with promising research evidence</p>
	<p>Referring families to culturally relevant services, including services in their primary language and using interpretation services as needed</p>
	<p>Expediting service referrals, appropriately building upon, or scaffolding, other services so that they are manageable</p>
<p>Helping parents understand the purpose and short- and long-term benefits of each service to which they are referred</p>	

Essential Functions	Practices
<p>Ensuring timely, effective, individualized wrap-around services and supports</p>	<p>Putting supports in place while building long-term, community-based solutions for children, parents, and other caregivers (kin, resource) such as short-term housing while working towards long-term housing or substance use disorder treatment that leads to a community supportive of recovery</p>
	<p>Putting post-reunification supports in place including health insurance coverage, strong social supports, affordable child care, and concrete supports to meet the family's ongoing needs</p>

