Family Group Decision Making and In-Home Services

INTRODUCTION

Family engagement is an important predictor of positive outcomes in in-home services (Berry, 2005). One of the primary means by which states have chosen to engage families is through family group decision-making (FGDM) meetings. At least 45 states have begun to implement some variation of FGDM in their child welfare system (Munson & Freundlich, 2008). This brief explores the use of family group decision-making as a way of engaging families in services to maintain children safely at home.

Family involvement strategies emerged in the U.S. in the 1990's as an effort to engage family, kin, and others in seeking solutions for children and families coming to the attention of child welfare. Developed abroad, the New Zealand Family Group Conference provided the foundation for the development of family involvement strategies in the US. While the effectiveness of Family Group Decision Making models has not been extensively evaluated, preliminary research has found these approaches to show promise in reducing out of home placement and improving child well-being.

Family Group Decision Making (FGDM) is a common term used nationally and internationally to incorporate the various strategies or models of practice that seek to enhance family involvement in child welfare through group decision making meetings or conferences. FGDM incorporates Family Group Conferences (FGC), Family Unity Meetings (FUM), Family Team Meetings, and the many variations on these approaches. The Family Group Conference

(FGC) and Family Unity Meeting (FUM) practice models provide the base for most models of family conferencing in the United States.

The Family Group Conference (FGC) is a family involvement strategy recognized for its detailed preparation of participants, an independent facilitator or coordinator, private family planning time with review and confirmation of the plan by the child welfare agency (the family plan is accepted by the public agency 90% of the time.) The FGC is a family driven process with a high level of family ownership of the resulting plan. Families are provided private time during FGCs to discuss relevant issues without the presence of professionals. Preparation for an FGC can take 20 to 30 hours and a conference may average 4 – 6 hours in duration. FGCs can include several family members, members of the legal community, community providers, and/or CASA staff. Family Group Conferences support a broad definition of family, usually defining family as anyone who the family sees as important to them. This can result in FGC membership including mothers, fathers, children, extended family, kin, fictive kin, friends and other non-professionals.

The Family Unity Meeting (FUM) was derived from the New Zealand Family Group Conference and developed in Oregon. This family involvement strategy is often characterized by reduced preparation time, facilitated by a case carrying social worker, and a plan that is developed through a collaborative process with the family, agency and community service providers. The meetings may be required at set decision points. An FUM does not have an independent facilitator and, because the plans are collaborative, these meetings may have more agency or professional influence versus the family's influence. The meetings are generally 1-1.5 hours in length and generally do not include as many family members as an FGC. The challenge in this model is to insure real parental participation and to gain representation from the extended family.

Family Team Meetings (FTM are a formal agency process to engage families in short & long range planning regarding child safety, well-being & permanency. An FTM is a structured process facilitated by a non-case carrying practitioner skilled in preparation, coordination & facilitation of an FTM. While FTMs vary considerably across jurisdictions and a consistent model has not emerged, FTMs have expanded across the U.S. as States seek to more fully engage families.

COMMON THEMES ACROSS FAMILY GROUP DECISION MAKING APPROACHES

While states have differing policies and procedures regarding the strategies or models they employ to increase family involvement, they share a common interest in increasing family involvement in decision making.   Common values shared by FGDM models include:

1.   Family is defined broadly for inclusion in a group decision-making meeting; fictive kin and natural supports are valued.

2.   Family opinion is respected and valued.

3.   High value is placed on reaching shared understanding.

4.   Rather than relying on an "expert" practice model that directs the family to comply with the agency plan, mothers, fathers, children, extended family members, kin and other non-professionals are viewed as the experts on their own situation. FGDM seeks to tap the family's knowledge of what works and what needs to be done to enhance assessment and planning and to overcome barriers to success.

5.   Families who design or participate in the development of "their" plan are more likely to follow through on the parts they have control over and the resources to achieve.

6. A planning process that includes extended family members and informal supports increases the resources available to the family and increases the number of "eyes" on the child.

FGDM AS AN IN-HOME SERVICES STRATEGY

Just as there are different models of FGDM, there are also variations as to when and why an FGDM meeting will be employed with a family. While most states use FGDM as a post-placement family engagement strategy, there are also several distinct decision points at which a FGDM strategy may be used "up front" in a child protective services case. For each decision point, a specific goal is outlined.

o Involving Families in the Safety Decision Making Process. The safety of children is of course the most critical issue in child protection. FGDM can be used to engage the family and natural supports to develop and implement a safety plan. Family input in this process varies across jurisdictions, ranging from minimal participation to substantial control over the safety planning process. Some agencies develop a safety plan for the family and then use the FGDM time to discuss how the family will implement the plan. Others present the family with a list of safety concerns and available agency and community resources, allowing them to use their meeting time to develop a unique safety plan which is then submitted to the agency for approval. These examples of two very different levels of participation show how much variation can be found across jurisdictions in the family's participation in safety planning. The precise level of family involvement should be determined by the agency based on the model used and the desired FGDM meeting goals and outcomes.

An example of a safety plan that evidences a high level of engagement of family resources can be found on the Action for Child Protection website at (http://actionchildprotection.org/documents/2009/pdf/June_June_2009_In_Home_Services_for_Safety_Management_edited.pdf

o   Strengthening families. FGDM strategies may be employed as a means to engage the family in identifying strengths and preferred goals, in anticipating difficulties ranging from the need for reliable transportation to stressors that could lead to relapse, and in generating additional resources to help the family achieve their goals.

o   Preventing imminent placement. FGDM strategies may be used in cases where placement of a child is imminent. The focus of the FGDM is to prevent the initial removal of the child by generating options for alternate caregivers or respite providers or devising and working out responsibility or safety plans. These meetings would take place before the decision to recommend removal of the child has been made.

o   Involving families in the placement decision process. FGDM strategies can also be employed after the decision to recommend removal of the child has been made. These meetings, sometimes referred to as 'pre-removal hearings,' are used to involve families in decisions involving the child's foster care placement. In some models, plans for reunification are also addressed at this time; other models keep the focus on issues such as preparing the child for placement; providing an opportunity for the family to inform the foster care worker or foster caregivers about the child's favorite foods, toys or rituals; and planning for parent and sibling visits.

Family involvement in case planning decisions

Rob Sawyer, an NRC for In-Home Services consultant, American Humane Association Fellow, and experienced trainer and practitioner in FGDM, offers additional insights into effective FGDM:

1. Family group decision making is most effective when it is integrated into practice as reflective of how the work is done; i.e., working with families as partners, rather than a "stand-alone" program that has little impact on the work

2. Facilitation by a non-case carrying practitioner is preferred.

3. Use of the FGDM early in the case – prior to removal -- uses crisis as an opportunity to quickly identify paternal and extended kin resources which can be tapped to strengthen the family and, if placement later becomes necessary, may identify a kin placement.

4. The use of genograms and ecomaps, if the tools are completed with or by family members, can increase early family engagement and facilitate involvement in the FGDM.

5. Involving informal community partners expands the network of support - extended family, kin, friends and non-professional services.

6. Group decision making is more effective than individual decision making when there is complexity and a high level of coordination is necessary to carry out the plan. (Sawyer, R)

THE EVIDENCE BASE FOR FGDM

In a recent review of the research on family group decision-making, Landsman and Boel-Studt (2011) noted that we know more about the process than the outcomes of FGDM. Research

on FGDM is hampered by the difficulty in implementing controlled studies and articulating a clear theory of change (Crampton, 2007), as well as by the varied formats in FGDM (Crea, Crampton, Abramson-Madden, & Usher, 2008). Landsman and Boel-Studt report that studies have shown promising findings, however, including greater family unity and safety (Pennell & Burford, 2000), family satisfaction (Sieppert, Hudson, & Unrau, 2000), greater likelihood of kinship placement (Pennell, Edwards, & Burford, 2010), and reduced likelihood of entering care (Crea et al., 2008). Weigensberg, Barth & Guo (2009) found that a higher percentage of families who participated in FGDM meetings, compared with families who did not, were connected with services such as parenting services, children's counseling services and parental mental health services. Other studies, however, have suggested that there is no significant positive relationship between the use of family team meetings and safety or permanency outcomes (Berzin, 2006; Sundell & Vinnerljung, 2004).

SELECTED STATE EXAMPLES OF FAMILY GROUP DECISION MAKING

In 2011, NRC for In-Home Services staff interviewed state managers in three states – Ohio, Minnesota, and Texas – that have used FGDM for in-home services with particular success. A summary of these interviews and the supporting research follows:

Ohio

Using IV-E Child Welfare Waiver Demonstration funds, Ohio implemented its ProtectOhio Family Team Meeting (PFTM) strategy in 2005. The project was implemented in 18 demonstration counties; an extensive project evaluation took place using the data from 17 comparison counties. The PFTM model targeted all children in cases that opened to ongoing services and who had a case plan goal of removal prevention or reunification. FTMs were held

over the entire period of ongoing services. This included meetings within the first 30 days and subsequent critical events of the case, and at least quarterly after a case plan was developed. The counties stopped using FTMs only if the case plan goals changed from removal prevention or reunification to something different, such as permanent custody or legal custody to kin.

The analyses aimed to evaluate how FTMs were implemented, the level of model fidelity among providers, and perhaps most importantly, if children receiving PFTM services experienced a positive outcome more often than children in the demonstration sites. In comparing the children in the demonstration counties with those in the comparison counties, the evaluation found that children in the demonstration counties had significantly shorter case episodes, were significantly less likely to go to placement, and were less likely to have subsequent case openings within a year of case closure (Human Services Research Institute, 2010).

Minnesota

Minnesota uses Family Group Decision Making in cases where a critical decision about a child is required. Funded through federal Title IV-B allocations, Minnesota uses the FGDM process to foster collaboration and leadership of family groups in developing and implementing plans to support the safety, permanency, and well-being of children (Minnesota Department of Human Services Online, 2011). FGDM meetings are used for both reunification and family preservation purposes. FGDM for reunification aims to address the issues which required the initial placement and works to return children to their parents within 15 months of placement. FGDM is also used for families who are at risk of placement or who are in crisis. These services aim to strengthen stability and promote the well-being of children and families (Minnesota Department of Human Services, 2008).

Evaluation of the FGDM process has found that children who received FGDM services were more likely to perform better on state and national outcome standards, especially in keeping families together. Additionally, children who participated FGDM services were more likely to achieve permanency at a faster rate, were more likely to be placed with a relative if removed, and more likely to be discharged to a relative after placement (Sawyer, R).

Texas

Using Child Abuse Prevention and Treatment Act (CAPTA) funds, the Texas Department of Family and Protective Services (DFPS) began implementing family team meetings in 2003; the state has now implemented a Family Group Decision Making (FGDM) process which includes three unique FGDM models: Family Team Meetings (FTM), Family Group Conferences (FGC), and Circles of Support (planning meeting for youth in transition into adulthood). The Texas process blends the principles of the New Zealand FGDM Model, the philosophy of the National Center on Family Group Decision Making, and the structure of the 'Ohana Model to fit the unique needs of their state. At the time of our interview in 2011, the FGDM unit employed a staff of more than 180 individuals statewide, with one state office level staff and FGDM specialists supervising 24-25 staff in the field.

The Texas model is relevant to in-home services specifically for its use of FTMs and FGCs to prevent removal and address safety concerns:

- o When used to prevent a child from being removed from the home, FTM provides a time to focus on the immediate needs of families and child safety issues. These meetings are quickly organized and can be held within hours of a crisis arising. Meetings are used for safety planning, a process which involves identifying factors that will ensure the child's safety and supporting the family in developing an effective plan. Texas facilitated over 11,000 FTMs in the 2009 fiscal year and is currently using FTMs in 14% of all confirmed CPS investigations.

- o Family Group Conferences (FGC) are relevant to in home services for their use in stabilization efforts after children are returned home. These conferences, which are held

in a series beginning within the first 45 days of removal, are time intensive and can include several family members, individuals from the legal community, community providers, and CASA staff. FGCs are used in service planning to address safety concerns and long-term concerns such as housing or supervision issues. Families are provided private time during FGCs to discuss these issues without the presence of CPS or other providers and caseworkers. DFPS feels that FGCs are effective in developing subsequent safety planning, e.g., develop a safety net or 'Plan B' that can be enacted in the event that a crisis arises and safety again becomes a concern.

DFPS has conducted multiple internal evaluations since initiating FGDM. Early in the project, the approach was found to be cost effective in preventing foster care placement, garnering the attention of the Texas Legislature which approved additional funding for the FGDM programs in 2005. A later evaluation also confirmed FGDM's continued cost effectiveness in preventing out-of-home care and also found that the FGDM efforts positively impacted disproportionality rates within the state, specifically among African American and Hispanic populations. In 2010, an evaluation conducted by Texas Tech University found that FTMs and FGCs decreased the odds of removal by 15 percent and 8 percent, respectively, and that both programs increased the odds of reunification with family by 48 percent. Overall, Texas' FGDM services were shown to have a positive impact on desired outcomes for Texan children and families. (Wang, 2010)

As illustrated by these examples from Ohio, Minnesota, and Texas, FGDM approaches can provide an important tool in states' efforts to engage families in the work that needs to be done to keep children safely at home or successfully reunify them. Through FGDM child safety is enhanced by engaging families in the FGDM assessment and planning process and by identifying and "deputizing" additional family members and informal supports that can play a role in implementing the safety plan. In FGDM families are strengthened by "putting them in the driver's seat" in defining their goals and developing and implementing a plan to achieve them. If placement is imminent, safety planning through FGDM may include back up plans such as

alternate caregivers or respite, guided by the family's needs and preferences. And if it is decided

that the child cannot remain at home, through FGDM families can inform the placement decision

process, helping to shape a placement and reunification plan that will work for them.

For further information on designing and implementing FGDM strategies in your state or county,

contact the National Resource Center for In-Home Services.

Resources

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