



strategies in
child welfare

Four Approaches to Family Team Meetings

THE ANNIE E. CASEY FOUNDATION



an overview of approaches



In child welfare, actively involving children, parents and families – often called “engagement” – is believed to improve child and family outcomes.

In recent years, child welfare agencies have come to think of families as key partners in case-related planning and decision making. That hasn’t come easily, but today family meeting proponents commonly believe that families are experts on themselves and can aid their children even during challenging times.

Family meetings (sometimes called family conferencing or teaming) are a primary family engagement strategy. More and more child welfare agencies are using these meetings to involve professionals and families (birth, extended, foster and adoptive) in planning and decision making teams. This places more families and young people at the table when decisions are made. Some agencies have implemented one family meeting approach; others use different meeting types for different circumstances; yet others have developed an integrated practice model with family meetings as the central component.

As agencies review their family meeting approaches, it’s useful to remember that federal legislation strongly encourages states’ commitment to collaborative case planning. The Fostering Connections to Success and Increasing Adoptions Act of 2008 affirms the use of teaming as a family engagement strategy and mandates assertive family finding efforts, with a goal of locating family members who can serve a variety of roles, including providing concrete and emotional support and placement for children in foster care. Placements may include relatives or fictive kin, foster families prepared to support parents working toward reunification, and adoptive parents for children who cannot be safely reunited with their birth parents or other family members.

HIGHLIGHTING RESULTS, TARGETING INNOVATION

Are family meeting approaches evidence based? Not yet. The idea of involving families and children in decision making has caused tremendous excitement in child welfare (Crampton, 2007), and research is underway to build a definitive research base. Child welfare systems are exploring how to implement family meeting approaches that most appropriately meet the needs of children, parents and extended families in their communities. That exploration leads to a variety of approaches with different names and nuances. In 2005, one survey identified more than 50 different names for practices that involve families in decision making (Nixon et al, 2005). These approaches appear to share common values and many similar elements. To turn family meeting approaches into evidence-based practices, more evaluation is necessary to define which teaming components are essential to improving child and family outcomes.



To make sense of the proliferating number and variety of family meetings, the Annie E. Casey Foundation studied four approaches that have a preliminary research base. This paper describes each approach and presents a detailed comparison of their characteristics across a set of structural and process components.

A Look at Four Approaches

FAMILY GROUP DECISION MAKING

Family Group Decision Making (FGDM) is a decision-making process to which members of the family group are invited and joined by members of their informal network, community groups and the child welfare agency that has become involved in the family's life. The term was first coined in Canada by Drs. Gale Burford and Joan Pennell, who used it to describe the process they had adapted from traditional practices and the family group conference process, first legislated in New Zealand in 1989. In FGDM, a non-case-carrying coordinator convenes the family group meeting with child welfare agency personnel, who recognize the family group as their key decision-making partners. The coordinator prepares group members for the meeting and facilitates the family meeting. Meetings have four phases: the introduction phase, the information sharing phase, the private family time phase and the plan finalization phase. Once the first two phases are complete and the family understands the issues they need to address and the resources available to them, the professionals leave the room so the family can meet on their own to work through the information that they have been given, formulate their responses and develop a comprehensive case plan for the child. The family then presents the plan to the child welfare agency representatives and other professionals. When the family adequately addresses agency concerns, the family group's plan is given preference over any other plan. While families lead the decision-making, the child welfare agency must also agree to the plan. The coordinator reiterates the steps to be completed post-meeting. The core purpose of the follow-up phase is to track the implementation of the plan. The family group and others can be reconvened at any juncture to update or revise the plan and ensure that the plan is resulting in the agreed upon outcomes.

FAMILY TEAM CONFERENCING

Family Team Conferencing (FTC) was originally developed in Alabama in the 1990s in response to a class action settlement agreement that drew on best practice principles in several fields. The principles articulated in the agreement include: family involvement in planning and decision-making; coordinated service delivery; and individualized service plans matched to each family's unique needs. FTC incorporates Wraparound Child and Family Team Meetings from

mental health, Individualized Education Programs (IEP) planning principles from education, engagement approaches from intensive family preservation services in child welfare, and the person-centered philosophy from developmental disabilities practice. FTC, as part of a larger model of practice, seeks to help children and families develop a durable team to achieve basic goals and sustain the family after formal supports conclude. FTC is designed to mirror the way families form their own support systems to meet family needs and solve problems. The family team is formed at the earliest period of system involvement and continues beyond case closure. The team is responsible for case planning and making key decisions. The family determines the composition of the team, which varies in size depending on the family's needs. FTC is a forum in which parents, youth, extended family and professionals participate in crafting, implementing, or changing individualized child and family plans. The primary caseworker for the child and family typically receives family engagement and teaming training and serves as the FTC facilitator. A specific structure guides the meeting process. In FTC meetings, the team reaches a working agreement that defines the nature of problems facing the family and what success will look like. Any non-negotiables are clearly identified and become part of the working agreement. Regular team meetings track progress and adapt plans to changing circumstances.

PERMANENCY TEAMING

Permanency Teaming is a core component of the Lifelong Families model, which was developed specifically to facilitate permanence for older youth with high-end mental health and behavioral needs in foster care. Permanency Teaming, which was used by Casey Family Services prior to the agency's closure, includes a blend of meetings to engage children and youth and their families in comprehensive planning and collaborative decision-making. A social worker builds a team of individuals that generally includes: the youth, parents, extended family members, foster parents and/or caregivers, other adults significant to the youth, the legal custodian/state agency and key professionals such as the youth's therapist, attorney, GAL and residential treatment provider. Team members are generally those people who will be most affected by decisions that are made. The team then engages in a process with the goal of helping the youth exit foster care to a lifelong family by identifying, developing and sustaining legal family relationships. Facilitated by the child's social worker, Permanency Teaming uses a blend of individual, joint and large team meetings to address the youth's need for safety, well-being and permanence through reunification, adoption, or legal guardianship. In the Lifelong Families model, the youth's permanency team coordinates and oversees the other critical model components. The Lifelong Families model prepares youth for permanence by clarifying life events, resolving conflicts and integrating important relationships; prepares parents for unconditional commitment through full disclosure of the youth's needs; and carefully transitions children and youth to permanent families with a plan for post-permanency supports. The Lifelong Families model also employs family finding, concurrent planning, specialized recruitment and other promising practices to create lasting family relationships that are safe and provide for a child's long-term well-being.

TEAM DECISION-MAKING MEETINGS

Team Decision-Making Meetings (TDM) were developed in 1992 as a key strategy of Family to Family, a nearly 20-year initiative funded by the Annie E. Casey Foundation. The model emphasizes the engagement of family and community members in safety and placement-related decision making, a critical aspect of child welfare work. Meetings are facilitated by trained, non-caseload carrying staff members. In TDM, child welfare staff, family, family supports, service providers and community members work together to assess a family's strengths and needs, make critical placement decisions, and develop specific safety plans for children at risk. Although the goal of every meeting is to reach consensus regarding whether or not a child is to be moved, the agency maintains its responsibility for final decision making. The meetings follow six distinct stages and can be used at different decision-making points in the child welfare process: when consideration is being given to a removal, a placement change, or a permanent exit to reunification, adoption, or guardianship. If meetings are held while a child is in the agency's care, developing relationships between foster and birth parents is emphasized.

A Closer Look at Family Meetings

All family meeting approaches share a set of common values that include, among others, the goal of safety, permanence and well-being for children; involvement of families and their informal supports; shared decision-making; and strengths-based practice. The following matrix provides details about the four family meeting approaches highlighted in this paper, from their purpose and evaluation to logistical and administrative details. The matrix does not address documentation requirements, which differ from jurisdiction to jurisdiction. However, plans that emerge from a family meeting approach are generally integrated into the case plan or service plan that has the full authority of the legal custodian or state agency.

	FAMILY GROUP DECISION MAKING	FAMILY TEAM CONFERENCING/MEETINGS
PRIMARY PURPOSE	To involve families, community and professionals in meetings to mobilize family strengths, solve problems and make sound decisions for and with youth regarding their safety, well-being and permanence while actively engaging the community as a vital support for families.	Establish an ongoing team of family, informal supports and professionals to develop plans that meet safety, permanence and well-being needs and provide ongoing support after agency involvement ends.
STRUCTURE	<p>Unique to this approach is that each meeting includes private family time</p> <p>Phases of the meeting include: introductions, information sharing, private family time and plan finalization.</p>	<p>Team focus is on both case planning and decision-making.</p> <p>A specific structure guides the meeting: introductions, ground rules, family defined goals, family story, strengths/concerns identified, resources identified, plan developed</p>
VOLUNTARY OR MANDATORY	Participation is voluntary for each family member. Most commonly, public or private child welfare agency social workers refer families to FGDM. Families may also self-refer. In addition, referral may come from other systems (e.g., education, mental health) and community and grassroots organizations.	Meetings are voluntary, begin at first system interaction, and continue through and sometimes after the family's system involvement.
LENGTH OF MEETING/ FREQUENCY	<p>Generally 2 to 4 hours, but varies.</p> <p>Decisions about the need and frequency of additional family meetings are guided by the family group.</p>	1-2 hours; follow up meetings are ongoing and may be briefer.
MEETING TRIGGERS	Request by a child welfare social worker, the family, a service provider, or a community member.	Convened by any team member to craft, implement, or change a child and family plan.
FACILITATION	An independent, non-case carrying coordinator who engages and prepares participants for the family meeting and guides the meeting.	Facilitator is a trained staff member (often the child's social worker), or a trained service provider.

PERMANENCY TEAMING	TEAM DECISION MAKING
<p>To ensure that children and youth, no matter what their age or circumstance, leave the child welfare system in a timely manner to join a lifelong, legal family. Permanence is achieved through an ongoing teaming process that engages the youth, parents, family members, other adults important to the youth and professionals in building safe, lifelong family relationships.</p>	<p>To involve family and professionals in making immediate safety and placement-related decisions that protect the child and preserve the family.</p>
<p>Meetings build upon an initial safety parameters discussion with the legal custodian/state agency; individual, joint and large team meetings occur throughout the case and focus on the urgent need to achieve timely permanence.</p>	<p>Meetings occur when a placement-related decision is required. Six distinct stages of the meeting: introduction; identifying the situation; assessing the situation; developing ideas; reaching decisions; recap; and closing.</p>
<p>Permanency teaming is standard practice for professionals, and participation is strongly encouraged for youth and family members.</p>	<p>Meetings are mandatory and should be held before the child's move occurs. In cases of imminent danger when an emergency removal is necessary, the child is immediately removed and the meeting is held by the next working day to review the placement decision, and always before the initial court hearing.</p>
<p>Large team meetings last 1-2 hours and are usually held every 4-6 weeks</p>	<p>1-2 hours with no built in follow-up meetings as the caseworker is responsible for ongoing monitoring and planning.</p>
<p>Regular use of large team meetings for all case planning and decision-making; individual and joint meetings used as needed to prepare for large team meetings, share information, build relationships, resolve conflicts and move case planning toward helping the youth exit foster care to legal permanence.</p>	<p>Meetings address: possible removal of a child from home; possible placement change; permanency plan implementation (reunification, adoption, guardianship, emancipation).</p>
<p>The child's social worker or, infrequently, the supervisor or another agency social worker. In some cases, the agency social worker co-facilitates with the legal custodian/state agency social worker</p>	<p>A trained, non-case carrying agency staff member, typically a supervisor.</p>

	FAMILY GROUP DECISION MAKING	FAMILY TEAM CONFERENCING/MEETINGS
PREPARATION	<p>Considered an essential component and requires sufficient time and resources to convene the broadest family group and position them to lead the decision-making. Preparation usually occurs over several weeks and involves face-to-face meetings, a follow-up phone call and a written letter. Coordinator prepares all team members.</p>	<p>Facilitator meets face to face with the family and those identified by the family to attend the meeting for 1-2 hours, to prepare them for their first meeting. Other team members are prepared in person or by phone</p>
TEAM MEMBERSHIP	<p>Extended family group defines and decides who “family” is and who in the family will be invited. Family members may select support people from within the family system or the community, as well as professional service providers. Team members include the referring worker and may include other members of the child welfare team, other service providers, legal professionals and foster care providers.</p> <p>The family and coordinator negotiate team membership, seeking to widen the circle of caring.</p>	<p>Team includes individuals the family chooses with input from the facilitator: family, extended family, friends, members of the family’s informal support network, community resources and professionals.</p>
CHILD/YOUTH PARTICIPATION	<p>Children of all ages are encouraged to be physically present. On rare occasions when children are not physically present, their voices are represented in other ways (a drawing, a letter, the child’s photo in the room).</p> <p>The child’s right to be heard trumps family or parental wish to limit their involvement.</p>	<p>Youth’s plans are developed with strong child involvement in a team setting.</p> <p>Younger children may be involved for some meeting discussions, depending on the issue.</p>
DECISION-MAKING RESPONSIBILITY	<p>Family leads the decision making, and both family and agency must agree to the plan. The family designs the plan; the agency works with the family to finalize and track the plan and ensure it achieves child safety, well-being and permanence. The collaborative plan becomes a binding agreement between the family group and child welfare agency. If the family group is involved with the courts, this plan is presented to the court.</p> <p>Statutory authorities agree to give family plan preference over other plans if agency concerns are adequately addressed.</p>	<p>Decisions are made by the team within existing non-negotiable parameters, such as requiring child safety and recognizing court orders.</p> <p>The family’s goals are expected to be paramount in reaching team consensus.</p>

PERMANENCY TEAMING	TEAM DECISION MAKING
<p>Social worker uses outreach strategies and individual and joint meetings, generally lasting 1-2 hours, to engage and prepare the youth, birth/foster/adoptive parents, family members, professionals and other adults important in the youth's life.</p> <p>Individual sessions prepare a child for large team meetings, help the youth to understand and work through past trauma, and promote readiness of the child for permanent family relationships. Individual meetings also prepare parents and family members for large team meetings and promote readiness of the parent for making and sustaining a permanent commitment to the youth.</p>	<p>Social worker invites and prepares family for the meeting. When removal is being considered, time constraints often limit preparation. For other meetings, participants are educated about Team Decision Making in person and via written materials.</p>
<p>Team includes the youth, parents, family members, current caregiver, other important adults identified by the youth and legal custodian/state agency and key professionals (e.g., therapist, attorney, GAL, etc.).</p>	<p>Team includes individuals who have the family's permission or a right to participate as child welfare team member. The team may include family, informal support network members and community members. The public agency social worker, supervisor and family members are core participants.</p>
<p>The child's/youth's voice is a central element of the approach. Youth are included in all aspects of planning and decision making and identify important adults as team members. Youth over 12 attend large team meetings. Younger children participate as their cognitive and emotional abilities allow. If they are under the age of 12 and not present at large team meetings, their needs/wishes are represented by the adults who know them best and are actively working with them during the permanency planning process.</p>	<p>Although practice varies, children are encouraged to be physically present when age appropriate.</p>
<p>The facilitator works with the legal custodian/state agency and agents of the court (attorneys for the parents, agency and child) to promote team plans and decisions. The legal custodian/state agency retains decision-making responsibility. Court-involved cases require court approval of the final plan.</p>	<p>The team focuses on reaching a consensus decision regarding safety and placement-related issues. The agency maintains responsibility if team consensus cannot be reached.</p>

	FAMILY GROUP DECISION MAKING	FAMILY TEAM CONFERENCING/MEETINGS
CONFIDENTIALITY	All information shared at a family meeting is considered privileged and cannot be used outside the family meeting. Preparation of group members includes discussion of confidentiality.	Participants sign confidentiality agreements. Exceptions to confidentiality are disclosed up front and include disclosures of new allegations of abuse and/or neglect.
POST-MEETING TRACKING	The social worker continues the partnership with the family group to implement the plan.	Facilitator tracks progress with input from the team, and family progress governs adjustments to the plan.
DATA/SUGGESTED MEASURES	<p>At the conclusion of the meeting, participants are asked to evaluate their experiences, providing agencies with information to refine practice and to develop reflection and supervision structures to support the decision-making process.</p> <p>Family-friendly Scantron processes facilitate the completion and analysis of the information. Data are often collected on key elements of FGDM: How much preparation time was involved? Were trigger or referral criteria met? Who attended? Did the meeting include family alone time? What services and supports were in the family plan? Were additional meeting needed and planned? If so, how many and how often? What decisions were made?</p>	<p>System tracking of outcomes.</p> <p>Collection of data on family participation rates, team composition, incidence of meetings.</p> <p>Qualitative Service Review performance on practice indicators, including teaming.</p> <p>Fidelity is assessed by supervisory observation using a fidelity tool.</p>
EVIDENCE BASE	Rated by the California Evidence Based Clearinghouse as supported by promising research evidence, FGDM has been subject to pre-/ post-test studies and randomized control trials; results vary based on fidelity to implementing the approach; randomized control and quasi-experimental studies are underway to test FGDM in in-home cases.	Positive outcomes were found in several state-level evaluations. Because FTC is one component of a broader systems approach, it is difficult to attribute improved outcomes solely to FTC.
SITES WITH WELL-ESTABLISHED MODELS	<p>Montana: http://www.dphhs.mt.gov/cfsd/publications/familygroupdecisionmaking.shtml</p> <p>Pennsylvania: http://www.pacwcbt.pitt.edu/FGDM.htm</p> <p>Texas: http://www.dfps.state.tx.us/child_protection/about_child_protective_services/fgdm.asp</p>	Alabama, Iowa, Indiana, Maine, New Jersey, Tennessee, Utah, Wyoming
FOR MORE INFORMATION	http://www.americanhumane.org/children/programs/family-group-decision-making/national-center/	www.childwelfaregroup.org

PERMANENCY TEAMING	TEAM DECISION MAKING
<p>Participants are informed of state-specific provisions around abuse and neglect reporting and other exceptions to confidentiality.</p>	<p>Use of confidentiality forms is discouraged. While the right to privacy is emphasized, participants learn that information may be shared for case planning, if new allegations of abuse/neglect arise, or if court involvement is necessary.</p>
<p>Action plans from the prior meeting are reviewed and revised at each meeting. Facilitator and team members may be assigned individual tasks at meetings; facilitator completes a team meeting summary, including tasks and responsible parties, which is provided to all team participants.</p>	<p>Tracking is done by the child's social worker, with other team members playing supporting roles. Facilitator completes a TDM Summary Report, which includes the decision and action steps and which is signed by all participants to acknowledge presence at the meeting. Signature does not necessarily indicate agreement.</p>
<p>Process (fidelity), performance (quality) and outcome (impact) measures are collected. Data are gathered on characteristics and quality of the meeting process, characteristics of youth served, social worker activities, team characteristics and activities, team member participation and satisfaction, exits to legal permanence, length of time to exit to legal permanence, and elements of the plan for post-exit permanency supports.</p>	<p>For every meeting held, information is collected about the meeting and the child. The TDM facilitator is required to enter the meetings' information into a TDM database. Meeting data captures time and place of meeting, who facilitated, who attended, and whether the meeting was held prior to a placement event. Placement recommendations are recorded for each child being discussed during the meeting.</p>
<p>More than 5 years of implementation data from the former Casey Family Services (CFS) sites with promising early evaluation data, which includes: increased exits for youth to legal permanency outcomes; increased numbers of youth exiting to legal permanence within 18 months of implementing teaming approach; high rates of inclusion of youth and family members; high rates of satisfaction with the plan. Because Permanency Teaming is one component of a more comprehensive permanency practice approach, it is difficult to attribute improved outcomes solely to the teaming process.</p>	<p>Data has been collected related to birth parent, community members and other service providers attendance at TDM meetings; the extent to which meetings are held prior to placement or immediately after emergency placement; whether meetings are held away from the agency office/ outside of regular working hours; the extent to which services are identified and arrangements made for services during the meeting.</p>
<p>Former Casey Family Services divisions in New England and Baltimore, MD</p>	<p>Cuyahoga County, OH; Denver, CO; New York City, NY http://www.kidscount.org/kidscount/video/team.html</p>
<p>http://www.aecf.org/KnowledgeCenter/PublicationsSeries/LifelongFamiliesModel.aspx</p>	<p>Considered Removal Team Decision Making Curriculum, with video: http://www.aecf.org/MajorInitiatives/ChildWelfareStrategyGroup.aspx</p>

About The Annie E. Casey Foundation

The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of UPS, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and neighborhoods fashion more innovative, cost-effective responses to these needs. For more information, visit the Foundation's website at www.aecf.org.

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