Family Group Decision Making and Other Family Engagement Approaches to Child Welfare Decision Making

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Family Meeting Approaches in Child Welfare: Making Connections to Empower Families

Patricia Rideout, Lisa Merkel-Holguin, and Clare Anderson

This issue of Protecting Children scans the landscape of family meeting practices, as implemented in child welfare systems in the United States. It is well-documented that since the 1990s, American Humane has promoted family group decision making and the Annie E. Casey Foundation has supported the implementation of Team Decisionmaking Meetings. While each organization has invested resources in these practices, there has been a growing recognition since the mid-2000s that one meeting approach in child welfare was insufficient and could not address the needs of all systems or families. While this issue does not articulate a continuum of family meeting processes, we believe that dialogue toward that end is essential to support the long-term sustainability of all approaches. Concert, not competition, among family meeting approaches, is the cutting-edge direction for child welfare systems.

In this issue, readers will find information on child and family teams, child protection mediation, team decisionmaking meetings, and other approaches being implemented in child welfare. This volume continues to expand the knowledge of practitioners, administrators, researchers, policymakers, and others in implementing and evaluating these approaches. As guest editors, we appreciate the critical thinking and writing that the contributing authors provide to this compilation. While there is a growing base of literature on family meetings and family engagement, each of these authors is a pioneer in thinking about how these approaches can transform child welfare systems and the families they serve.

Principles

Family meeting approaches have been characterized as a strengths-based, partnership-oriented, family-centered advancement in child welfare decision making. The focus is on addressing the agency’s concerns while meeting families’ needs through a process in which family groups, the community, and child welfare agencies create comprehensive, holistic plans. More than a decade of family meeting implementation has clearly demonstrated the importance of overarching values and principles guiding the design and incorporation of these approaches into child welfare. While systems staff needs to understand the “how” and the nuances of family meeting approaches, it is the “why” — the philosophical mind shift — that causes the transformation within child welfare agencies. It is critically important to develop and continually reflect on the common values and specific principles that guide each meeting approach, as internal and external pressures on child welfare agencies can challenge this work.

Best Practice

As child welfare system professionals have developed a variety of family meeting approaches in recent years, a number of clear best practice principles have emerged. For example, regardless

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1 Ms. Anderson served as a content reviewer for this journal during her tenure with the Center for the Study of Social Policy; the views presented in this article do not reflect the views of the federal Administration on Children, Youth and Families.
of the specific details on timing, purpose, and evaluation, all family meeting practice strives to ensure that families experience a continuum of opportunities, rather than a single meeting or type of meeting, in which to fully participate in planning and decision making regarding their children. Similarly, regardless of meeting framework, a critical building block of successful family meeting practice is effective casework activity outside of or in between meetings. No matter how high the quality of the family meeting, it cannot substitute for day-to-day interaction between child welfare practitioners and families, which forms the foundation for progress toward safety, permanency, and well-being. In addition, authentic family meetings are those in which “the power is in the room”: plans and decisions are made “live” and meetings are never used as springboards for or “rubber stamps” of decisions made outside of the family meeting. Finally, the best family meetings provide for the development of an ongoing family team: a group of concerned people from within and outside the family who have clear roles and responsibilities to support the family’s progress through and eventually beyond the child welfare system.

Leadership and Commitment

As the articles in this issue make clear, the development of effective family meeting practice requires child welfare systems to access a wide range of resources, from strong policy and program development to skilled staff to effective external partnerships, and much more. But beyond those necessary elements, there are two less tangible but critically important ingredients for success: leadership and vision. Behind most successful family meeting implementation efforts is a strong and visible child welfare leader who articulates a clear vision, based on mission and values, which positions family meeting practice as a priority in the system. This may require political will and advocacy on the part of the leader. It is not a one-time exercise, but a theme that is reinforced regularly and supported with the resources necessary to build staff skills, infrastructure, and accountability mechanisms that make family meeting practice effective and sustainable. Such leaders paint a clear picture of what success will look like, identifying the expected positive outcomes of family meeting practice and the ways in which its users will routinely evaluate its impact and make adjustments to ensure continuing improvements that will benefit families.

Because family meetings can be used to pursue a wide range of goals, leaders should clarify the priority targets for their particular system and ask: Do we hope to demonstrate the power of high-quality family meeting practice by targeting specific families with the potential for dramatic change? Are we seeking to achieve broad system impact by ensuring a meeting for every family facing a particular circumstance? Do we emphasize family meeting practice as a way to develop front-line staff skills at family engagement? Whatever the leader’s vision, it must be clearly understood both within and outside the agency, and it must be supported by policy, protocol and visible infrastructure changes so that the practice becomes embedded and sustainable regardless of leadership change.

Use of Resources

It is important to plan for the resources necessary to be successful once the leader and the leadership team have assessed the context in which family meetings will be used and identified how and when meetings will be incorporated into the overall practice of the organization. Child welfare leaders must think about the scope envisioned for implementing family meetings and determine how to align both fiscal and human resources to achieve the desired results. In addition to thinking about the resources necessary to develop the meeting practice (e.g., facilitators, coordinators, or training), it is important to factor in the resources required to build family engagement; shared planning and decision making; teaming throughout the life of a case; partnership engagement; and the policy,
quality improvement, and contract changes needed to further the systemwide culture change promoted through this collaborative practice.

This kind of broad alignment requires leaders to have a coherent vision and plan for scalability from the beginning. Too often, we see systems implementing family meetings and allocating resources without thoughtful consideration of where they are now and where they want to be 5 or 10 years out. In some instances, systems initially try to take on too much and later eliminate one or more meeting types when sufficient resources cannot be identified or deployed effectively. In other instances, systems cling to one meeting type and avoid consideration of how a more diverse set of meetings might better address family needs. Our experience suggests that both approaches are detrimental for families and for the system writ large.

By starting with the end in mind, however, leaders are more likely to make resource choices that are consistent with the vision. This approach also increases the likelihood that a continuum of meetings will be developed, fully implemented across the entire system, and sustained, rather than risking a situation in which various meetings must compete for resources.

**Broad System Perspective**

It is not uncommon for families to simultaneously come into contact with the child welfare, juvenile justice, court, mental health, substance abuse, and other systems. Yet, these organizations and agencies have different practices and processes for how decisions are made; some involve parents, extended family systems, and community members, and in others, these individuals and groups are noticeably absent. While child welfare and mental health systems have been engaged for the last 15 years in incorporating family meeting models into the decision-making fabric, the scalability and sustainability of such models has been challenged. Internally, leadership and staff turnover, supervisors and practitioners who struggle to embrace the principles of family meeting practices, and a lack of effective coordination with other community practices, akin to family meetings or not, have hindered the advancement. For family meetings to become standard, operating practices across systems and multisystem agency representatives need to come together to create a common and shared vision for the role of families in decision making, and put resources toward education and training of stakeholders regarding this direction. For families, a broad systems perspective would provide the opportunity for a stronger and more robust team involved in creating and implementing plans and less confusion about how they interact with the different systems. For communities, a common vision would create shared responsibility and broader understanding of roles and responsibilities, demonstrating the old adage that “protecting children is everyone's business.”

**Family and Community Perspective**

From a family meeting perspective, child welfare agency representatives have the responsibility to share decision making with the family group while simultaneously performing their legal mandates. Parents and extended families deserve to be included in life-changing decisions about their children. Families and communities have proven to be highly supportive of these meetings, as they give them a seat at the decision-making table; community-based organizations often see these meetings as an opportunity to support “their” families.

Family meetings make real the concepts of strengths-based, family-centered work. Families know this when they experience it at a family meeting and when the child welfare system continues to genuinely engage them outside the meeting space. Family meetings also represent the best opportunity to engage communities in the work of child welfare. Creating a community-oriented child welfare system, one in which services and supports are provided where and
when families need them most, is more likely to occur when communities are represented on the decision-making team. These meetings demonstrate that the child welfare system is committed to families and communities and values their inherent wisdom.

Achieving the regular participation of a family’s “community of interest,” whether that community identity is based on the family’s home neighborhood, place of worship, ethnic affinity, or another link, depends on the agency’s commitment to building relationships with the communities that serve families outside of the child welfare system and its family meeting processes. The development of such relationships often requires a system commitment to shifting some resources and focus from traditional contracted providers to community-based organizations and sources of informal, natural family support.

We surmise that families and communities are far less concerned with “when to use which meeting type” than are the professionals. What matters to them is an unwavering commitment to inclusion and shared, live decision making at the meetings and beyond. Families and communities want a logical continuum of meetings and activities that support families in getting from a crisis to a resolution that includes safety, permanency, and well-being for themselves and their children.

Not surprisingly, families and communities, like workers and supervisors, do not want to be brought to the table unnecessarily. Finding the right balance of meetings to maximize participation by families and their support systems is respectful and shows an intentional approach to helping and supporting families. While child welfare works to figure out the right balance of meetings, the recipients of this work often feel a bit confused. Common questions are, “Why was I included in the decision about removing my children but not in later decisions? Why am I being engaged now after being involved with the system for so long? Why is my extended family being asked to participate? What is this meeting about? How do the decisions made here relate to my case plan and getting my kids back?” It is important for families to understand how this all fits together and to what end meetings are held if we expect them to be invested as full partners in this way of work.

Evaluation

Family meeting approaches challenge the decision-making rubric that has existed in child welfare and other systems for decades — one that has been dominated and steered by professionals and has marginalized and excluded parents, children, and extended families. While the incorporation of family meetings in some ways represents more of a philosophical change in how agencies and families interface around decisions, evaluation of these approaches is essential. Many agencies implementing family meeting approaches have invested resources and time to evaluate and research their impacts on children, families, communities, and agencies. So much has been learned, and while the purpose of this introduction is not to canvass the findings, American Humane has categorized the majority of studies in an annotated research and evaluation bibliography at www.fgdm.org.

Quantitative and qualitative efforts at the local, regional, and national levels will continue as agencies desire to understand the short- and long-term impacts that family meeting approaches have on families, communities, and agencies. Given the plethora of family meeting approaches, evaluations must capture issues of model fidelity to determine whether the studied approach truly aligns with the core elements, values, principles, and practices of each type. A growing concern is the miscategorization of these approaches in evaluative studies, presenting an inaccurate picture of the impact of family meeting approaches, both individual models and the collective.
Conclusion

Even after 15 years of implementation and close to 100 studies undertaken internationally, there are more questions than there are answers related to family meeting approaches. The desire to gain a better understanding of these approaches from the family, agency, community, and systems levels is evident. The ensuing debate should not be about which family meeting approach will be implemented, but rather, how resources can be marshaled to ensure that every family — no matter race or place — is engaged in decision making in partnership with the child welfare agency.

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American Humane’s webinar series on FGDM is designed to promote stimulating dialogue to help communities advance their knowledge of this process; create a culture of support and learning; develop implementation strategies; and leverage expertise within FGDM networks.

Find out more at www.americanhumane.org/pctrainings.
Erin L. McDonald and Nicole Wright-Gurdon

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Nicole Wright-Gurdon, LICSW, is the administrator of the Innovative Family and Support Services Administration within the District of Columbia Child and Family Services Agency’s Office of Clinical Practice, where she oversees family engagement, education, domestic violence, and substance abuse services throughout the agency. Ms. Wright-Gurdon was the initial developer and champion of the Family Team Meeting (FTM) Program. She served as the FTM Program manager for more than 4 years, where she personally developed the values-based approach, lead the coalition, implemented the work, and oversaw the expansion of the values-based program. She is an advocate of expanding values-based work throughout the agency and continues this work in her current role.

Values Driving Change

Change, both planned and unexpected, is inevitable and healthy. Organizations that desire to remain effective must be open to assessing and adjusting their philosophies, goals, and processes to effectively navigate advancement. Directing change through fundamental values is a new concept in child welfare but has demonstrated success in the business sector. Using this approach means that strategies are defined on the basis of constant, core organizational values, as opposed to evolving procedures. Organizational values may be strongest when they are developed to complement and support the values of the communities and stakeholder organizations that the organization serves. Leading change by first defining a core set of values provides a shared framework to engage in collaborative work and organizational self-awareness. Basing solutions on enduring values may lead to stable practices that engender a shared language and unify stakeholders in guiding the organization’s actions forward (Whiteley & Whiteley, 2007).

Values tie program activities to performance outcomes, which creates an understanding of the effectiveness of change. The first, critical step in supporting change through values is to have all stakeholders establish a core group of values that the organizational processes will support in action to reach desired goals. Change initiated from a set of program behaviors provides procedures but does not provide the rationale for a set of actions or the metric for understanding the degree of success by connecting them to organizational values (Collins & Porras, 1996). In contrast, grounding action on a set of underlying values supports understanding what strategies
demonstrate the most success in achieving the underlying values they facilitate. Connecting core values to actions demonstrates the basis behind successful strategies and how organizations may be able to sustain viability in the face of change. Leading change through values increases the potential for organizational transformation.

Organizational transformation is more fundamental than incorporating new programs in the natural maturation of the organization. Instead, organizational transformation is a revolutionized understanding of how an organization fundamentally approaches its work to achieve its core values. Transformation alters the way that stakeholders understand what drives their work and how they in turn contribute to achieving the shared vision. This transformative process must start from an understanding of the values that define how the work is approached. Using the core values, the organization may be reviewed to understand the aspects that must change and how the organization must redefine the work to address root concerns that do not support the underlying mission (Levy & Merry, 1986).

Transformation typically takes a prolonged period to occur due to the contradiction that the organization faces when moving from the current “known” self to the emergent “advanced” self. It is one thing to have a vision for how things should be different but it takes time for that vision to be interpreted and internalized into the practice of how work is approached. To reconcile these states, organizations may look to their ideology or values in order to identify a sense of center and understand how to move from current to future vision (Mintzberg, 1991). Organizations and jurisdictions that have moved through change effectively have often used a core set of values as guideposts to define a strategy for how to direct change. In the business world, this approach has proved successful, as many organizations driven by values have outperformed process-driven organizations severalfold (Collins, 2001; Collins & Porras, 2002).

True and enduring transformation is challenging to achieve in any organization. Lessons learned indicate that in cases of the most effective change, organizations recognized that the change process must go through a series of natural phases. Kotter (1995) identified eight phases to organizational transformation, which may be applied regardless of the industry:

1. Establishing a sense of urgency
2. Forming a powerful guiding coalition
3. Creating a vision
4. Communicating the vision
5. Empowering others to act on the vision
6. Planning for and creating short-term wins
7. Consolidating improvements and producing more change
8. Institutionalizing new approaches

Skipping through the natural progression of change may create instability and a false perception that true change has been institutionalized. Critical mistakes during any phase of transformation are destabilizing and may derail the process if morale, commitment, and knowledge are rocked. In contrast, organizations that implement transformative change at a steady rate may have the opportunity for reflection and natural adaptation of change.

Many times, transformative change starts small. A change agent — an individual or a specialized group — begins to shift how he or she conceptualizes
reaching the goals of his or her work. Changing how work is fundamentally approached may be driven by factors such as visionary leadership, best practice improvement, poor performance, changing needs of clients, political pressure, or imposed benchmarks. Regardless of the impetus, redefining the work through a set of values provides an environment where real change may be fostered. The ability to successfully demonstrate change within one practice area may compel the organization to export the lessons learned by values-driven outcomes to other areas of practice. In many organizations, values are used to define the core tenets that direct strategies but are not tied to concrete performance measures. A critical step in the process of values-based change is to link values to performance measures to identify the degree of success strategies provide (Collins & Porras, 1996). The mere presence of values does not adequately indicate their role but becomes real when defined values are tied to outcomes.

There is limited discussion about child welfare systems as innovation-driven organizations. Innovation does occur within child welfare agencies but this change may be localized within specific program areas. In cases where change occurs through the introduction of innovative practice, it may be challenging to relate advancement from the localized practice effect to the organization in totality (Ferguson, 2001; Pecora, Whittaker, & Maluccio, 2000). As collective systems, child welfare agencies have historically failed to adopt innovative personalities and values-driven approaches. Transformation may not occur throughout the child welfare agency if strategies are not developed to identify the underlying value of change and translate that to affect the overall organization. Child welfare agencies have also been hampered in achieving transformed practice due to financial, legal, and bureaucratic constraints (Cohen & Austin, 1994). Shifting focus from being driven by process and benchmark measures to focus on outcome measures would increase the utility of engaging in values-based practice (Spratt & Houston, 2001; Tilbury, 2004). Many child welfare agencies would benefit from adopting new approaches when it comes to openness to innovation (Dawson & Berry, 2002; Smith & Donovan, 2003). Child welfare organizations will be supported in addressing the complex needs of children and families if they are willing to adopt a values-driven approach. This approach would tie all agency divisions to a shared metric to understand how the organization collectively addresses child safety, permanency, and well-being.

The Family Team Meeting Program: A Values-Based Family Engagement Model

The concepts of the preceding discussion will be considered through a case example of the District of Columbia Child and Family Services Agency’s Family Team Meeting (FTM) Program. The FTM Program is a values-based practice approach used to engage families and communities with the public child welfare agency in an effort to collaborate and share critical decision making at identified points throughout the life of a child welfare case. This article will assess the influence of the FTM Program on the district’s child welfare practices, specifically related to its team approaches and family engagement efforts. While we recognize there were many successes leveraged through family team meetings, the work to transform the district’s practice is ongoing. The discussion of the FTM Program model and the influence the program has had on practice will be framed using Kotter’s (1995) eight steps to organizational transformation.

**Phase 1: Establishing a Sense of Urgency**

The FTM model grew out of a burdened system plagued by a poor reputation of working with families to ensure child safety and effectuate permanency. In 1989, a class action lawsuit was filed that resulted in the district’s child welfare system entering court receivership in 1995 until progress on child safety, permanency, and well-being was demonstrated. Simultaneously, a
grass-roots movement was underway within the district’s communities to meet the unmet needs of at-risk families. This movement formalized in 1996 to form six Healthy Families/Thriving Communities Collaboratives. The work of these community collaboratives was family-centered, rooted in the community, and directed by innovative practices such as family group conferencing. Before long, the work and abilities of the collaboratives to address the needs of the city’s most vulnerable families were noticed by leadership in the district’s child welfare system. This prompted a partnership focused on prevention between the district’s child welfare system and the collaboratives. However, the compounding negative effects of a struggling foster care system continued for many children and youths.

In 2001, the district’s child welfare system was reorganized as a cabinet-level agency but continued to battle poor performance, as indicated in the Child and Family Services Agency’s (CFSA) 2003 Child and Family Services Review, on a range of measures including family engagement and the degree to which a child is stable within the placement. During this time, the agency tried a range of procedurally driven initiatives to improve in these areas, but to no avail. While the system continued to struggle with improving and sustaining its practice, the collaboratives were experiencing great success with family engagement practices, particularly family group conferencing. Demonstrated success prompted CFSA leadership to take a similar approach to family engagement within the agency. It was with this backdrop that CFSA’s family team model, Family Team Meetings, was conceived.

**Phase 2: Forming a Powerful Guiding Coalition**

In late 2003, CFSA began the work of designing its family engagement model. A coalition of support was developed around the model, including those most impacted by implementation. The coalition included those who both supported and challenged the direction of the agency in order to address concerns and develop solutions. Additionally, the agency recognized the need to build from the strengths, knowledge, and successes of the collaboratives’ family engagement practices. The agency desired to create a model of practice that would most effectively meet the needs of its families while honoring communities and legal mandates of child protection in the district.

The stakeholder group included partners from a spectrum of perspectives and organizations (see Figure 1). The group intentionally engaged differing perspectives in order to identify strengths, challenges, and pitfalls of the model early in development. The group began its work from a unified goal of increasing child safety, permanency, and well-being; however, the diverse coalition understood the need to develop a model based on values to be demonstrated in practice.

A strength and challenge of the stakeholder group was that with its diversity came varying views. While the differences among members offered opportunities for stimulating intellectual conversation, it also fueled conflict regarding the values and goals. This exchange among stakeholder members paralleled the work hoped for in the practice, one of inclusion and shared decision making, even when the discussion was difficult. By the end of the stakeholder group’s work, they had formed a true partnership with each other around the model, as it represented the very best in each of their viewpoints and values. This approach spawned greater cohesion and investment among members toward the model’s success. A consensus and commitment around the practice values had been reached and a coalition of the partners formed.
Phase 3: Creating a Vision

Kotter’s (1995) model describes discrete phases of change. However, we did not find in our work that the stages of change occur distinctly or only once. This was most evident in Phase 3. One would rightfully assume that a vision must be created before an organization can galvanize a coalition to take action. To some extent this is true, but in the district’s experience, a clear vision was not fully crystallized prior to organizing the stakeholder group. At the time the district made the call to action, very few elements of the vision were known. Primarily, the district knew that a model of improving its practice was desperately needed; that the agency wanted to engage families in shared planning and decision making, similar to the community collaborative model; and that there was very limited time available for model development and implementation. The district’s child welfare leadership was relying heavily on the stakeholder group to craft a more specific vision for the practice and design a model based on these three elements.

The stakeholder group was charged with creating a framework of family engagement and shared decision making. Their work was focused and rapid, spanning 1½ years for both design and implementation. Stakeholder members used their specialized expertise to shape the model by informing practice principles. The group’s diversity helped the agency identify practice flaws and gaps in order to stage a vision for what the agency wanted to see realized in
practice. This work eventually produced a core set of guiding principles for the FTM model (see Figure 2). The model is distinct from but includes features of The Annie E. Casey Foundation’s Team Decisionmaking, family unity meetings, and family group conferencing. The stakeholders laid out several key decisions regarding the implementation of family team meetings (see Figure 3).

Phase 4: Communicating the Vision

Communication of the FTM Program model was central to its success. The stakeholder group and CFSA leadership recognized that the values of the model had to be the cornerstone of all communication. A key communication strategy was using targeted messaging to particular groups and engaging a broad range of groups in discussion. Presentations

Figure 2. Family Team Meeting Values

<table>
<thead>
<tr>
<th>Family-Inclusive Philosophy:</th>
<th>Meaningful family participation in planning and decision making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths- and Needs-Based Planning:</td>
<td>Strengths-based assessments and plans are vitally important</td>
</tr>
<tr>
<td>Ongoing Assessment and Planning:</td>
<td>Plans are flexible for changing family needs</td>
</tr>
<tr>
<td>Team-Based Approach:</td>
<td>Providing assistance to children and families requires a family-inclusive team</td>
</tr>
<tr>
<td>Multisystemic Intervention:</td>
<td>Crucial to assessing, planning, and providing suitable resources to children and their families</td>
</tr>
<tr>
<td>Cultural and Community Responsiveness:</td>
<td>Promote involvement of the community of origin in planning with families and children</td>
</tr>
<tr>
<td>Brief Strategic Solution-Focused Intervention:</td>
<td>Use of flexible and easily accessible resources used to support solutions</td>
</tr>
<tr>
<td>Organizational Competence:</td>
<td>Committed, qualified, trained, and skilled staff, supported by an effectively structured organization</td>
</tr>
</tbody>
</table>

Figure 3. Key Family Team Meeting Implementation Commitments

1. Through FTM, family members would be intentionally engaged as active and viable members of the child's planning and decision-making team, not a perfunctory exercise as was historically done during times of case planning and court report writing.

2. The model would be available to all families at risk of having their children removed in order to have the earliest impact and to shift the way families are treated and engaged from the beginning. Later, children or youth experiencing a foster care replacement would be offered a family team meeting in order to engage their family members as team members central to planning.

3. The model would use non-case-carrying staff to fulfill the activities of preparing families for the meeting (the coordinator) and facilitating the meeting (the facilitator). These roles would be carried out by two individuals with separate and distinct responsibilities.

4. FTM would be a partnership between the public child welfare agency and the community collaboratives with two of the eight community collaboratives responsible for carrying out coordinator duties in cases of child removals or at risk of removal.

5. The family team meeting would last approximately 2 hours and would allow for the social worker, resource parent, and other service providers to remain in the meeting with the family for its duration.

6. The Child and Family Services Agency would serve as the final authority and decision maker on child safety in the event that agreement could not be reached in the family team meeting regarding the protection of children.
were made throughout the agency and the community focusing on the program values, how the group would be impacted, and ways in which support could be offered. For example, messaging for social workers focused on the value of family inclusion and shared decision making. Presentations and talking points were generated that highlighted the importance of family voice in planning and decision making. At the core of the communication approach was a strong set of messages that spoke to basic, good social work practice suggesting that through the FTM Program, all was possible for the district’s families, regardless of situation (see Figure 4).

**Figure 4. Central FTM Messages**

1. *All* families have a right to be included in planning and decision making that affects their children.

2. While families are primary, stakeholders have a role in supporting the safety, permanency, and well-being of children.

3. The FTM model, when fully implemented, influences change throughout the system.

4. The FTM model is not another “flavor of the month” strategy, but a practice approach supported by leadership and embedded in law as a new way of working with families.

Prior to implementation, federal prevention dollars facilitated holding a kick-off event for a broader range of stakeholders to celebrate the new approach, affirm buy-in, create energy for change, and begin systemwide training. This celebratory introduction supported the message that FTM fundamentally diverged from prior initiatives and was a shift in how the work was done versus what work was done. The ability to reframe the FTM Program as something fundamentally different provided greater support for the required training of all stakeholders.

Another element of communication, which was intended to highlight practice changes, was the use of routine and ongoing communication regarding program performance. A range of internal and external venues was used to communicate messages that consistently framed family voice, team decisions, and multisystem approaches as a way of raising awareness to needed changes in practice. Communication was paired with a continual stream of data that highlighted the performance on a range of measures, such as family member and father participation and kinship placement resources. Progress and challenges on important aspects of the FTM Program model were communicated monthly through trend reports. All stakeholder groups were provided the information to maintain investment in celebrating performance and identifying solutions to persistent challenges. Data were related back to the guiding principles of the model in order to reflect how well the model was working.

**Phase 5: Empowering Others to Act on the Vision**

In this phase, the intense work of the stakeholder group had lessened and its role shifted to holding the broader child welfare system accountable to the values. Implementation teams (training and communication, data and evaluation, legal and policy, infrastructure, and practice embedment) were charged with ensuring the FTM Program became a cornerstone of CFSA’s practice. The groups were responsible for addressing the daily work required to move the practice initiative forward. All work groups included representatives with an interest or expertise in the domains addressed and included individuals both internal and external to the agency to engage stakeholders in developing the process they would collectively use.

As the activities of all the work groups were underway, one major hurdle remained. The District of Columbia’s Child in Need of Protection Act at the time required the CFSA to appear in court one day following child removals, including
Saturdays and holidays. This requirement restricted the agency’s ability to identify and mobilize kin resources to engage in the family team meeting prior to the initial court hearing. In 2005, the district was successful in modifying the Child in Need of Protection Act, which delayed the initial court hearing from the next day to 72 hours after a child’s removal or reentry into care. Prior to the change, family members often went to court unaware of what would happen and devoid of knowledge about services and supports available to them. Guardians ad litem also knew little to nothing about the children and therefore could not properly advocate for their best interests. While the initial hearing served as the inception point of a case and the point at which a parent’s reunification clock began ticking, it was often seen as a formality. The “real work” of engaging and helping families often did not begin weeks or months after a child entered care. The new FTM Program model was the change the agency and the entire child welfare system needed. This model, under the new law, gave families the opportunity to join and plan for their children at the earliest possible point, thus beginning the shift in practice toward positive family engagement and working in teams.

Integral to the success of the model’s implementation was the preparation of the work environment. The training and communication group developed curriculum and trained several hundred stakeholders, including social workers, managers, foster parents, and legal representatives. Process and procedures were developed by the practice and policy work group to ensure that family team meetings occurred as a routine part of practice. The model’s success was predicated on empowering other parties to play a central role. Phase 5 requires that obstacles to change are removed and the system structure is altered so the vision is supported. In the case of the FTM Program, processes or “firewalls” were established so that practice areas could not avoid the FTM process. For example, agency process required that all investigations social workers notify FTM staff of a child removal through a referral. FTM staff simultaneously received notification from the court upon guardian ad litem appointment in removal cases, ensuring the FTM process could not be circumvented. Members of the system worried initially about surrendering their power and authority to family, and the legal community feared violation of parents’ due process rights. However, practice demonstrated that family team meetings offered greater information and connections with the family to develop plans for resources and permanency. The legal community also realized that family team meetings did not compromise parents’ legal rights but created greater family resources for children and their parents, allowing them to become stronger advocates.

Families who were engaged in the FTM Program became the best advocates of the model. Those who had experienced FTM told a new story of the district’s child welfare system. Satisfaction surveys at the close of the FTM process described a system that was now doing business differently. Families told of a new system that was intentional and honest about seeking their perspectives and hopes for their children. Through the experiences of families and professionals, the benefits and the real impact of this values-based program became known. A common statement expressed by participants was, “you just have to experience it to really get it.” The principles of family inclusion, strengths-based practice, family teams, and shared decision making, all of which are core values of FTM, were now emerging as methods toward change.

Phase 6: Planning for and Creating Short-Term Wins

It was imperative to highlight successes of the model in order to embed it in practice and sustain its viability. As a result, monthly reports were developed to spotlight performance, particularly in areas of practice that had previously been weaknesses. The data helped the system realize the direction the FTM practice was taking the broader child welfare practice and consider
whether it matched the FTM Program model values. For example, prior to FTM, agency practice indicated poor performance related to family engagement and team formation. Data regarding maternal and paternal family participation was highlighted, demonstrating change.

Of those who questioned the agency’s ability to implement the model well, it was suggested that even with best intentions, CFSA could not sufficiently engage family members to attend a family team meeting within 24 to 48 hours after a child’s removal. Further, failure to do so would violate the newly passed Child in Need of Protection Act. Thus, it was critical that the agency demonstrate its ability to successfully engage a significant number of family members prior to the initial hearing. Key members of the agency leadership team and the broader child welfare community received information on the timeliness of family team meetings held prior to initial hearings to build faith and demonstrate the agency’s ability to effectuate and sustain transformative change. This data continues to be reported, and in fiscal year 2009, a total of 244 removal family team meetings for 464 children where held, which accounted for 75% of the total number of referrals received for removal meetings. Legislation mandates that all children are given the right to receive a family team meeting within 72 hours of entry into foster care. However, not all children receive a removal family team meeting if there is an allegation of sexual or physical abuse, which must be investigated, or if the family refuses to participate in the meeting. Within the group of families who received a removal meeting in fiscal year 2009, 54% of the meetings were held prior to the court date. The reason the remaining number of meetings did not occur by the initial hearing is largely due to family lack of engagement or a request by the family to hold off on the meeting until a time when key members are able to participate in the discussion and decision making.

In 2005, a 3-year external evaluation found that children who had a family team meeting were significantly more likely to exit foster care faster than children who did not have a family team meeting. Findings of this study validated the anecdotal claims heard often in the agency halls and on the pages of case records: family team meetings brought families to the table and engaged them in case planning from the offset (Pennell, Edwards, & Burford, 2010). Findings suggested the principles and practices of the model possessed worth to the system and should be expanded to other parts of the agency’s practice with weak performance.

**Phase 7: Consolidating Improvements and Producing More Change**

From the beginning, FTM was designed to catalyze change in agency practice. Over time, the model has met this purpose but not without modifications. For example, the FTM stakeholder group initially determined that the FTM Program would be used each time a child experienced a foster case placement disruption. However, data and staff feedback revealed system impact was not being attained. Analysis demonstrated staff was challenged in engaging and mobilizing family members when children had been in care for extended periods. Many individuals, including social workers and service providers, did not feel a foster home change constituted a crisis that warranted immediate mobilization. As a result, FTM staff spent significant time educating a team about why the matter was urgent, with few positive outcomes. Therefore, the replacement-driven family team meetings were discontinued generally. However, it is important to note that while family team meetings did not produce the desired outcomes in this area, they still served significant purpose in illuminating practice flaws and opening opportunities for other similar value-based approaches to be applied.

The FTM Program was expanded to other points within the life of a child welfare case to address challenges that would benefit from
teamwork and family engagement in planning and decision making. Family team meetings were employed to address issues including families at risk of initial removal, mental health and residential placement, and permanency planning for children in foster care. The use of family team meetings to address these challenges was strategic. At-risk-of-removal family team meetings were developed due to the success of the removal family team meetings in bringing the family together early in the case to empower them in decision making. The at-risk-of-removal meetings targeted preventing children from entering care through safety planning and providing a greater number of services to prevent removal. Permanency planning family team meetings were developed due to the large number of older youths who remained in care for an extended period and there was a need to ensure that opportunities were not missed to secure their permanency, regardless of age. The success of these specialized meetings resulted in sister agencies seeking out the agency to support the development of family team meetings to serve children with mental health needs. These specialized needs meetings are held based on the needs of specific cases rather than for all children within a category, at the request of the team working to support the child and the family. Data (see Table 1) indicate how over multiple years, practice has improved and been maintained. Data indicate that the family engagement has remained stable and increases have been seen in father and paternal family participation, placement of children within kinship homes, and connecting families to resources.

The impetus to expand the use of the values-based FTM Program was largely spurred by stakeholder groups identifying the value and calling for an expanded role of the approach. This was an indication that transformative change was beginning to take root. Concurrently, it was imperative that the values-based approach to working in teams not stop with the family team meeting, but demonstrated its value in new areas of practice. Since implementation, the federal Child and Family Services Review (CFSR) and the district’s Quality Service Review (QSR) assessments demonstrate that areas of practice within the agency, while slow, are beginning to

Table 1. Summary of Family Team Meeting (FTM) Performance Outcomes by Fiscal Year

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total FTM s</td>
<td>286</td>
<td>705</td>
<td>661</td>
<td>712</td>
</tr>
<tr>
<td>Children Served</td>
<td>565</td>
<td>1,082</td>
<td>1,006</td>
<td>1,222</td>
</tr>
<tr>
<td>Average Participants</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>FTM s With Child Attendance</td>
<td>—</td>
<td>42%</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>Family Participants</td>
<td>1,011</td>
<td>2,269</td>
<td>2,075</td>
<td>1,954</td>
</tr>
<tr>
<td>Average Family Participants</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Maternal Resources Attendance</td>
<td>—</td>
<td>409</td>
<td>1,002</td>
<td>932</td>
</tr>
<tr>
<td>Paternal Resources Attendance</td>
<td>—</td>
<td>170</td>
<td>250</td>
<td>226</td>
</tr>
<tr>
<td>Paternal Attendance</td>
<td>36%</td>
<td>26%</td>
<td>22%</td>
<td>23%</td>
</tr>
<tr>
<td>Social Worker Attendance</td>
<td>—</td>
<td>22%</td>
<td>73%</td>
<td>70%</td>
</tr>
<tr>
<td>FTM Prevented Placement Change</td>
<td>—</td>
<td>9%</td>
<td>25%</td>
<td>26%</td>
</tr>
<tr>
<td>Kinship Placements</td>
<td>—</td>
<td>12%</td>
<td>29%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Note. Some information was not collected in 2005.
shift. These assessments are results-oriented, comprehensive monitoring systems designed to assist states in improving outcomes for children and families who come into contact with the child welfare systems. Namely, reports indicate that the practice of maintaining children’s connection to culture, neighborhoods, and schools of origin has improved. Diligent search efforts have become a critical element of practice to engage a broader family network and agency policy has been updated or developed to support these practice advancements.

Despite strides made in practice related to teamwork and family engagement through FTM, this commitment has not been evidenced in every interaction with family networks. The most recent CFSR and QSR assessments indicate that work is needed to further embed ongoing teamwork within the family system and increase father engagement in planning. However, it is clear that the common thread in the work of advancing agency practice is the commitment to a values-driven practice approach — an approach that supports the role and involvement of family and embraces the principle of shared decision making, which are fundamental values of the FTM model.

**Phase 8: Institutionalizing New Approaches**

The values-based FTM approach continues to transform the system approach to child welfare practice within the District of Columbia. The FTM Program has demonstrated the power and effectiveness of values serving as the cornerstone of practice versus program processes. The beneficial effects of values-based practice, such as those found in FTM, prompted the agency to look across the system to identify other areas in which practice values could be developed to strengthen practice. From this reflective work emerged enhanced public-private and community partnerships. These relationships have spurred development of values-based practice models for in-home and out-of-home services to institutionalize the new way of working with families. While still in the early stages of implementation, the practice models share many of the values of the FTM Program but also provide guidance for social workers in translating the values into their daily practice.

A major tenet that ties the values of the practice models to the FTM Program is the focus on working in teams as the central facilitating element to ensure that the remaining values are consistently demonstrated in practice. The practice models are being evaluated based on how the values are evidenced in practice and create a shift in culture. More work is needed to truly institutionalize values-based approaches that will facilitate transformative change. To that end, transformative change has not been complete but evidence is present that it is taking hold. Agency leadership has made a commitment to a new approach of work, moving from strategy and process to values-driven practice and development. Concurrently, work is continuing to advance the innovative and best practice approaches of social work and support areas of the agency in demonstrating the consistent application of these tenets in ongoing practice.

**Family Team Meetings Facilitating Transformative Child Welfare Practice**

This article delineates how the values-based FTM Program has catalyzed transformative change within the district’s child welfare system. It is imperative to realize that this values-based approach did not impose a new set of values on practice but instead unearthed and gave structure to the values that have long existed within individual practice. Implementing an innovative values-driven approach has enabled the systemwide practice to align with individual practitioners’ deep investment in the lives and outcomes of children and families. The process of transformative change continues to be a work in progress within the FTM Program and the agency at large. While complete transformation has not been achieved in the agency, the core values of the FTM Program have become core elements of new initiatives across the agency, which may support attainment of improved child welfare outcomes on the whole.
Being able to engage in values-driven work is the means to advance all aspects of practice by connecting independent strings of program behaviors to create the tightly woven fabric that becomes the system of practice. Child welfare organizations may benefit from moving away from seeing program features as innovative and instead focusing on values-driven practice as the innovation from which programs come. This approach would enable child welfare systems to advance and adapt flexibly while retaining their identities and fundamental structures, which will support ongoing innovation in the advancement of practice and the protection of children and families.

References


Supporting Family-Led Processes Within a Social Work Agency: Lessons Learned

William T. Poindexter, Ryan C. Reikowsky, Mary P. Koss, and Joan Pennell

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Joan Pennell, MSW, PhD, is a professor of social work and director of the Center for Family and Community Engagement at North Carolina State University. The center has received funding for work on child and family team meetings in child welfare, schools, and systems of care. She previously directed the North Carolina Family Group Conferencing Project. In Canada, she (with Gale Burford) directed the Newfoundland and Labrador demonstration of family group conferencing in situations of child maltreatment and domestic violence. In affiliation with the American Humane Association, she is a member of an international team studying the evidence for family-engagement strategies.

Increasingly, public child welfare is turning to family-led meetings as a means of engaging families and their relatives in planning (Nixon, Burford, & Quinn, 2005). One important strategy for enhancing family leadership is designating independent coordinators or facilitators who do not have case-carrying responsibilities and, thus, can focus on the meeting process rather than on the resulting decisions (American Humane Association, 2008; Pennell & Anderson, 2005). This position of neutrality on the plans serves to prevent confusion among the family and service providers about the role of the meeting.
convener and is especially beneficial in situations complicated by wide differences in cultural perspectives and extensive conflict between the family and agency.

The initial impetus for family-led meetings came from indigenous and other grassroots movements that opposed government interventions estranging children from their families and communities (Rangihau, 1986; Roberts, 2002). In line with the United Nations’ (1989) convention on the rights of children to their heritage, these movements proposed participatory decision making tapping into culturally based solutions (Hassall, 1996).

Family-led meetings are a means of reinforcing the centrality of family groups in planning and, more fundamentally, their “ethic of care” (Williams, 2004, p. 75) to do right by their young relatives (Morris, 2007). For children and youths, such an expression of commitment may alleviate some of the trauma of being removed from their homes and reduce their confused sense of relatedness, so common among those in care (Fox, Berrick, & Frasch, 2008).

Moreover, most studies have reported that involving the family group in child welfare decision making is associated with family reunification and kinship placements (Burford, Connolly, Morris, & Pennell, 2009). In the United States, these outcomes are especially evident for African American and Latino children (Sheets, et al., 2009), and the conferences can serve as a means of decreasing the disproportional placement of children of color (Crampton & Jackson, 2007).

In general, placing children with relative caregivers tends to lessen adjustment problems, stabilize placements, and increase the child’s sense of well-being (Metzger, 2008) but has been reported to delay family reunification (Cuddeback, 2004). Once the family group is engaged in decision making, however, children return home more rapidly as compared with those without such family involvement (Pennell, Edwards, & Burford, in press).

Family-led meetings resonate with the social work ethics of upholding human rights and respecting people’s cultures (International Federation of Social Workers, 2006; National Association of Social Workers, 2008). Translating principles into the regular practice of a social work agency, however, takes a concerted and ongoing effort backed by policy, training, supervision, monitoring, and evaluation, as well as appropriate caseloads and good working conditions. Particularly crucial to successful implementation is internal advocacy to guide the practice according to how it was intended (Jansson, 2007).

This article reports how one North Carolina county department of social services sought to institutionalize family decision making, the families’ views of the meeting process, and its type of facilitation. In North Carolina, the model of family-led meetings is referred to as child and family teams (CFTs) and is mandated by state child welfare policy at different points in casework. This makes for a large number of meetings and unless agency supports are in place, increases the likelihood that family leadership will be undermined. Problems can include ill-defined meeting purposes, inadequate preparation of participants, and reliance on caseworkers to facilitate their own meetings.

**North Carolina Context**

**State Policy**

In 2001, the North Carolina Division of Social Services adopted a multiple response system (MRS) as part of a broad welfare reform for working with families. MRS is North Carolina’s differential response system to child abuse and neglect reports identified as requiring forensic investigations and those considered appropriate for family assessments. This reform included the
identification of six family-centered practice principles deemed essential to quality social work practice in front-line interactions with families.

These principles state that everyone has strengths, everyone desires respect, everyone has the right to be heard, judgments can wait, partners share power, and partnership is a process (North Carolina Division of Social Services [NCDSS], 2008; Smith, White, & Comer, 2006). The principles are intended to underlay all front-line work with families by social workers ranging from assessment to in-home services to foster care and adoption proceedings.

Among the MRS strategies adopted for implementing these principles is the CFT process. To create its CFT approach, North Carolina blended family-centered practice with the system of care approach used by mental health systems within the state. System of care refers to a team planning process that wraps unified services around children with severe and persistent mental health issues (Burchard & Burchard, 2000; Stroul & Friedman, 1986). CFT meetings in child welfare differ from those in mental health largely because of divergences in legal mandate and substantive focus. Absent from the mental health process is the mandated safety planning under which child protective services operates.

In child welfare, CFTs are conceptualized as a “family-led, youth guided and agency supported process” (NCDSS, 2008, p.2), rather than either a family– or agency-driven process. Unlike family group decision making (American Humane Association, 2008), CFT preparations are briefer and do not usually include planning for family alone time, although the meeting may include time for the families to confer on their own in private family time. Family alone time and private family time are interchangeable terms for families meeting without the presence of professionals. Under North Carolina Social Services policy, the use of family alone time but does not require its practice in every CFT. In the CFT process, a meeting may be called at any point in the family’s involvement with child welfare and by any party involved, including the family. Turnaround time from CFT referral to holding the meeting may be very short in a crisis situation or include up to several weeks of planning.

By North Carolina policy (NCDSS, 2008), CFTs are to be held at specified intervals for in-home and foster care cases, resulting in a high volume of service delivery and varied levels of fidelity to formalized procedures for CFT practices (U.S. Department of Health and Human Services [USDHH], 2007). These required times are: within 30 days of a case decision determining that the child is in need of protection, quarterly while the case remains open in child protection services, critical decision points such as changes in placements, in advance of a petition to the court or court action, with “stuck” cases, and before case closures (NCDSS).

Child protection policy (NCDSS, 2008) further stipulates that for cases assessed as high or intensive risk, CFTs must be facilitated by a non-case-carrying worker. For moderate or low-risk cases, caseworkers are permitted to coordinate and facilitate their own CFT meetings. The practice in most counties is for the caseworkers to organize the meetings whether or not they serve as the meeting facilitator.

**County Approach**

In 2003, the county department of social services where this study was conducted initiated the MRS structure and the CFT process into its work with families. The CFT process was developed with a commitment to eight practice values:

1. Prior to the CFT meeting process, a clear purpose is communicated to all participants, which is driven by the legally mandated safety concerns of social services.
2. The referral process is developed with as much lead time as is practical for meeting preparation to be reviewed.

3. Openness to options is decided on by the family while respecting family culture to meet the bar of safety for a minor child at risk of abuse or neglect.

4. Families have the opportunity to identify and include family members, friends, and others who serve as a support system as meeting participants, with agency openness to families using their resources in partnership with community resources in meeting safety concerns.

5. Third-party facilitators will not be involved in the case and are thus “neutral” (i.e., they have no vote in the decision-making process). Their only “side” in a meeting is commitment to the consistent practice of family-centered values within the meeting.

6. Families have the right to know all the information necessary to make good decisions. This is achieved by furnishing all relevant court, school, medical, legal, and psychological documents necessary to inform the legal parameters of social services involvement.

7. Families have the right to adequate time for full discussion and planning, including discussion prior to the meeting regarding the opportunity for family alone time, as well as offering family alone time as an option throughout the meeting process.

8. Families will be ensured timely follow-up meetings to assess progress, explore resources, and/or address options when plans are not working.

This county has an established referral process for meetings within its organization with support from agency administration. Early in their work, caseworkers are expected to discuss with the family the purpose and process of CFTs.

Agreement to pursue the CFT process is voluntary on the part of the family.

In practice, field-based social workers refer meetings to facilitators when either enough information has been gathered or a crisis situation surrounding a child’s safety has been identified. A majority of the referrals are directed to the lead facilitator, whose role is to provide coaching, mentor newly trained facilitators, offer in-house continuing training, and serve as the primary contact for facilitation of meetings, especially those that are large, conflictual, or complex. Referrals may also be received by other trained facilitators within the agency.

Referral is accomplished by face-to-face interaction and/or through a referral form from the caseworker to the facilitator. This form presents a snapshot of what the meeting will look like and covers a broad array of factors. Included is demographic information (for tracking purposes), definition of the decision for legal involvement in a family’s life, and custody and placement location of the family’s child or children. The children are encouraged to be present or have their voices heard in the meeting. Also covered are the purpose of the meeting, a statement of family agreement with purpose, and identification of family strengths and potentially volatile issues. This information from the caseworker is used by a facilitator to frame further discussion around preparation of the meeting and to ensure that he or she has a grasp of potential meeting dynamics.

When meeting with families, three forms are used to reinforce the intended purpose and format of the CFT meetings: a general confidentiality form that is reviewed and signed by family members, a one-page guideline form that highlights the expected nature and tone of the meeting process, and a customer satisfaction survey that is offered to all participants, eliciting feedback on their personal experience of the meeting itself. After a meeting is held, these forms are sent to the lead facilitator, who follows
up as needed and records data for tracking case characteristics and outcomes.

As noted previously, caseworkers, according to state policy, may facilitate their own meetings if family situations do not present a high level of safety concerns. Going beyond state requirements, this county adopted, as a “best practice” effort, using third-party facilitation for all CFT meetings. This came from recognizing a dilemma that emerges for both the family and the agency for non-third-party facilitated meetings. When caseworkers choose to facilitate their own CFT meetings, they must discuss firm bottom-line needs, while simultaneously serving in the role of an unbiased facilitator of a meeting process. The county has sought to address this dilemma by requiring adherence to four practice principles:

1. Throughout interaction among the caseworker and family members, a consistent focus on the demonstration of the (previously specified) six principles of family-centered practice must be maintained.

2. The caseworker seeks guidance via consultation with supervisors and identified facilitators on how to balance the two roles of caseworker and meeting facilitator.

3. The agency lead facilitator provides guidance on how to ensure throughout the meeting process that this type of CFT will be perceived as fair by all parties.

4. Under certain defined circumstances, such as a large number of family members, high tension, safety issues, or the possibility of a petition for court intervention, meetings must have a third-party facilitator.

These are the primary factors characterizing CFT meeting operations within this county and they serve as the context in which to interpret the outcomes of its meetings.

Methodology

Research Questions

The research questions were as follows:

- To what extent were families and service providers satisfied with the CFT meetings?
- To what extent were meetings facilitated by non-case-carrying facilitators and did the type of facilitator vary by the level of risk assessed?

Sample

There were two data samples, both for the period beginning July 1, 2004, through June 30, 2008. The first sample was the 850 family participants who completed the customer satisfaction survey. The second sample was the 543 initial CFT meetings.

Results

Customer Satisfaction Survey

The county meeting process includes a customer satisfaction survey that was distributed to all participants at the conclusion of each CFT meeting, with most completing the survey then and a few taking the form home and returning it later. Surveys reflect customer satisfaction across the spectrum of meeting circumstances, including crisis mode, caseworker transfer, and during in-home services and foster care or adoption. This survey is intended to be a voluntary, honest evaluation of the meeting experience to guide development of more beneficial processes for families.

This survey included 12 questions that relate specifically to the meeting process, including its purpose, location, composition, communication, facilitation, and decision making. Response options were based on a Likert Scale that varied from 1 (strongly disagree) to 4 (strongly agree). Family members completed it during or after
the CFT. During distribution of this form, it was emphasized that the form is not a legal document and does not go into the worker’s file. Only the facilitator and lead facilitator reviewed these forms.

Of all families who experienced a CFT during this 4-year period, 850 attendees responded. Satisfaction, defined as checking either agree or strongly agree, was consistently high for each year. The percentage of satisfaction for individual items ranged from a low of 82.9 (for one item in 2005) to a high of 97.8 (for one item in 2008). Averages of the 12 items showed consistently high satisfaction over the 4 years (see Table 1).

**Level of Risk and Type of Facilitator**

For each of the 543 initial CFT meetings, the level of risk and the type of facilitator were extracted from the agency files. As seen in Table 2, the majority of cases were characterized as moderate risk at the time of the CFT. Specifically, 32% \( (n = 174) \) were characterized as high risk, 64.5% \( (n = 350) \) were characterized as moderate risk, and 3.5% \( (n = 19) \) were characterized as low-risk cases.

Table 2 also shows that of the total number of meetings tracked, 63% \( (n = 344) \) of the family meetings were facilitated by a non-case-carrying facilitator and 37% \( (n = 199) \) of the meetings were facilitated by the caseworker. At all three assessed levels of risk, the majority of CFTs had a non-case-carrying facilitator. As noted previously, state policy stipulates that all high-risk cases are to have third-party facilitation. In most, but not all cases, the county adhered to this policy. Nonadherence was generally the result of caseworkers not being able to locate a third-party facilitator for a scheduled meeting. Instead of rescheduling, the caseworkers led the meeting themselves, even though the practice was greatly discouraged.

State policy does not require, but allows for, assessed moderate- and low-risk cases to be facilitated by the caseworker. As noted previously, the general practice in the county was to access

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The facilitator position is optimized when filled by a person who is firmly grounded in family group decision making and system-of-care values and understands the constraints faced by social workers.

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**Table 1. Percentage of Agreement on Child and Family Team Meeting Process**

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Percentage of Agreement</td>
<td>91.9</td>
<td>92.1</td>
<td>93.4</td>
<td>94.1</td>
</tr>
</tbody>
</table>

**Table 2. Number of initial Child and Family Teams by Type of Facilitator and Risk Level \( (N=543) \)**

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Type of Facilitator</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Case-Carrying</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Case-Carrying</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
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third-party facilitators when there were large numbers of participants, moderate and high levels of conflict as reported by the caseworker and/or family members, and complex and emotionally charged issues.

**Discussion: Lessons Learned**

The families expressed high satisfaction with the meetings. The majority of the meetings were facilitated by non-case-carrying facilitators who received extensive guidance from a lead facilitator. It was the experience of this county that having workers devoted to effective meeting processes, including facilitation, was essential to family success and satisfaction with the CFT process. Consistent meeting process was expected of all staff using CFT meetings. Having a lead facilitator to model an effective meeting process was seen as essential to consistency. This facilitator provided mentoring and training and served as an advocate within the agency for good practice.

The facilitator position is optimized when filled by a person who is firmly grounded in family group decision making and system-of-care values and understands the constraints faced by social workers. This position benefits from being exclusively dedicated to the promotion, facilitation, and assurance of effective CFT meetings. This expectation is challenged without a dedicated coordinator. CFT meetings must be undertaken in a setting where families assent to, agree with, and develop plans for the safety of their children when given an opportunity, within a format that respects their strengths and voices in the planning process.

State agencies are, by statute and policy, governed by nonnegotiable bars. A “bar” is the minimum standard identified by state statute or county policy defining safe or unsafe situations for a minor child. This review underscores the potential for agencies faced with limited funding and narrow time frames to engage in family-centered practices that families identify as beneficial. This can be accomplished via the use of an in-house process for having a family-centered meeting format that promises a dedication to family-centered values from initial contact through closure. CFT meetings can be a natural high point in a family-centered involvement that surrounds casework. Quality family-centered casework develops the foundation for identifying larger circles of support to bring to a table of partnership. CFT meetings provide opportunities for family and their supports to access, clarify, and build partnerships with formal community and public agency resources.

**References**


Child Protection Mediation and Family Engagement

Karen Largent

Karen Largent, MSW, ACSW, LCSW, has been the dispute resolution coordinator for the Alaska court system since 1999. She develops and oversees mediation and family group conferencing programs statewide, including the Child in Need of Aid Mediation and Family Group Conferencing Program, which was selected by the Association of Family and Conciliation Courts’ Court Services Task Force as an exemplary court program. Ms. Largent serves as co-chair of the steering committee for the Child Welfare Collaborative Decision-Making Network and is a member of that organization’s Guidelines for Child Protection Mediation workgroup. Her career of more than 35 years has focused on family issues in the fields of child welfare and mental health.

Child protection mediation (CPM) offers the opportunity for genuine engagement of families in thoughtful, respectful, collaborative, consensual decision making in their child protection cases. Engagement in the CPM process sets the stage for engagement in the change process. Bringing together in mediation the system of people involved in the child protection case can help create an environment and relationships capable of sustaining family engagement. According to Steib (2004):

Engagement is about motivating and empowering families to recognize their own needs, strengths, and resources and to take an active role in changing things for the better. Engagement is what keeps families working in the long and sometimes slow process of positive change.

This article discusses CPM as a family engagement strategy, its progression in the United States, and the evolution of Alaska’s CPM program. It also considers opportunities and dilemmas posed by the availability of multiple decision-making approaches.

CPM

Mediation has the potential to do far more than create agreements and improve relationships. It has the potential to transform people’s lives, to give them both an increased sense of their own personal efficacy … and a greater openness to and acceptance of the person seated on the other side of the table. (Baruch Bush & Folger, 1994, p. xii)

While there are numerous definitions of mediation and different approaches, most share core elements. The National Association of Social Workers, in its Standards of Practice for Social Work Mediators, defines mediation as:

an approach to conflict resolution in which a mutually acceptable, impartial third party helps the participants negotiate a consensual and informed settlement. In mediation, decision-making rests with the parties. Reducing the obstacles to communication, maximizing the exploration of alternatives, and addressing the needs of those who are involved or affected by the issues under discussion are among the mediator’s responsibilities. The mediator is responsible to the system of people or groups involved in a decision-making process. The mediator must provide this system with the structure and tools to make mutually acceptable decisions under difficult circumstances. In this sense,
the mediator’s role is to empower the system so that it does not have to resort to outside parties, such as the courts or arbitrators, to make the decision. (National Association of Social Workers [NASW], n.d., p. 4-5)

In the context of child protection, mediation helps engage families and others involved in the child protection case in making decisions and resolving disputes and other barriers to case progress in any case type and at any case stage in a wide range of legal, social service, and other issues.

Underlying CPM, also referred to as dependency mediation and child permanency mediation, is the assumption that a cooperative relationship between the family and the child protection professional is important, yet challenged by nature of the child protection system. For the child protection professional and parents to engage and work together as a team, there must be a change in the interaction so that parents are empowered as equals on the team (Mayer, 2009, p. 13). CPM changes the dynamic of the interaction.

Also inherent in CPM are these assumptions:

- Providing safety, well-being, and permanency for children is paramount.
- Families are of critical importance to children and can make safe decisions for them. When families fully participate in decisions that impact their future they are more likely to follow through with them and be successful in the process of positive change.
- The child’s “voice” is essential in child protection decision making.
- The concerns, points of view, and information held by everyone involved in a child protection case are important. Collaborative decision making and conflict resolution approaches are best suited to resolving most child-protection matters.

**Goals of CPM**

A fundamental goal of CPM is engagement. Sue Steib (2004) links engagement to the change process and sums up the research: Engagement is more than involvement and is related to trust, time spent with the client, clear communication, positive reinforcement, and emphasizing the client’s strengths.

Clearly defined goals, many of which rely on engagement, help shape programs and practice. The following list, described by Giovannucci and Largent (2009), provides examples of goals declared by many programs, including Alaska’s:

- Promote communication in child protection cases so that parties feel they are heard, understood, and informed.
- Resolve disagreements that are barriers to case progress, safety, and well-being.
- Provide a culturally appropriate decision-making forum for families.
- Include culturally relevant services in case plans.
- Increase cross-cultural understanding and correct cultural misunderstandings.
- Empower parties to achieve consensus on their own so an external decision maker is not required.
- Create detailed plans that are good roadmaps with clear expectations for all involved.
- Engage extended family, tribe, and others as resources to the family.
- Strengthen families’ formal and informal support systems.
- Remove barriers to permanency.
- Increase permanency options.
• Decrease the amount of time children spend in out-of-home care.

• Increase kinship and tribal placements (consistent with the Indian Child Welfare Act in applicable cases).

• Help child protection agencies make concerted reasonable and active efforts toward reunification (the Indian Child Welfare Act standard).

• Remove contested trials from the court calendar and reduce future litigation.

• Transform adversarial relationships of parties involved in a child protection case into collaborative ones.

• Institutionalize mediation as part of the child-protection process.

• Increase participant satisfaction with the decision-making process.

**Elements of CPM**

Certain core elements characterize effective CPM approaches, strategies, and support goals such as those listed above. They are components of many CPM programs in North America, including Alaska’s program.

**Self-determination** is fundamental to mediation and is addressed in most, if not all, practice standards (American Arbitration Association, 2005; Association of Family and Conciliation Courts, 2000; NASW, n.d.). Decision making belongs to the participants. This means having choices and maximizing opportunities for choice: whether to participate, what will be discussed, and what the outcome will be. While the degree to which participation in CPM is voluntary may vary among programs, the **voluntariness** of reaching agreement is fundamental. Self-determination is imbedded in **empowerment**, also a fundamental value in mediation, which Baruch Bush and Folger describe as “the restoration to individuals of a sense of their own value and strength and their own capacity to handle life’s problems” (1994, p. 2).

Practice standards also discuss the importance of **mediator neutrality** and **impartiality**. To be neutral, a mediator should have “no relationship with the parties or vested interest in the substantive outcome that might interfere or appear to interfere with the ability to function in a fair, unbiased, and impartial manner” (NASW, n.d., p. 6). In CPM, the mediator must be independent of the case. Impartiality refers to the mediator’s attitudes toward the issues and people and the mediator acting without bias, prejudice, or favoritism.

Mediators set a tone of **respectfulness** and model it in their interactions, developing a spirit of **partnership** in the problem-solving process. The experience of working together in mediation can help break down barriers to trust and transform relationships in a particular case. When mediation is widely used in a community, there is real potential for system impact through transformation of relationships across agencies.

Many consider **confidentiality** to be a cornerstone of CPM. It can help create an environment that encourages sharing important information and feelings so that difficult issues can be discussed in a manner that promotes mutual understanding and trust. Transparency about the limits and extent of confidentiality for both the mediator and the participants is essential (Giovannucci & Largent, 2009).

Education about CPM is essential both to making an **informed choice** about participation and to **making participation effective**; this is particularly important and challenging for families. For most families, CPM is not a familiar forum. Issues such as stress, poverty, lower
education, language differences, substance abuse, emotional distress, mental illness, developmental disability, and effects of trauma may impact families’ capacity for effective participation. Helping families feel less anxious and more comfortable, prepared, and capable fosters empowerment and engagement and is best achieved by in-person preparation that offers opportunities to raise and answer questions, to build rapport and trust, and to help address the inherent power imbalances (Giovannucci & Largent, 2009).

**Mediator preparedness** is also essential and includes screening for issues of domestic violence, other safety and power imbalance concerns, and capacity to mediate. The mediator must be aware of indicators to employ special strategies for structuring mediation, needed accommodations (such as support persons or advocates), or the inappropriateness to mediate (safety concerns or power imbalances such as coercion and intimidation that cannot be adequately addressed).

**Informed decision making** is central to reaching agreement in mediation. It relies on participants having sufficient information that is well-understood; consideration of options; understanding one’s role and the roles of others in the agreement; and understanding the consequences of the agreements, including the consequence of not reaching agreement. The mediator’s duty of informed decision making includes having the right people at the table.

An overarching principle of CPM is **mediator competency** and adherence to **ethical standards**. Specialized, multiparty CPM training is essential. It is generally agreed that in addition to being culturally competent, being sensitive to and knowledgeable of issues of diversity, possessing excellent communication skills, and having personal qualities that foster rapport and trust building, it is important to have some experience or substantive knowledge in issues related to the child-protection cases.

**What Happens in Mediation**

While methods of mediation vary, the previous description is similar to many approaches, including Alaska’s. Joint sessions often begin with the mediator facilitating introductions; making an opening statement that sets a respectful, welcoming, and cooperative tone; and reviewing roles and process. Next steps may include setting an agenda, sharing information, identifying issues and common interests, brainstorming and evaluating possible solutions, identifying areas of agreement, clarifying next steps, and finalizing signed, written agreements. While this may sound very structured and linear, the actual experience is likely to be fluid and conversational. Opportunities typically exist for caucuses (private meetings during, but outside of, the joint session between participants or between the mediator and participants). The mediator guides the CPM process but does not offer opinions regarding likely court outcomes or the merits of the case, and refrains from giving advice or making recommendations.

Clarity about what constitutes an agreement and whether it is subject to judicial review is essential. Well-crafted agreements set a positive tone, are balanced and collaborative, are written in clear language understandable by all involved, have sufficient detail, and are typically scribed by the mediator.

**What Is Mediated**

Twenty-five years of practice and research have demonstrated the effectiveness of CPM (Thoennes, 1991; 1997a; 2009) in resolving barriers to permanency across case types, stages, and issues, whether they involve major case decisions and comprehensive plans or specific disagreements. Less tangible concerns that interfere with case progress, such as communication problems, cultural misunderstandings, or the general feeling of being “stuck” about case direction, are well-suited to mediation.
Other examples of topics that can be constructively addressed in mediation include:

- wording of the petition and jurisdictional disagreements;
- safety and case plan issues (e.g., what is included or compliance);
- placement issues;
- family contact plans;
- continuity of care and services for the child;
- cultural appropriateness of services;
- whether reasonable or active efforts are being made;
- concurrent or permanency plans, including independent living plans, and transition plans; and
- the nature of ongoing contact between children and parents, extended family, tribe, and culture after adoption or guardianship.

While statistics vary among programs, typically the agreement rate is high. In Alaska's program, participants reach agreement on some or all of the mediated issues about 85% of the time.

**Who Participates in Mediation**

It is typical for the legal parties in the case to participate in CPM. While a few programs may exclude attorneys from direct participation in mediation, in most, participation of attorneys for any of the parties is standard or selectively determined. In Alaska's program, attorneys usually participate.

It is essential to a good outcome to have the right people at the table, so it is important for the mediator to consider with the parties who is necessary to the mediation, given the concerns they wish to resolve. There may be others who play a part in the conflict, hold important information, have a stake in the outcome, are essential for decisions to be made and upheld, play a role in a potential plan or solution, or are needed as a resource person, support, or advocate. It is also possible that some legal parties may not need to participate because the conflict does not involve them. Communication problems between a parent and a foster parent may have put a child's placement in jeopardy. Mediation might involve just the parent and foster parent. In Alaska's program, there are on average nine participants, and it is ultimately the mediator, in consultation with others, who has responsibility for deciding who participates and the nature of their participation.

Decisions about child or youth participation in mediation require thoughtfulness. In Alaska's program, the mediator may explore the purpose and nature of the child's possible participation by consulting with parties and others who know the child well. The mediator also meets with the child to discuss options for involvement, assess appropriateness and needed support, and prepare the child. Baron (1997) discussed factors to consider, including the child's age and developmental level, emotional state, desire to participate, and ability to understand the nature of the mediation process, express wants, and provide relevant input; the relevance of issues being mediated; and case dynamics. Weighing potential benefits with potential harms to the child aids the mediator's decision making.

Potential benefits include the child feeling heard and validated; being included as a participant; having an appropriate sense of empowerment and control over decisions affecting his or her life and a greater understanding of issues affecting him or her; and experiencing a constructive, participatory, dignified and nonviolent problem-solving process. Potential harms include the child having an inappropriate sense of responsibility or guilt for family issues; enmeshment in parental conflict; and a sense of powerlessness or hopelessness if issues are not resolved or if his or her expressed wishes are not granted.
Time Invested in Mediation

To prepare for and conduct an effective process that genuinely engages participants and promotes progress requires thoughtfulness, skill, and time. CPM is about getting people to talk to each other. Allowing time in the joint session to develop quality discussion and real understanding is essential. Informed and durable decision making takes time.

Programs vary in the time allotted for mediation. In Alaska’s program, the typical time set for a joint session is 3 hours, with the option to extend that time or set additional sessions. While most CPM in Alaska is concluded in one session, multiple sessions often occur. Cases closed between January 2009 and January 2010 averaged 1.6 joint sessions and 3½ hours of joint session time.

In Alaska’s program, the mediator is responsible for preparing the participants for mediation, which also serves to prepare the mediator. This may involve an hour with any family member who might participate, as well as participating foster or adoptive parents. Usually, less time is needed with attorneys and professional parties, as they have often received CPM education in their agencies, and may also frequently participate in CPM. Their conversations with the mediator may take less than 15 minutes.

The Progression of CPM in the United States

Starting before 1985, when some of the earliest professional writing on this topic was published (Mayer, 1985), CPM gained momentum in the 1980s and 1990s as a series of events converged. In 1980, responding to problems in the child welfare system, Congress passed the Federal Adoption Assistance and Child Welfare Act, significantly increasing the involvement of courts in child protection cases. Seeking to evaluate the implementation of the 1980 law, in 1993, Congress gave court improvement grants to states so they could assess and improve their handling of these cases. As a result, a number of states found that child welfare cases often did not benefit from being managed in the legal system and they began to consider improvements such as less adversarial approaches, including mediation.

Concurrently, mediation was gaining in popularity in the U.S., especially in child custody cases. Former judge Leonard Edwards provides the historical perspective that from the late 1970s, California found mediation to be successful in child custody issues and in 1981, Senate Bill 961 was passed into law, making California the first state to mandate mediation in those cases (Edwards, 2006). As word of the benefits of mediation in these family cases spread, courts began to experiment with it in child protection cases. The first recorded effort to introduce CPM in the court process occurred in 1983 in Los Angeles (Libow, 1993). Soon after, the California legislature funded pilot CPM programs in Los Angeles, Orange, Santa Clara, Sacramento, and Tulare counties. Later came projects in Washington D. C., Colorado, Connecticut, and Florida.

Research results further encouraged the use of CPM. Evaluations of early CPM programs in Los Angeles and Orange counties in California and throughout Connecticut revealed many potential benefits and positive results of mediation, according to Thoennes (1991), including:

• settlement rates of 60 to 80%;
• mediated plans produced an average of a month sooner than nonmediated plans;
• better compliance with mediated plans; and
• children’s service needs more likely to be addressed in mediated plans.

Thoennes’ (1997a) later evaluation of five California counties noted:

• Mediation can produce settlements at all case stages.
• All types of cases settle in mediation and there is no reason to screen out certain types of maltreatment.

• Parents understood the mediation process, felt “heard,” and heard what was required of them, and most preferred it to a court hearing.

• Mediated agreements were more likely to include detailed visitation plans, address communication problems, and include specific acknowledgments from parents of their need for services.

• Cases mediated at jurisdiction and disposition were less likely to result in later contested court hearings, suggesting the potential for time and money savings for the court.

• A variety of mediation models is effective.

Further validation of CPM came when the National Council of Juvenile and Family Court Judges published the Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases (1995), which included CPM. When the council’s Child Victims Act Model Courts Project was created to improve the handling of child protection cases, courts that joined the project were asked to use the Resource Guidelines, perhaps “the most important document ever written regarding child protection cases in the courts” (Edwards, 2009, p. 71), as their model for practice. These courts soon recognized the benefits of CPM and the word spread.

Coinciding with recognition of the benefits of CPM, Congress passed the Adoption and Safe Families Act (1997), shortening the time frame for parents to accomplish their service plans in order to be reunified with their children, intensifying efforts to attain permanency, and encouraging adoption. The act reauthorized the Court Improvement Program and its grants to states. Additionally, the Children’s Bureau, within the Department of Health and Human Services, offered grants for innovative approaches to meet the goals of the act. With increased expectations for child placement permanency and available funds, many courts initiated CPM programs.

Over the past 25 years or so, many CPM programs in North America and elsewhere have been developed, most as court-connected projects. Some have been sustained and continue today, some have come and gone, and others are relatively new on the scene. Growing from informal discussions among CPM program directors in Alaska, Arkansas, California, Connecticut, Louisiana, New York, British Columbia, and Ontario, and with Dr. Bernie Mayer, a contributor to the field since its beginning, a multidisciplinary group convened a think tank in 2007. The think tank consisted of researchers, program administrators, practitioners, judges, attorneys, representatives of related professional organizations, and others associated with CPM in the U.S. and Canada, and had support from the Association of Family and Conciliation Courts, the National Council of Juvenile and Family Court Judges, the National Center for State Courts, the Werner Institute for Negotiation and Dispute Resolution at Creighton University, and the states of Alaska, Connecticut, Maryland, and New York (Kathol, 2009, p. 116). The group sought to capture the wisdom and accomplishments from a quarter century of experience with CPM, to address the challenges to sustaining it, and to promote quality programs and practice in the field.

From a second think tank in Vancouver in 2008, the group emerged as the Child Welfare Collaborative Decision-Making Network and clarified its mission:

To promote safety, permanency and the well-being of children through the development of decision-making and conflict resolution processes that engage and empower families and youth; that are culturally appropriate; and that enable families to fully participate in decisions that impact their future. (from the network’s mission statement)
With its fourth think tank scheduled for June 2010, the network is involved in a number of initiatives, including the development of guidelines for CPM programs and practice in collaboration with American Humane and the Association of Family and Conciliation Courts. Alaska’s CPM program continues to be involved in the work of the network, with its director serving on the steering committee and the CPM guidelines work group.

The Evolution of Alaska’s CPM Program and Other Family Engagement Approaches

Alaska’s CPM program was conceptualized in 1996 and began providing services in January 2000. In connection with the 1993 federal legislation, the Alaska Judicial Council assessed Alaska’s handling of Child in Need of Aid (CINA) cases. The council included in its recommendations (Carns, DiPietro, Connors, Cotton, & Vandercook, 1996) a pilot project using mediation to encourage cooperative decision making, in which parents were directly involved. A stakeholder group, convened as a subcommittee of the CINA Court Improvement Committee of the Alaska court system, considered various CPM models and designed a program under the auspices of the court system emphasizing using mediation early in a case to set a cooperative tone and engage parents in developing plans in which they would have ownership and success.

During the training of Alaska’s first group of mediators, a role-playing activity dramatically uncovered the importance of understanding and considering culture as well as other needs of each family member in planning mediation if the family is to feel ownership and engage in the process. The cultural gaffe in the scenario was to not consider inclusion of extended family in a mediation involving a Yupik (Alaska Native) mother. The experience was a catalyst for continued program development highlighting the importance of:

- understanding the cultures of those involved in mediation and conducting mediation in a way that respects and is appropriate to the cultures and the people involved;
- the mediator preparing those who will participate in mediation;
- the mediator being prepared so that the safety and productivity of the session is maximized;
- an inclusive approach to CPM so that the necessary people are involved; and
- focusing on engagement and a quality discussion.

Continuing its efforts to offer culturally appropriate and effective decision-making options, the Alaska CPM program was awarded a 3-year Children’s Bureau grant late in 2000 to offer family group conferencing (FGC) alongside CPM. It is somewhat unusual for a court-based program to offer FGC or both CPM and FGC. The Alaska court system decided to offer both CPM and FGC, believing the experiences of the Maori in New Zealand and Alaska Natives were strikingly similar (i.e., domination of indigenous peoples and diminution of their cultures by outside groups, yielding many significant and devastating impacts, including their disproportionate representation in the child welfare system with children placed outside their families, tribes, and cultures). It was hoped that FGC, the decision-making model inspired by the Maori and legislated as part of the formal New Zealand child protection system in 1989, would be a good fit for Alaska families.
Alaska Native and Native American children today are represented in Alaska's child protection system at about the same disproportionate rate as they were in 2000. Statistics posted on the website of Alaska's Office of Children's Services, show 62.29% of the children in out-of-home placement in December 2009 were Alaska Native or American Indian (Alaska Department of Health and Social Services, 2010), while the 2008 U.S. census estimated that Alaska Natives and American Indians constitute only about 15.3% of Alaska's overall population (U.S. Census Bureau, 2009).

While CPM is far more widely used (85% of the program's approximate 1,000 completed referrals to date) than is FGC, both processes are underused in Alaska's program, in which referral is optional. While there are no automatic referral points, any legal party in a case may request referral at any point in the court case and designate the process. Judges may also refer on their own initiative. Ultimately, it is the judge who determines whether a referral will be made. The program's vision and Deaux Enterprise Consulting Services' recommendation in the formal evaluation of the program was that “the Alaska Court System institutionalize the mediation and family group conferencing program and explore ways to enable more cases to be referred into the program in the future” (Deaux, Reagle, & Callivroussi, 2004, p. 1). Although the program expanded to more locations and referrals increased, FGC and CPM have not become institutionalized. It is believed that integration into the child protection system would likely have made a significant contribution toward reducing disproportionality.

In 2004, Team Decisionmaking Meetings, a component of the Annie E. Casey Foundation's Family to Family initiative, were implemented in Anchorage, Alaska. A document entitled Anchorage Team Decision Making (2008) provided at the Pacific Region Family to Family statewide convening, September 24 and 25, 2008, reported that 3,204 team decisionmaking meetings were facilitated in Anchorage during approximately 4 years since implementation. Convened by the child protection agency, these collaborative decisionmaking meetings are required at any point in a case in which placement change is contemplated, including initial removal and reunification.

The institutionalization of team decisionmaking in Anchorage likely contributed to a reduction in referrals to CPM and FGC. In Fairbanks, however, team decisionmaking is in its second year of implementation, yet no decrease in referrals has been noted, perhaps because CPM was more integrated into that system before the advent of team decisionmaking. Team decisionmaking implementation in these communities gave rise to some confusion about which forums are acceptable for placement decisions. For example, if placement is being discussed in CPM or FGC, could the placement decision be made there, or does it need to be tabled for a team decision-making meeting to be convened? If placement needs to be tabled, how does that affect decision making on other issues? In Alaska, there are no formal protocols or practices to help guide communities in implementing what could be complementary decision-making processes. These are also lacking in communities nationwide that offer multiple family-engagement processes.

All of these collaborative processes represent real shifts in the child protection decision-making dynamic, and some, such as FGC, involve more of a shift than others. System resistance to and ambivalence about change is natural. To implement and sustain these models requires a high level of systemwide support and buy-in, especially from the child protection agency and courts.

Alaska has a fresh opportunity to support FGC in Juneau where it was implemented in a communitywide effort in July 2009, following the initiation of a CPM program in September 2008. The Alaska court system program joined the Central Council of the Tlingit and Haida
Indian Tribes of Alaska in offering family group decision making in Juneau child protection cases. The Central Council offers family group decision making prior to court involvement and in court-connected cases when children remain in the home. Together, the council and court system programs make family group decision making available to many families at any point in a child protection case. Team decisionmaking is also slated for implementation in Juneau in the near future, providing a real opportunity for this community to explore the potential benefits to families of having multiple decision-making processes.

The Constellation of Family Engagement and Decision-Making Strategies

Having an array of family-engagement and decision-making approaches within the child welfare and court systems presents both dilemmas and opportunities. One of the primary dilemmas, based on feedback from referrers to Alaska’s program is that it is not always clear to them which process should be used. Referrers need to understand the nature of each process: how it is structured, what the roles are, at what stage of the case and for what issues to use it, and how to access it. The single-issue focus and integration of team decisionmaking into the child protection agency process has helped define it, make it accessible, and sustain it. The Alaska court system program is challenged to articulate the CPM and FGC models in a way that clearly differentiates them from each other as well as from team decisionmaking, and to effectively convey that to the broad audience it needs to reach to create awareness and understanding maintained over time.

Having multiple models may present other dilemmas. When having choice plays out as having to choose one model over another, this may result in underuse and overlooked efficiencies. By not fully understanding the nature of their intersections and relationships, and the extent to which they may provide a continuum, opportunities to best serve families are undoubtedly missed. And, because their intersections are not well-understood, seamless referral mechanisms across models are missing. Preference for a particular strategy may become a barrier to using another and may fuel an environment of competition, especially when resources such as money and time are scarce, that hinders the kind of openness and understanding of other approaches that might help sustain them all.

Opportunities presented by multiple models can ill afford to be wasted. The potential benefits created by understanding model interrelatedness may be greater than the sum of those inherent in each individual model. Offering a variety of approaches can help better meet the diverse needs of a wider range of families, at all stages of their involvement in the child protection system, and do so strategically. Multiple models offer the prospect of choice and empowerment for families to use their unique wisdom about themselves to engage in the decision-making process in which they are most likely to feel ownership and cultural fit.

Child welfare and court system leaders not only need to create definition about model selection, but also need to understand and articulate, through policies, training, and protocols, each model’s potential, and how they add value to and create a continuum with each other. Clearly, these models intersect, yet the nature of those intersections and the opportunities they present are not well-understood.

I recommend that communities implementing multiple processes, as a beginning, organize constructive conversations between model proponents and implementers across model silos.
to facilitate understanding and begin delineating how these approaches can complement one another. This will likely require an independent facilitator — one without loyalty to a particular model — to assist the group in setting aside biases or favoritism so as not interfere with receptivity to the potential benefits of other models. As part of this dialogue, stakeholders should reach consensus on protocols and policies that will guide systemwide implementation of multiple processes, including those that:

- assure that families and other referrers are well-informed about the models and their choices;
- assure that families and all participants are well-prepared to participate in a process;
- provide for ongoing multidisciplinary training for referrers on the models and their intersections;
- reveal insight into and exploit the complementary nature of available forums;
- clearly define access points and create seamless and timely referral processes to and across models;
- provide for both model consistency and adaptability in recognition of the cultural contexts in which they are offered and the unique characteristics of each family needing to feel ownership in them;
- assure quality by providing oversight and ongoing evaluation of model implementation, soliciting feedback from families and other participants, referrers, and stakeholders; and
- promote and sustain family engagement, cooperative relationships, and collaborative decision making throughout the child protection system in ways that transcend these specific forums.

It is fair that there be accountability for achieving the family engagement objectives of each model and sensible that research guides decisions about model choice. Models should be effective and fit the cultures in which they are implemented. It is right that we choose models wisely and continue to grapple with how to engage and sustain families seamlessly throughout their journey of change. The stakes are too high to do anything less.

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Save the Date!
American Humane’s 2011 Conference on Family Group Decision Making and Other Family Engagement Approaches
‘Oasis in the Desert:
Celebrating 15 Years of FGDM and Family Engagement’
June 8-11, 2011
Loews Lake Las Vegas Resort
Henderson, Nevada

www.americanhumane.org/conference
Judith Wildfire, Patricia Rideout, and David Crampton

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Patricia Rideout, JD, has worked in the child welfare field for 27 years, as a lawyer, juvenile court referee, public and private agency child welfare administrator, and consultant. From 1999 until early 2010, she worked as a senior consultant to the Annie E. Casey Foundation’s Family to Family initiative, most recently as the director of operations for the Northeast/Midwest region. She has served as the team leader for Family to Family sites in New York City, California, Michigan, and Illinois, and as the lead consultant on Team Decisionmaking, one of the four core strategies of Family to Family. She recently became the project executive for Casebook, an Annie E. Casey Foundation-supported effort to build an innovative, web-based family information system for use by state public child welfare systems.

David Crampton is an associate professor of social work at the Mandel School of Applied Social Sciences, Case Western Reserve University in Cleveland, Ohio. His scholarship is dedicated to finding effective ways to engage communities, families, and social workers in the care and protection of vulnerable children. His primary research interests concern the evaluation of family-centered and community-based child welfare practices. Currently, he is participating in a national evaluation of the Annie E. Casey Foundation’s Family to Family initiative, which promotes child welfare reform in Cuyahoga County (Cleveland) and major cities across the United States.

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As family meeting practices have spread nationally and internationally, the field has attempted to identify the key components of meetings that are most critical for serving families well (Crampton, 2007). While it is important that each family meeting follows best practices, true system reform is unlikely unless all families involved with the public child welfare system have the opportunity to benefit from these meetings. This article describes how communities participating in the Annie E.
Casey Foundation’s Family to Family initiative use meetings in which family members are key participants to make critical placement decisions. Furthermore, it summarizes how agencies gather and use data to monitor all aspects of the model: ensuring that family meetings occur every time they should, that they are implemented consistently for all children and families, and that the relationships between meeting characteristics and meeting recommendations are clearly understood. By focusing on both meeting quality and meeting coverage, Family to Family sites “extend the scope” of family meetings.

Not only do meetings include children and families served by the agencies, but they also involve many more staff members and partners in the delivery of family-centered and community-based services. Analysis of data from 6 Family to Family communities suggests that the sites are moving toward system transformation and that these changes in practice impact the outcomes of children and families. The data show that it is possible to make these systemic changes, but they take time and a multifaceted approach that includes family meetings and complementary system changes designed to encourage family and community involvement.

Of the many responsibilities that child welfare workers routinely manage in the course of their everyday work, those involving the removal of children from their families are perhaps the most challenging. In 2006, approximately 240,000 children were removed from their homes as the result of a child maltreatment investigation (U.S. Department of Health and Human Services, 2008). For many of these children, the decision to seek removal from their families was made by a lone social worker or a social worker in consultation with her supervisor, often by telephone. Starting with Cuyahoga County, Ohio (Cleveland) in 1994 and continuing in more recent years with Denver, Colorado, Guilford and Wake Counties (Greensboro and Raleigh), North Carolina, Jefferson County (Louisville), Kentucky, and Maricopa County (Phoenix), Arizona, Family to Family sites began using a team approach for placement-related decision making including initial removal, called Team Decisionmaking (TDM).

TDM is one of the four core strategies of Family to Family, which has been implemented in approximately 60 sites across 17 states. The theory of change in Family to Family is that the core strategies are mutually reinforcing and, if effectively implemented, will identify and draw community resources into decision making and family support. In addition to TDM, the other core strategies are:

• building community partnerships with community-based organizations in neighborhoods with the highest child welfare caseloads, in order to broaden the scope of safety and support available to families;

• innovative strategies to recruit, develop, and support foster and kinship care providers in those same neighborhoods; and

• efforts to monitor and improve all these activities with self-evaluation, in which agencies and communities use data to collaboratively identify needed changes in agency policy and practice and, once changes are made, determine if outcomes are improving.

TDM differs from many other family meeting practices most significantly in that it seeks to...
achieve system reform by focusing specifically on placement-related decision making. A meeting is required for every placement decision, significantly increasing the volume of meetings held in an agency. By requiring a TDM for every placement decision (i.e., child removals, transfer from one placement to another, and family reunification or other forms of permanency), the agency ensures that all families have the opportunity to be heard. This volume of meetings, however, means that the resources devoted to each meeting are necessarily less than in jurisdictions that use other family meeting practices in more selective circumstances.

TDM includes the following elements:

- A TDM meeting is held for all decisions involving child removal, change of placement, and reunification or other permanency plan.
- The TDM meeting is held before the child’s move occurs, or in cases of imminent risk, by the next working day, and always before the initial court hearing in cases of removal.
- The parent participates in the meeting.
- The meeting is led by a skilled, immediately accessible internal facilitator, who is not a case-carrying social worker or line supervisor.
- Multiple child welfare staff members involved with the case participate in the meeting (DeMuro & Rideout, 2002).
- Community representatives and service providers participate in the meeting.
- Family and friends of the parents participate in the meeting.
- The meeting is often held in a community location away from the public child welfare offices.

This article focuses on those TDM meetings called to make decisions about the initial removal of a child from his or her home. It uses administrative data that summarizes the characteristics of all TDMs. In most sites, the data were entered by facilitators. Although not presented here, similar analyses to those included in the article are used as part of the self-evaluation process in Family to Family sites to improve all forms of TDM meetings.

TDM Meeting for All Removal Decisions

In the 6 sites discussed in this article, between 2002 and 2008, there were 33,273 initial removal TDM meetings held, making 61,156 recommendations about whether to remove 45,400 children. As shown in Table 1, the number of initial removal TDM meetings, and consequently the numbers of children and families impacted by these efforts, consistently increased across the years as the sites’ TDM processes matured. Only in Cuyahoga County, the most mature TDM site in the group with implementation beginning in 1994, is the pattern altered. By 2002, Cuyahoga was experiencing significant drops in the number of children entering care, perhaps in part due to the impact of its overall Family to Family reforms. Therefore, this site’s TDM data reflects decreasing numbers of TDM meetings.

Although Table 1 provides an overview of the scope of TDM implementation in 6 sites across 6 years, because the sites began TDM at different times (as indicated by the value 0 in the table), Table 1 does not provide a good comparative framework for understanding early implementation progress. For this reason, the discussion focuses on year of implementation instead of specific calendar years. Data from Cuyahoga are not available for early years of implementation and are not included in the remaining tables in this article. Instead, Cuyahoga results are mentioned as a case study of a more mature site.
One of the most important elements of the TDM practice model is that every child facing the possibility of placement outside his or her home will first have a timely TDM meeting, within 5 days of placement. This approach ensures an opportunity to achieve the critical value of family and community engagement in any case serious enough to merit consideration of out-of-home care. The data presented in Table 2 estimate TDM coverage rates for groups of children who are entering care for the first time in 4 sites. The data provide estimates for the percentage of children who had a TDM within 5 days before or after entry to care, the time period within which a “live” decision (not already made) can be presumed. This approach takes into account variations across jurisdictions, both in practice (e.g., short-term safety planning measures prior to court-ordered removal) and in legal frameworks (e.g., some sites’ laws allow as many as 3 business days to pass after an emergency removal before a court hearing is required).

As sites matured in the TDM process, they made steady progress toward the goal of ensuring that a timely meeting was held in connection with every child entering care. By the 4th year of implementation, the percentage of children entering care for the first time who also had a meeting within 5 days of placement ranged from a low of 32% to a high of 70%, surpassing Cuyahoga’s percentage, 64%, achieved during its 7th year of implementation.

<table>
<thead>
<tr>
<th>Site (TDM Start)</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuyahoga (1994)</td>
<td>2,214</td>
<td>2,000</td>
<td>1,806</td>
<td>1,961</td>
<td>1,958</td>
<td>1,887</td>
<td>1,713</td>
<td>13,539</td>
</tr>
<tr>
<td></td>
<td>4,490</td>
<td>3,841</td>
<td>3,409</td>
<td>3,553</td>
<td>3,372</td>
<td>3,408</td>
<td>3,066</td>
<td>25,139</td>
</tr>
<tr>
<td></td>
<td>3,756</td>
<td>2,598</td>
<td>2,171</td>
<td>2,094</td>
<td>1,972</td>
<td>3,114</td>
<td></td>
<td>18,771</td>
</tr>
<tr>
<td>Denver (June 2003)</td>
<td>0</td>
<td>82</td>
<td>441</td>
<td>907</td>
<td>1,131</td>
<td>1,370</td>
<td>1,201</td>
<td>5,132</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>177</td>
<td>784</td>
<td>1,543</td>
<td>1,917</td>
<td>2,329</td>
<td>2,210</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>122</td>
<td>546</td>
<td>974</td>
<td>1,082</td>
<td>1,245</td>
<td>1,496</td>
<td></td>
</tr>
<tr>
<td>Guilford (July 2002)</td>
<td>130</td>
<td>272</td>
<td>311</td>
<td>348</td>
<td>307</td>
<td>351</td>
<td>376</td>
<td>2,095</td>
</tr>
<tr>
<td></td>
<td>279</td>
<td>514</td>
<td>568</td>
<td>665</td>
<td>611</td>
<td>667</td>
<td>710</td>
<td>4,020</td>
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<tr>
<td></td>
<td>242</td>
<td>397</td>
<td>408</td>
<td>446</td>
<td>379</td>
<td>429</td>
<td>453</td>
<td>2,754</td>
</tr>
<tr>
<td>Jefferon (March 2002)</td>
<td>na³</td>
<td>na³</td>
<td>na³</td>
<td>na³</td>
<td>140</td>
<td>613</td>
<td>980</td>
<td>1,043</td>
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<tr>
<td></td>
<td>na³</td>
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<td>na³</td>
<td>256</td>
<td>1,007</td>
<td>1,794</td>
<td>1,825</td>
</tr>
<tr>
<td></td>
<td>na³</td>
<td>na³</td>
<td>na³</td>
<td>na³</td>
<td>239</td>
<td>920</td>
<td>1,575</td>
<td>1,538</td>
</tr>
<tr>
<td>Maricopa (June 2005)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>328</td>
<td>2,047</td>
<td>2,835</td>
<td>3,255</td>
<td>8,465</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>672</td>
<td>3,817</td>
<td>5,032</td>
<td>6,120</td>
<td>15,641</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>584</td>
<td>3,157</td>
<td>3,790</td>
<td>4,834</td>
<td>12,365</td>
</tr>
<tr>
<td>Wake (July 2003)</td>
<td>0</td>
<td>9</td>
<td>77</td>
<td>191</td>
<td>203</td>
<td>310</td>
<td>475</td>
<td>1,265</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>27</td>
<td>162</td>
<td>401</td>
<td>415</td>
<td>594</td>
<td>914</td>
<td>2,513</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>20</td>
<td>156</td>
<td>316</td>
<td>288</td>
<td>437</td>
<td>555</td>
<td>1,772</td>
</tr>
<tr>
<td>Total</td>
<td>2,344</td>
<td>2,363</td>
<td>2,636</td>
<td>3,875</td>
<td>6,259</td>
<td>7,733</td>
<td>8,063</td>
<td>33,273</td>
</tr>
<tr>
<td></td>
<td>4,769</td>
<td>4,559</td>
<td>4,924</td>
<td>7,090</td>
<td>11,145</td>
<td>13,824</td>
<td>14,845</td>
<td>61,156</td>
</tr>
<tr>
<td></td>
<td>3,998</td>
<td>3,137</td>
<td>3,282</td>
<td>4,653</td>
<td>7,798</td>
<td>10,590</td>
<td>11,942</td>
<td>45,400</td>
</tr>
</tbody>
</table>

³Data not available for these years
Measures of TDM Fidelity

In addition to the value of ensuring a TDM meeting for every family whose child may be removed, the TDM practice model concentrates on four of the TDM elements listed earlier: the parent participates; the meeting is held prior to the removal, or if an emergency removal is necessary, the TDM occurs prior to the court hearing; there are multiple agency staff at the meeting; and an independent facilitator leads the meeting. Each of these elements is needed to promote a high-quality meeting and is considered a key TDM element in these analyses. Although the data in Tables 1 and 2 suggest positive progress in holding removal meetings, they do not provide information about whether these meetings truly incorporated the key elements that characterize a TDM meeting. Because all Family to Family sites collect information about each TDM meeting held, data from the sites’ TDM databases are used to address the question of fidelity to the TDM practice model. The percentage of children benefiting from key elements of TDM, by year of implementation, is presented in Table 3.

The patterns of implementation vary by key element. Parental participation and appropriate facilitation increased across the years, resulting in over 80% achievement of these elements by the 4th year of implementation. Participation by multiple child welfare staff, typically workers and supervisors, across sites peaked in the 2nd year of implementation at 86%, and then decreased to 74%. Since there was a 78% increase in the number of meetings during this period, it is perhaps not surprising that it was difficult for agency staff to sustain such a high level of participation.

Perhaps the most difficult TDM element for systems to achieve is ensuring that the meetings are held “live” — in other words, that the decision to be made has not already been determined by either the agency or the court before the meeting occurs. Pulling together a meeting involving numerous internal and external participants, during a time of family crisis, on short notice, is obviously quite challenging. But if the TDM meeting is to have an influence on safety assessment and placement decision making, it must be held live.

Table 2. TDM Coverage by Year of Implementation

<table>
<thead>
<tr>
<th>Site</th>
<th>Year of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Denver</td>
<td>4%</td>
</tr>
<tr>
<td>Guilford (Greensboro)</td>
<td>55%</td>
</tr>
<tr>
<td>Maricopa (Phoenix)</td>
<td>9%</td>
</tr>
<tr>
<td>Wake (Raleigh)</td>
<td>78%</td>
</tr>
</tbody>
</table>

Table 3. Percentage of Children With Meetings Having Four Priority Key Elements by Implementation Year for All Sites (Except Cuyahoga)

<table>
<thead>
<tr>
<th>Element</th>
<th>Year of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live decision: child not yet placed when TDM occurs*</td>
<td>69% 59% 62% 58%</td>
</tr>
<tr>
<td>Shared decision making: parent attends TDM</td>
<td>71% 86% 88% 86%</td>
</tr>
<tr>
<td>Shared decision making: multiple child welfare staff attend</td>
<td>76% 86% 79% 74%</td>
</tr>
<tr>
<td>Dedicated facilitator</td>
<td>12% 54% 71% 81%</td>
</tr>
<tr>
<td>Number of priority elements present</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>17%</td>
</tr>
<tr>
<td>2</td>
<td>37%</td>
</tr>
<tr>
<td>3</td>
<td>35%</td>
</tr>
<tr>
<td>4</td>
<td>7%</td>
</tr>
<tr>
<td>Total meetings</td>
<td>1,155</td>
</tr>
<tr>
<td>Total sites represented</td>
<td>4</td>
</tr>
</tbody>
</table>

*Does not include meetings held after emergency removals but prior to initial court hearing.
must occur before the child is removed from his or her home by a binding court order. Across all sites, the percentage of meetings held for children not yet placed hovered around 60% after the 1st implementation year. This number, however, does not provide the full picture. In the 4th year of implementation, some sites reported that removal TDMs were usually held before placement occurred (99% and 90% in two sites) while another site reported a value of just 45%.

These data likely underrepresent the number of “live” decisions occurring in sites, since in most child welfare systems, emergencies requiring consideration of the removal of children from their homes do occur after hours and on weekends, and may require children to be placed before either a TDM meeting or a court hearing can be held. In those cases, removal TDM meetings are typically held the next morning, prior to the initial court hearing. TDM data reflected in this article do not account for the fact that some meetings held after child removal occur on a “next morning” basis, prior to the initial court hearing — and thus allow, in most jurisdictions, for diversion from placement should the meeting uncover relevant new information or safety options.

Another defining element of TDM is that meetings are always facilitated by an experienced child welfare professional from the public agency, trained in the TDM approach, and “dedicated” or immediately accessible when the need for a meeting is identified. The TDM facilitator not only assures a smooth and constructive process, but if necessary, she is also expected to provide substantive input based on her own knowledge and experience. In this way, child welfare systems, so often beleaguered by staff turnover, can ensure that every TDM meeting includes at least one seasoned and highly competent individual at the table to enhance the likelihood of a high-quality placement recommendation. Because of the importance of the facilitator role in the TDM practice model, we reviewed the sites’ progress at implementing this key element in our evaluation of implementation status, as seen in Table 3. The percentage of meetings with an experienced facilitator (defined as a facilitator who has led at least 100 meetings) present increased from 12% in Year 1 to 81% in Year 4, indicating substantial progress on this key element.

While informative to look at the prevalence of individual key elements across time, it is also important to examine the degree to which sites incorporated multiple elements into their meetings. During the 1st year of implementation, 17% of children had meetings with only one critical element in place, while 7% had four key elements. By the 4th implementation year, the percentage of children having meetings with four key elements increased substantially to 27%, with only 6% having only one element.

In addition to the key elements described above, sites strive to achieve participation of key outside partners in meetings. These partners include family, friends, community representatives from the family’s home neighborhood or other community of identity, and service providers who could provide support to the family. Family to Family sites engaged in building a TDM practice were simultaneously developing relationships through the building community partnerships strategy. These relationships often resulted in the creation of community coalitions whose members volunteered to attend TDM meetings, with the family’s permission, to provide family
support and information about resources. In the 1st year of implementation, only 6% of children in our focus sites had a community representative at their removal TDM. This increased to 11% by the 4th year of implementation, ranging from 34% to 3% across the sites. Continued improvement in the percentage of TDM meetings attended by community representatives is challenging in all jurisdictions, even as relationships between public child welfare systems and community-based organizations improve and grow. Multiple strategies to ensure grass-roots community participation are needed, including expanded recruitment and support efforts, more creative approaches to identifying interested volunteers, and an expansion of contracted services in neighborhood organizations.

The participation of service providers in TDM meetings regarding initial removal is somewhat more prevalent, although many families are not actively involved in supportive services at the time their children come to the attention of public child welfare agencies. Confidentiality concerns typically prevent professional service providers not currently involved with a family from joining their TDM meeting at the initial removal stage. Nevertheless, service providers’ participation in TDM ranged from 24% during Year 1 to 43% in Year 4 in our targeted sites.

The TDM practice model encourages families to invite as many family members, friends, or other supportive individuals as they like to their TDM meetings. Because any meeting with a government entity (let alone one which is considering removing children from their caregivers) can be intimidating and stressful, it is critical that parents are accompanied by people who can provide them with support at the TDM table. The data from our target sites indicates that other family members and friends were at the TDM table for 46% of children in Year 1 and 59% in Year 4.

As noted earlier, the challenge of TDM, and the key to its promise for system reform, is to have a meeting for every child and family, every time they face a potential removal decision. Examining patterns of implementation for children by age and race provides deeper insight into the ability of sites to accomplish this. Figure 1 details two trends. First, for all age groups there was an increase across the years in percentage of children whose TDM was held prior to placement and facilitated by a dedicated facilitator, and a decrease across all age groups in the percentage of meetings attended by multiple staff persons. This finding may reflect a decline in diligence by child welfare agencies in ensuring that their staff prioritizes TDM participation as it becomes a more routine practice. Additionally, for all years, older children were less likely to have a parent or multiple staff persons present at the TDM than were younger children, perhaps illustrating the widespread difficulties child welfare systems experience in engaging families, communities, and staff in meeting the needs of adolescents and older youths. Lastly, these data reflect that over the years, younger children were less likely to have a meeting prior to placement — a trend for which it is difficult to develop a hypothesis.

Although not presented here, the presence of critical TDM elements also differs by racial groups. Unlike with age groups, there were differential changes across implementation years in the percentage of key elements present for race groups. In the 1st implementation year, the percentage of meetings for Hispanic children with parents present was smaller than that of White and Black children. By the 4th year of implementation, this discrepancy disappeared. In all years, the percentage of meetings held for Black children who are not yet placed was greater than the percentage for the other races. The presence of multiple child welfare staff and a dedicated facilitator was similar across the years for children of all races.
A review of the relationship between the prevalence of TDM elements and the recommendations made at those meetings reveals a number of patterns. During the first 4 years of implementation, the distribution of recommendations to remove or maintain a child in her home at removal TDM meetings remained relatively stable. Recommendations to maintain a child in her own home ranged from 48% of 1st year recommendations in the target sites to 50% of 4th year recommendations.

Recommendations, however, did vary by the number of elements present in the meeting. Figure 2 summarizes recommendations across all sites for meetings occurring in the 4th implementation year. When a removal meeting had only one element, 78% of the time, the recommendation was to remove. On the other hand, when seven or eight key elements were in place, 70% of children had a recommendation to remain in their own home. The presence of parents and other key team members suggests that there is engagement of family and community in maintaining the safety and well-being of the child, as well as enriched assessment of the family's circumstances, resulting in an "own home" recommendation. While these data suggest positive outcomes for children, they must be considered within the context of two other factors: safety and whether the recommendations are implemented subsequent to the meeting. Each of these is discussed in the following paragraphs.

The primary goal of TDM is to make the best possible decision regarding placement, based on an assessment of child safety. A reduction in child placements is thus a positive trend only if it means that those children were able to remain safely in their own homes due to an identification of relevant strengths and supports that mitigated safety concerns. It is, therefore, of great importance to assess the later child welfare experience of those children “deferred”
from out-of-home care after an initial removal TDM. Thus, it is important to determine whether children who remain at home after a TDM meeting have a subsequent substantiated case. Analysis completed as part of the Family to Family evaluation found that children with an “own home” recommendation do not have elevated rates of subsequent maltreatment (Usher, Wildfire, & Webster, 2009). This finding is encouraging, in that it counters the concerns of some naysayers that including families in placement decision-making meetings would increase children’s exposure to harm. In fact, it appears that effective safety planning often occurs at TDM meetings.

By definition, the outcome of the TDM meeting is a recommendation. It becomes a reality through the follow-up actions of child welfare agency staff and in many cases, the family court. Therefore, the impact of TDM is ultimately dependent on what happens after the meeting. Agencies must be vigilant that recommendations are implemented in a timely way. Although beyond the purview of this article, early analysis completed as part of ongoing self-evaluation activity in 5 sites examined whether recommendations from initial removal TDMs were implemented. The results reveal that either the removal recommendation was implemented promptly, or a second TDM with a recommendation superseding that of the first meeting occurred for 80% to 92% of the cases in these sites. (The occurrence of a second TDM, which was relatively rare, suggests changed circumstances may have required a revised recommendation.) (Crampton, Wildfire, Barnard, & Punske, 2008).

Conclusions

TDM is but one of the four core strategies of Family to Family, a foster care system reform initiative sponsored by the Annie E. Casey Foundation. System reform seeks to take changes in policy and practice to scale within a specified time frame, thus transforming the “way we do business” in public child welfare systems. TDM data from the first 4 years of implementation

![Figure 2. Recommendations by Number of Key Elements Present in Removal TDM](image)
suggest that the sites described in this article moved quickly and consistently to adopt key elements of TDM that related to internal child welfare practices (e.g., having dedicated facilitators, having multiple child welfare workers at meetings, and holding a meeting for every child to make a “live” decision). While progress toward implementation of other elements that involved external partners was not as widespread, even these elements showed positive change over these years. It is, perhaps, not surprising that agencies are able to move more quickly to change the areas over which they have more control. The data in this article, however, illustrate that families and children benefit the most when both internal and external partners participate in the TDM.

This article uses TDM data to illustrate that widespread change through TDM is possible. In six communities, there are increasing numbers of removal decisions made through TDMs; the defining characteristics of TDM meetings are increasing; there are no significant inequities in the quality of TDM meetings for children of different ages or racial groups; and when more elements are in place, the recommendation from a removal TDM meeting is more often to allow the child to remain in the home. These data suggest that system transformation is taking place, but also that child welfare agencies must continue to strive to improve their TDM practices. Additional research on the Family to Family initiative suggests that the child welfare agency leadership must strongly communicate their intention to have TDM consistently used for all placement decisions, and ensure that sufficient resources are allocated to continuously assess the TDM practice and ensure that the process is working (Crampton, Crea, Abramson-Madden, & Usher, 2008). Analysis like that presented in this article is one of the tools agencies use to communicate the importance of TDM in transforming the child welfare system.

One of the goals of family meetings is to make child welfare agencies more responsive to the families and communities they serve. Ensuring that families’ voices are included in all placement decisions requires attention to each family’s experience as well as the performance of the agency in working with all the families they serve. Therefore, TDM practice includes tracking TDM meetings both in terms of coverage (to ensure that all families have a meeting) and key elements (to ensure that meetings are consistently of high quality). When there are deficiencies in coverage, quality, or both, agencies use data to develop strategies for improvement. Agencies also use their data to evaluate whether children who differ in terms of age, gender, geography, race, or other characteristics are consistently benefiting from TDM, and can take corrective action if there are any disparities in TDM practice in terms of child and family characteristics.

Another important strategy for ensuring that family voices are heard is a requirement to have a TDM meeting for all placement decisions. This is in sharp contrast to other family meeting practices in which caseworkers decide which families might benefit from a meeting and there is no expectation that all families will participate in a meeting. In order to cover all placement decisions, agencies using TDM have more limited resources for each meeting, and it is this aspect of TDM that accounts for many of the practice differences between TDM and other family meetings (Crampton & Pennell, 2009). Agencies which adopt TDM are prioritizing resources to cover all placement decisions over resources dedicated to meetings for selected families. Most importantly, these agencies have data they can use to evaluate whether this resource allocation is meeting the needs of the families they serve in terms of better placement recommendations and whether TDM is contributing to authentic system reform.

New Zealand was the first nation to legislate family group conferencing and specify its principles and practices. By law, in New Zealand, the extended family must be invited to a family group conference whenever a child is considered to be in need of care and protection, and all
families must be involved in decision making in situations of involuntary child placement (Crampton & Pennell, 2009). The New Zealand experience has raised a question for family meeting proponents in the United States as to whether they should push for a similar law. Gary R. Anderson (2005) points out that there could be some limitations to family meeting requirements in federal law and that there may be other ways to promote the use of family meetings in the U.S. TDM demonstrates that it is possible to make a commitment to convening a meeting for all placement decisions under existing federal policies. Agencies using TDM can further demonstrate that they have data that shows they are transforming their child welfare practice one TDM meeting at a time.

References


The landmark publication, Guidelines for Family Group Decision Making in Child Welfare, is now available!

The guidelines were developed by American Humane and the FGDM Guidelines Committee to promote and facilitate greater understanding of FGDM while acknowledging cultural traditions, ethical practices, agency initiatives, and research and evaluation evidence.

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Sarah B. Greenblatt, Ben Kerman, Madelyn Freundlich, and Lauren Frey

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In 2005, Casey Family Services (Casey) began a significant shift in practice from a long-term foster care focus emphasizing stability for youths in treatment-level foster families to ensuring that these youths have legal permanence through reunification, adoption, or guardianship. Building on existing child welfare team models that emphasize inclusive and family-centered decision making at critical case planning junctures, Casey developed and implemented its permanency team process. The process emphasizes shared
planning and decision making to guide timely permanency planning while strengthening family relationships for children in out-of-home care. This article describes the core components of Casey’s model of permanency teams and supportive permanency practices, preliminary results achieved in the comprehensive implementation effort, and possible directions for refining the model.

**Casey’s Permanency Practice Framework**

Casey’s child-centered and family-focused practice model addresses each child and family’s needs for safety, permanence, and well-being. Working in partnership with public child welfare agencies throughout New England and in Baltimore, Maryland, Casey’s practice model is guided by the following definition of permanence (Casey Family Services, 2005):

> Permanence is an enduring family relationship that is safe and meant to last a lifetime; offers the legal rights and social status of full family membership; provides for physical, emotional, social, cognitive and spiritual well-being; and assures lifelong connections to extended family, siblings, other significant adults, family history, and traditions, race and ethnic heritage, culture, religion, and language. (p. 3)

Casey views permanency practice as the mix of social work values, skills, practices, and strategies that connect all children, regardless of age, with the family relationships and community supports needed to thrive outside the child welfare system (Annie E. Casey Foundation/Casey Family Services, 2009). Casey bases its permanency practice model on the following foundational practice principles (Casey Family Services, 2009):

- Practice is family-focused and strengths-based, with family broadly defined to include birth parents and siblings, blood and legal relatives, tribal members, godparents, fictive kin, current and/or past caregivers, adoptive and foster parents or guardians, and other individuals who are important to the youth. Youths, parents, and family members are helped to recognize and build on their inherent strengths and recognize their capacity to change. They are the central players in the permanency planning process.

- Practice is permanency-focused to ensure that all children in or at risk of entering foster care have full-time permanent parents who provide for their safety and well-being and offer them enduring legal rights and social status of full family membership.

- Practice builds on what works. Casey provides services that are evidence-based and informed by best practice in the fields of social work, child welfare mental health, education, and health care.

- Practice is outcome-focused, with close partnerships with youths and families to help them set and achieve realistic, measureable, and time-focused goals that reflect their unique strengths, challenges, and needs. Casey evaluates services to ensure that they are effective.

- Practice is time-limited in the life of a child or family, with the core goal of securing a permanent, legal family for each youth within legally mandated time frames.

- Practice is community-centered, recognizing that children and families grow and develop within communities and when communities do well, so do the children and families living in them. Casey works to improve the social and economic stability of families and neighborhoods and, when youths need foster care services, to keep them connected not only to their families but also to their communities of origin.

- Services are culturally competent and sensitive to the unique racial, ethnic, cultural, social, and economic heritage of each child and family. Casey uses its
resources and best practices to reduce the racial disproportionality and disparities in the child welfare system.

• The work is collaborative. Casey builds and maintains respectful relationships with children, youths, families, and other service providers, knowing that collaboration is key to coordinating services and achieving positive timely outcomes.

The Core Practices of Permanency Teams

The core practices of permanency teams are fully involving youths in the team process; fully involving the state agency, birth parents, siblings, and other birth family members in the team process; preparing youths for permanence; using family-finding tools to locate and involve birth and extended family; and using different types of meetings to ensure that permanency is achieved for each child and youth in Casey foster care.

Preparation for Permanence

Casey’s permanency practice model prepares children, families, professionals, and significant others to participate in the team process to address children’s urgent need for a permanent family that provides for their safety and well-being. The children and youths who Casey serves are in urgent need of permanence as a result of their histories of maltreatment and often, their traumatic experiences after entering foster care and before being referred to the Casey foster care program.

Each child’s readiness for permanence is assessed continuously, using the 3-5-7 Model (Henry, 2005), which is grounded on five clarifying questions:

• Who am I?
• What happened to me?
• Where am I going?
• How will I get there?
• When and how will I know I belong?

Casey’s permanency social workers use a variety of permanency preparation and planning tools with youths, birth families, and resource families (foster, adoptive, and guardian parents), including life books, genograms, ecomaps, “recipes for success” (Pennsylvania Statewide Adoption Network, n.d.), permanency pacts (Foster Club, 2006), and the Casey Belonging and Emotional Security Tool (BEST), which helps young people and their foster parents explore their emotional connections to each other (Frey, Cushing, Freundlich, & Brenner, 2008). Casey staff members also prepare other professionals and significant adults to participate in permanency team meetings.

The Ongoing, Inclusive Permanency Team Process

Casey Family Services’ permanency team process puts those most involved in a challenging situation at the center of planning and decision making. Casey involves children, parents, and the child and family’s natural support network with professionals in the team planning and decision-making process. Permanency teams use creative search and engagement strategies (e.g., comprehensive record reviews; outreach to relatives, former foster parents, teachers, and others who know and care about the child; and family search technologies) to locate family members, and a concurrent planning process to develop potential family permanency resources if reunification with birth families is not possible.

Casey’s permanency social workers facilitate the permanency team process for each child or youth on their caseloads, differentially using a series of individual, joint, and large team meetings to:

• focus all team members on understanding and meeting a child’s or youth’s urgent developmental needs for consistent parenting and continuity in family relationships;
• address trauma related to past abuse, neglect, or foster care experiences;
• explore strategies to connect children and youths with permanent families and expedite a timely discharge from the foster care system; and

• achieve and support family permanence.

The permanency team process includes four types of permanency team meetings: safety parameters, individual, joint, and large team meetings (see Figure 1).

• **Safety parameters meetings** are held when the child’s case is first referred to Casey and when there are changes in case circumstances with safety implications, or when state agency staff change. The permanency social worker and state agency staff meet to review the youth’s safety needs and any safety concerns regarding family members’ participation in team meetings or their contact with the youth.

• **Individual meetings** are convened initially with the youth to learn who should be on his or her team and the youth’s perspective on past experiences and future planning. Individual meetings are used throughout the permanency planning process with team members to get their input on the youth’s needs and their role in meeting the youth’s needs and engage them in the team process.

• **Joint meetings** are used to bring together two or more team members to prepare them to resolve conflicts, identify common ground, develop their relationships with one another, and participate in a large team meeting.

• A **large team meeting** is held once all team members are adequately prepared through individual and joint meetings. They are continuously scheduled every 4 to 6 weeks until permanency is achieved for the youth.

These meetings provide the setting for often difficult “permanency conversations.” These conversations may focus on identifying the adults with whom a youth wants to stay connected or be reconnected; clarifying adults’ commitment to a child or youth; talking with a child about challenging issues, such as painful past experiences and fears about the future; and encouraging children and birth parents to talk about options for permanency. The meetings are cyclical (see Figure 1) and are used as part of a process that continues until legal permanence is achieved. However, if legal permanence is not possible, the team seeks to solidify old relationships and build new ones with a focus on sustaining lifelong commitments, often through the use of permanency pacts, ceremonies, and rituals that underscore interdependence and belonging. The team can be reactivated as a postpermanency service or after an older youth leaves foster care if he or she needs help reconnecting with or building family.

![Figure 1: Casey Family Services Permanency Team Meetings](image-url)
to them and what they would like to have happen in their futures. Youths age 12 and older are often developmentally ready to participate in or co-lead large team meetings by identifying important topics to discuss, creating a written agenda, choosing snacks, and contributing to the team discussion.

- Uses a variety of family-finding and engagement strategies to explore existing natural networks and locates, involves, and supports these adults.

- Ensures that carefully planned preparatory work takes place in two ways:
  - Social workers use trauma-informed clinical skills to prepare for and promote family growth and change, and help children, youths, and their permanent parent(s) identify, understand, and cope with losses associated with abuse, neglect, and foster care.
  - Preparation for large team meetings takes place through individual and small group conversations with team members who may bring different backgrounds, roles, and opinions to the planning process.

- Is committed to strong, permanent family relationships, regardless of the age of the youth. The process is not complete until a child or youth has a secure and enduring parenting relationship and an understanding of what brought him or her into and out of foster care.

In shifting from long-term foster care to a permanency planning model, Casey leadership used a variety of management tools and casework supports. Casey provided additional permanency-related training for staff at all levels; intensive coaching for social workers; group and individual case consultation; program consultation to midlevel managers; strategic use of supervision, staff meetings, and retreats; a formal implementation evaluation; and the introduction of new documentation procedures. Caseloads were set at 8 to 10 youths, consistent with standards for treatment foster care services.

At key review points in the permanency team process, permanency social workers use a permanency review form to summarize information on progress toward achieving permanence. The form begins with the basic question, “Does the youth have a permanency team?” and follow-up questions explore the permanency team process, including the involvement of youths, the state agency, and birth family; the use of family-finding tools; and preparation of youths for permanency. Key questions are: Does the youth have a permanent legal parent; if not, what are the barriers? Does the youth have a physically safe and emotionally secure relationship with a specific family if legal family membership is not possible?

Casey uses the information gathered through the permanency review form and other monitoring to draw conclusions about the implementation of the permanency team process, identify trends in integrating permanency practice elements, and assist in planning strategic casework interventions aimed at achieving permanency.

**Case Illustration: Preparation for the Permanency Team Process**

Permanency social workers first identify team members, build the team, and then facilitate the ongoing permanency team process. They help guide the team toward the outcome that best meets the child’s needs for a legal parent who can provide safe and emotionally secure parenting. They prepare the child for permanent family relationships, and prepare parents and family members to make and sustain a lifetime commitment. They support children and families as they transition to living together again or learning to build a new life together. They maintain momentum in achieving timely legal permanence and lead the youth, family, and team
in designing and implementing postpermanency supports.

The following case example illustrates the permanency social worker’s role in the preparatory work with a young person in foster care.

Kenton, age 15, entered foster care when he was 11. An honor student and athlete, he lives with a foster family who is deeply committed to him. After his birth mother’s death, his father, Derek, parented him until Derek’s mental illness undermined his capacity to parent safely. Kenton is very protective of him. Kenton’s five older siblings aged out of foster care. He is aware of how they struggle to make a good life for themselves. He feels a strong sense of loyalty to them while, at the same time, wanting a different life for himself.

Kenton was uncertain whether his father should be included on his permanency team because of Derek’s mental illness. Through a series of individual meetings with his permanency social worker, Kenton decided to include his father. The social worker met with Derek several times to help him understand how he could contribute to Kenton’s team in ways that only he, as his father, could. The social worker developed a strong working relationship with Derek.

Kenton also identified as team members two women who previously played important roles in his life. Rhonda is the neighbor of a former foster family. When contacted about being a member of Kenton’s team, she expressed great interest in helping plan for Kenton. Serena is a friend of Derek’s. She lived near the family when Kenton was growing up and is aware of Derek’s struggles. When contacted, Serena readily agreed to be a member of Kenton’s team and now supervises visits between Kenton and Derek. Kenton’s foster parents are also important members of his team. During a recent crisis in which Kenton was unfairly accused of wrongdoing by a neighbor, Kenton was able to see them as parents, standing up for him in a difficult time and claiming him as their son.

Kenton’s case presents an example of the initial work that provides the foundation for Casey’s permanency team process. As his case illustrates, the permanency team process extends beyond child welfare practitioners, birth parents, and foster parents to include other adults significant in the youth’s life. Youths may identify siblings or a best friend as team members. Kenton identified his own team members, a first step in his active and meaningful engagement in his own permanency planning and decision making. The permanency social worker engaged birth family and significant others in active and meaningful roles. Rather than episodic team meetings that focus on particular decisions or crises, this model reflects an ongoing relationship-building process, beginning with individual meetings, like those described in Kenton’s case, and continuing until the youth achieves permanence. As is the case with all permanency teamwork, Kenton’s permanency social worker will use individual meetings, joint meetings, and large team meetings flexibly and strategically throughout the permanency planning process.

As a next step in preparing for the large team meeting, Kenton’s permanency social worker will work individually with him to prepare a meeting agenda, discuss how he will participate, and explore what support he may need for full participation. The permanency social worker will also meet individually with other key people in Kenton’s life (including professionals such as his state agency worker, therapist, and attorney, as well as Derek and Kenton’s foster parents) to discuss their participation, the support they may need, and what they wish to contribute. These meetings will lay the groundwork to allow everyone to be open when they come together in the large team meeting. Individual, joint, and large team meetings aim to expedite planning and decision making within legally mandated time frames and ensure that everyone recognizes the
critical role of the young person in permanency planning.

Preliminary Results

This section summarizes early results from the implementation of the model in Casey’s seven New England divisions and the outcome evaluation. These results have informed the further development of permanency teams and the design of a more rigorous evaluation. The evaluation provides short-term indicators of implementation quality (youth, family, and state agency involvement) and targeted outcomes (reduced length of stay and achievement of legal permanency). It compares timely permanence and length of stay for youths entering Casey foster care in a 4-year period prior to the initiative (historic baseline), during the 18-month training and phase-in (pilot period), and after permanency teams became uniformly expected (standard period).

The data summarized in this report address three basic questions:

- Are services being directed at the target population?
- How well are the core components being implemented?
- Are permanency outcomes improving?

Challenging Populations

Casey serves children and youths who present significant challenges to ordinary permanency planning efforts. Research on permanency planning points to several risk factors associated with not achieving timely permanence (Maza, 2009). Table 1 shows high concentrations of risk for each cohort of children that Casey serves.

Although there is some statistically significant variation, these data generally suggest that youths who more recently entered Casey care have greater challenges. More youths entering Casey foster care since permanency teams became Casey’s standard practice came with histories of placement instability and intensive treatment needs.

Quality of Early Permanency Teams

The formal program evaluation provides independent information concerning the quality of team practice implementation in the first 52

<table>
<thead>
<tr>
<th>Table 1. Concentration of Risk for Impermanence</th>
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<tbody>
<tr>
<td>Risk Factors</td>
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<tr>
<td>Age (9 and older)</td>
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<tr>
<td>History of Placement Instability</td>
</tr>
<tr>
<td>3 or more prior placements</td>
</tr>
<tr>
<td>Past failed reunification</td>
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<tr>
<td>Intensive Special Needs</td>
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<tr>
<td>Multiple psychiatric diagnoses</td>
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<tr>
<td>Met special education criteria</td>
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<tr>
<td>Intensive treatment placement</td>
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team cases to reach a third full team meeting (generally held at 3 to 4 months following entry to Casey care). An external evaluation consultant conducted confidential interviews with social workers (N = 52) and a sample of team participants (N = 105). Table 2 summarizes respondent perceptions of the core practices of permanency teams as well as impressions of progress through teamwork.

Data from these quality indicators suggest that early permanency team practice has largely incorporated core practices. Consistent with the core practice of active youth engagement in the team process, 89% of the youths 12 and older attended their own team meetings. Moreover, when they attended, 100% said that they “had a say” in their plans. There was also notable improvement in including birth parents, foster family members, youths, and family friends on permanency teams.

**Early Outcomes**

Examination of initial outcomes for the three chronological cohorts (N = 286, 84, and 71, respectively) suggests that results are heading toward more timely permanency and reduced time in care. Fewer children are spending lengthy periods in care. The median length of service among youths entering Casey care prior to permanency teams was 2.7 years, though 14% of the cases remain open, so this remains an underestimate. Only 23% of the youths exited within 18 months (see Figure 2). The implementation of permanency teams is associated with immediate gains in the number of youths leaving care more quickly: 44% of youths exited within their first 18 months during both the pilot and standard periods.

More children exiting Casey foster care achieve timely legal permanence. Casey aims to achieve permanency as quickly as possible. The percentage of children exiting Casey foster care to legal permanence has increased with implementation of permanency teams (see Figure 3). The historic baseline reveals that only 9% of the children placed with Casey in the 3 preceding years achieved legal permanence within 18 months. In contrast, the proportion achieving timely legal permanence in the pilot period and standard period entry cohorts rose to 24% and 31%, respectively. Closer scrutiny reveals an increase in reunification and guardianship as permanency teams have become standard practice.

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**Table 2. Practice Quality Indicators in Early Team Cases**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Findings</th>
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<tbody>
<tr>
<td>Participation of youths in team meetings</td>
<td>89% of youths over age 12 attended their team meetings</td>
</tr>
<tr>
<td>Participation of birth family and other adults</td>
<td>67% of teams involved birth family members</td>
</tr>
<tr>
<td>important to youths</td>
<td>89% of teams involved foster family members</td>
</tr>
<tr>
<td>Shared planning and decision making</td>
<td>100% of youths said they “had a say”</td>
</tr>
<tr>
<td></td>
<td>86% of all team participants agreed the plan they developed addressed all of their concerns</td>
</tr>
<tr>
<td>Meeting youths’ needs</td>
<td></td>
</tr>
</tbody>
</table>

**Team participants felt that plans provided for:**

- Safety: 96%
- Legal Permanency: 94%
- Lifelong Family Relationships: 95%
- Emotional Security: 97%
- Preparation for Adulthood: 78%
Preliminary findings are encouraging, but more compelling evidence awaits more rigorous design, fidelity monitoring, and outcome measurement. Caution should be exercised in attributing changes solely to the permanency team process. Data suggest that although some gain likely results from permanency teams, some portion of the improvements is likely due to increased awareness, intentional commitment to permanence, and the introduction of regular outcome monitoring. On the other hand, multivariate logistic regression controlling for some of the subtle changes in risk factor prevalence also suggests that the likelihood of achieving timely legal permanence at Casey has increased over time.

**Implications for Further Program and Practice Development**

Casey has learned much over the past 5 years as it has implemented permanency teams. At the case level, certain factors have been found to facilitate permanence while others often create barriers. The active engagement of youths in their planning and decision making and a continuous process of facilitating a mix of individual, joint, and large team meetings over time have proven to be critical to success. Casey anticipated and addressed several important barriers, including building staff buy-in for practice change; working with attorneys and judicial partners to synchronize clinical and legal casework goals and reduce court delays; strengthening relationships with state agencies to develop a shared understanding of permanency.

**Figure 2. Length of Time in Casey Foster Care**

![Figure 2. Length of Time in Casey Foster Care](image)

Entry Cohorts Exiting Casey Foster Care Within 18 Months

- Historic Baseline
- Pilot Period
- Standard Practice*

*Includes entries through December 2007.

**Figure 3. Length of Time Before Permanence**

![Figure 3. Length of Time Before Permanence](image)

Youth Achieving Legal Permanence Within 18 Months

- Historic Baseline
- Pilot Period
- Standard Practice*

*Includes entries through December 2007.
The active engagement of youths in their planning and decision making and a continuous process of facilitating a mix of individual, joint, and large team meetings over time have proven to be critical to success.

As an example, in the initial stages of implementation, given that Casey had primarily provided long-term foster care services, social work staff had varying levels of understanding, skills, experience, and interest in permanency practice and teams. In response, Casey provided individual intensive coaching to help social workers develop permanency planning skills and professionally integrate fundamental permanency practices with team strategies. Monthly group case consultations with a permanency coach offered social work and supervisory staff the opportunity to become more skilled at using core elements of the permanency practice and team model. Casey also supported supervisors in gaining deeper competence in implementing the new permanency team practices by requiring that they carry a permanency team case with the support of a permanency coach, as well as participate in quarterly peer-to-peer learning sessions (some by videoconference, some in person) related to topics of supervising permanency practice.

The use of a mix of direct practice tools — the BEST, genograms, timelines, ecomaps, life books, and digital storytelling — and strategic use of individual and joint meetings have provided excellent venues for further strengthening supervisors’ and social workers’ skills to individually assess each youth's special needs and assist families in resolving their ambivalence about achieving permanence for youths. As this specialized practice advances, Casey continues to expand its array of tools to enhance direct practice capacity and support effective permanency planning, including the expanded use of the permanency review form and two new tools: a supervisory tool and the permanency case planning tool. These tools have been found to strengthen social workers’ abilities to assess strengths and challenges, and collaboratively plan with youths and families toward permanence.

At the organizational level, Casey recognizes the vital role of leadership in promoting practice change. Casey has provided direct service staff with consistent leadership messages about the benefits of permanency teams at the executive, managerial, and supervisory levels. Recognizing that implementation of any new practice requires time, ongoing training, and feedback, Casey developed the Lifelong Families training curriculum, which provides staff with knowledge and skills related to collaborative permanency planning and facilitating team meetings that focus on safety, permanency, and well-being. Training has been supported by ongoing learn-by-doing coaching and case consultation opportunities.

Casey has developed and provided three additional training curricula aimed at achieving permanence through reunification, adoption, and guardianship. Coaches and consultants continue to facilitate regular topical conversations related to family finding, family search and engagement, preparing youths for permanence, and addressing youth and family ambivalence about adoption or legal guardianship. Peer support is used within programs and across programs within a division, and the sharing of peer expertise is also encouraged and facilitated across service.
divisions. The evaluation process continues to assess the impact of these targeted training and permanency coaching models. Quantitative evaluations of training indicate that social workers and supervisors are making significant gains in confidence in most skill areas addressed in the trainings. Casey will use the evaluation results to strategically continue and expand these practices and/or develop other methods to provide permanency social workers and supervisors with the knowledge and skills needed to achieve permanence for youths.

At the policy level, Casey Family Services has been actively engaged in identifying and addressing disincentives to permanence for youths in foster care. Among other issues, it has focused on supporting kin as legal guardians for youths in foster care when appropriate. Casey has emphasized the importance of postpermanency services and worked to identify federal funding streams to support states’ development of a comprehensive array of community-based services and supports for families. Casey’s permanency team process complements the changes that the Fostering Connections to Success and Increasing Adoptions Act of 2008 has made in child welfare practice and policy. Casey will continue its policy work to further advance federal and state policy to expeditiously achieve permanence for all youths in foster care, including educating state leaders on the benefits of opting to participate in the federally supported guardianship assistance program for relatives who become the legal guardians of children in foster care.

At the research and evaluation level, Casey conducts evaluations of its permanency practices, including permanency teams and all other dimensions of its permanency practice model to understand the implementation of these practices and their impact on achieving permanence. Enhanced evaluation will continue to shape Casey’s permanency work and contribute to an evolving foundation for evidence-based permanency practice. To increase the rigor of the evaluation, Casey is developing fidelity measures and assembling administrative outcomes for a matching sample of youths served elsewhere. Casey is piloting and refining, using field experience, research-based practice aids like the BEST, the permanency review form, and the permanency case planning tool. These lessons shape and support service and system reform consultation to improve permanency outcomes for children and youths in foster care.

Conclusion

Casey Family Services’ permanency team process maximizes the benefits of team planning and decision making through an ongoing process of identifying, building, and strengthening family relationships. Permanency social workers help families and other significant adults meet the safety, permanency, and well-being needs of children and youths; address trauma related to abuse, neglect, or the foster care experience; explore strategies to connect a child or youth with a supportive family; and achieve legal family permanence. Preliminary results indicate that permanency teams are positively impacting the number of youths who leave Casey foster care to permanent families and leave care more quickly. Casey Family Services has learned much over the 5 years of implementation and will continue to refine and strengthen this inclusive model of team planning and decision making.

References


Engaging Nonresident Fathers in Child Welfare Cases:
A Guide for Court Appointed Special Advocates

This practice brief offers CASA volunteers a new tool to advocate on behalf of children – reaching out to nonresident fathers.

Download the brief at www.fatherhoodqic.org/casa_brief.pdf
About the Guest Editor
Lisa Merkel-Holguin, MSW, is the principal investigator for the National Quality Improvement Center on Differential Response, director of the National Center on Family Group Decision Making and director of Restorative Justice for Youth for American Humane. She launched American Humane’s family group decision making (FGDM) initiative in 1997, its differential response initiative in 2005, and the restorative justice initiative in 2009. In these capacities, she has provided training, technical assistance and consultation to more than 100 U.S. communities and abroad; has presented on FGDM and differential response to more than 50 national and international audiences; and has authored or edited nearly 30 publications on this topic. Ms. Merkel-Holguin has direct practice and research experience in child day care, independent living services, and family foster care. She received an undergraduate degree in social work from the University of Dayton, and a master’s degree in social work from the University of Illinois Champaign-Urbana.

About the Content Reviewers
Clare Anderson, MSW, is the deputy commissioner at the Administration on Children, Youth and Families. She obtained her master’s in social work, with an emphasis in children, youths, and families, from the University of Alabama. Prior to joining the administration, Ms. Anderson was a senior associate at the Center for the Study of Social Policy, where she promoted better outcomes for children, youth, and families through community engagement and child welfare system transformation. She provided technical assistance through a federally funded child welfare implementation center and to sites implementing community partnerships for protecting children and the Annie E. Casey Foundation’s Family to Family initiative. She also monitored and provided support to jurisdictions under court order to improve their child welfare systems. Ms. Anderson has worked as a direct practice social worker as a member of the Freddie Mac Foundation Child and Adolescent Protection Center at Children’s National Medical Center in Washington, D.C. She was also a consultant to and clinical director at the Baptist Home for Children and Families (now the National Center for Children and Families) in Bethesda, Maryland, and was on the clinical faculty at the Georgetown University Medical Center department of psychiatry’s child and adolescent services. Ms. Anderson served as a content reviewer for this journal during her tenure with the Center for the Study of Social Policy; the views presented in this issue do not reflect the views of the Federal Administration of Children, Youth, and Families.

Patricia Rideout, JD, has worked in the child welfare field since 1982, as a lawyer, juvenile court referee, public and private agency child welfare administrator, and consultant. After serving as deputy director of the public child welfare system in Cleveland, Ohio, she became a senior consultant to the Annie E. Casey Foundation’s national Family to Family initiative, serving as the team leader for sites in New York City, California, Michigan, and Illinois. She was the foundation’s lead consultant on Team Decisionmaking, one of the four core strategies of Family to Family, as well as the director of operations for the Northeast/Midwest region. Ms. Rideout recently joined Case Commons, an initiative of the Annie E. Casey Foundation dedicated to transforming how information is collected, used, and analyzed in the service of better outcomes for children and families in the child welfare system. She is serving as the project executive for the first statewide implementation of this innovative, web-based family information system, both leading the project team and serving as the primary practice expert in the design and development of the software application.