Expedited family group engagement and child permanency

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A R T I C L E   I N F O

Article history:
Received 12 February 2010
Received in revised form 22 March 2010
Accepted 22 March 2010
Available online 28 March 2010

Keywords:
Family engagement
Kinship foster care
Family reunification
Family group decision making

A B S T R A C T

Family group engagement is a means by which child welfare can involve the family, the extended family, and community supports in making plans for the care of children. Such engagement can enlarge supports to help children stay with their parents or as needed, identify relative caregivers. It, however, would appear especially challenging when children are removed on an emergency basis, without their parents’ consent, and from African American neighborhoods with longstanding tensions with public child welfare. The challenges are all the greater when the meetings must be rapidly convened so as not to undermine parents right to due process. This study in Washington (District of Columbia) examines the impact of family team meetings convened within a 72-hour period in advance of the hearing on where children were to live. Using AFCARS data, the study compared the permanency outcomes for children who had a FTM with those who did not. The meetings significantly increased the likelihood that children would be placed in kin foster homes, have family-group-type permanency goals, exit care faster, and be discharged to family or relatives. Family team meetings assist in re-conceptualizing client engagement from a worker–parent relationship to a partnership of family, community, and public agencies.

1. Introduction

Removing children from their homes may protect them from maltreatment while fraying family and community ties so important for their sense of attachment and security. These separations can further traumatize youngsters and lead to a confused and deprived sense of relatedness with potentially long-term adverse effects (Fox, Berrick, & Frasch, 2008). On exiting care, older youth are at high risk of academic failure, mental health issues, poverty, and victimization (Courtney, 2009). Children need permanency, that is, lasting relationships maintaining their sense of family and culture.

One strategy for sustaining family connections is placing children with relatives. Historically such an approach has been informally applied by families, and such traditions are especially strong among African American communities where kinship care and family preservation are equated (Danzy & Jackson, 1997). This widens the lens from family-permanency goals centered on a nuclear family to family-group-permanency goals encompassing the extended family and other community supports. The formal use of relative care, though, was discouraged by child welfare agencies who viewed families of origin with distrust. In the early 1990s, kin foster care dramatically rose as demand for out-of-home care expanded accompanied by a shrinking pool of nonkin homes and served as one means of advancing family-centered practice (Pecora, Reed-Ashcraft, & Kirk, 2001).

Today kinship foster homes provide for approximately 24% of children in care (US DHHS, 2009). The effects on children appear to be beneficial. Kinship care significantly increases the likelihood that children will have stable placements, keep in contact with their birth parents, and experience a better adjustment and reaction to their placements and a greater sense of social support and well-being (Metzger, 2008).

Relative caregivers, however, typically receive fewer services and supports than non-relatives, and kinship placements have been reported to delay family reunification (Cuddeback, 2004). More recent research shows that time to family reunification is less a matter of the type of placement—kin versus nonkin—than group characteristics, such as children’s race, age, and disability (Koh & Testa, 2008). Even when the two groups are matched on these characteristics, states vary as to whether children placed with relatives or non-relatives return home faster (Koh, 2010). These variations point to the influence of state policy and practice on foster care.

One means by which child welfare agencies increasingly seek to make placement decisions is by engaging families and their wider family group in the planning process (Burford & Hudson, 2000), and this approach has been encouraged by the U.S. Children’s
Bureau through its child and family service reviews (Mischen, 2008). Given that African American, Latino, and American Indian children are more likely than White children of European descent to be placed in care and stay there longer (US GAO, 2008), family group engagement is viewed as a potential means of reducing their disproportional placement in state care. This hope is not unfounded. When family groups take part in child welfare decisions, the plans tend to keep children at home or with their relatives. This is a recurring finding for the most part across studies of family mandings for the most part across studies of family child protection whether in the United States or other countries (Burford, Connolly, Morris, & Pennell, 2009). Although studies usually have small sample sizes and weak or no comparisons, some of the larger U.S. studies of a model called family group conferencing examine the permanency outcomes for African American, Latino, and/or American Indian children. These studies from different regions of the United States report that family group conferencing reinforces children’s connections to their families and communities (Michigan—Crampton & Jackson, 2007; Texas—Sheets, Wittenstrom, Fong, James, Tecci, Baumann et al., 2009; Washington State—Northwest Institute for Children and Families, 2007).

Locating and involving the larger family group, however, appears to pose particular challenges in emergency situations where children are quickly removed from their homes and without their parents’ consent. These difficulties are likely to be compounded for children of color from communities that have long-standing tensions with public child welfare who has operated in isolation and without engaging them in meaningful partnerships (Rycraft & Dettlaff, 2009). In this context, how successfully do child protective services access kinship placements? And what effect do these placements as compared with non-relative foster care have on the rate by which children exit care to return to their parents or live with other relatives?

To address these questions, this article examines the outcomes of an expedited family group engagement process called “family team meetings” (FTMs) that were used to create plans shortly after emergency placements and before the court hearing on whether the children would remain in care. The findings are based on a comparative study of cases with and without a FTM held by the Child and Family Services Agency (CFSA) in the District of Columbia (Edwards, Tinworth, Burford, & Pennell, 2007). Washington, DC, provides an urban context in which public child welfare had an extremely poor record of serving largely African American neighborhoods, eventuating in a class action suit that moved control under the federal court. FTMs were one part of the CFSA’s efforts to improve its performance and return control of child welfare to the municipal government. The court monitor (Center for the Study of Social Policy, 2005) characterized FTMs as “a tremendous step forward in family-centered practices” (p. 30).

The analysis used data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), a national data base that offers a consistent reporting structure for child placements. The study met the requirements of the Child in Need of Protection Amendment Act and District of Columbia, 2004 for an external evaluation of the implementation and impacts of family team meetings, and CFSA’s General Counsel approved the procedures for the protection of research participants. The qualitative findings from the study are reported elsewhere (Burford, Pennell, & Edwards, 2010). The article begins by reviewing the initiation of FTMs in the District of Columbia, how the model was developed, and the extent of family participation when a rapid response is initiated. Then the article describes the outcome study’s methodology and examines the impact of FTMs on children’s placements, case plan goals, time to exiting care, and discharge outcomes. In conclusion the article considers the contributions of a particular adaptation of FTMs to expanding conceptualizations of family engagement.

2. Family team meetings

2.1. Initiation of program

In 2005, the agency first applied FTMs to instances of emergency child removals in order to involve families in preparing recommendations for presentation at the initial court hearing. Subsequently CFSA expanded FTMs into other service areas. Prior to introducing pre-hearing FTMs, parents often learned of the allegations five minutes before the court session and arrived without supports, unable to present either themselves or their perspectives well (Edwards, Tinworth, Burford, Fluke, & Pennell, 2005). By holding FTMs before court, CFSA sought to avoid locking in rulings that lacked the input of the larger family.

Child in Need of Protection Amendment Act and District of Columbia, 2004 authorized FTMs for all emergency child removals and lengthened the permissible time period before the initial court session from 24 to 72 h. This gave the agency more time to locate and prepare family to participate in the FTMs. The legislation further stipulated that CFSA “solicit the assistance of family members, relatives, social service workers, and the guardian ad litem [children’s advocate] in developing a safety plan for a child” (p. 2). This mandated an inclusive planning approach that included not only the nuclear family but also their kin while still upholding the parents’ right to a hearing in a timely manner.

The FTM initiative built upon preceding successful efforts to reform child welfare in the District of Columbia, included unifying abuse and neglect cases under CFSA, closing emergency shelters, improving court–agency relations, reducing worker caseloads, increasing worker visits to children in care, and strengthening licensing standards for group care (Golden, 2009). Yet another one of these efforts was establishing child welfare collaboratives that interfaced between CFSA and very low-income, predominantly African American neighborhoods (White, 2008). The collaboratives emerged out of the District of Columbia’s rich history of community mobilizing that built upon the assets of inner-city neighborhoods (Taylor, 1999).

Two of the collaboratives were experienced with family group conferencing, whose origins reflected their own efforts to advance culturally aware practice that preserves children’s ties to their communities. Family group conferencing was first legislated in Aotearoa New Zealand after protests by indigenous people against Eurocentric professional approaches that undermined children and young persons’ connections to their extended family and cultural heritage (Rangihau 1986). Many of CFSA’s early FTM facilitators had previously served as family group conferencing coordinators in the child welfare collaboratives.

2.2. Guiding principles

CFSA’s (2004) policy defined FTMs as “structured planning and decision-making meetings that use skilled and trained facilitators to engage families, family supports, and professional partners in creating plans for children’s safety and in laying the groundwork for permanency” (p. 1). The policy further stated that a social worker refers the family for a FTM, a coordinator prepares participants, and a separate facilitator conducts the meeting, lasting about one to two- and-half hours. To guide practice, CFSA developed a series of principles for FTMs that supported a broad definition of family engagement. Two of these are particularly informative of the agency’s perspective on family engagement.

The first principle, “Family Inclusive Philosophy: Meaningful family participation in planning & decision-making” (CFSA, 2004, p. 2), emphasized that family engagement is more than a helping
relationship between parents and workers and involves families in determining courses of action that make sense to them. The second read, “Cultural and Community Responsiveness: Promote involve-
ment of the community of origin in the planning with the families and children” (CFSA, 2004, p. 2). Thus, it extended the concept of the family to encompass not only kin but also the relevant community and cultural groupings.

2.3. Model development

In developing FTMs, CFSA was influenced by two other extant models, the earlier mentioned family group conferencing as well as team decision making. Roque Gerald (2005), one of its chief promulgators, explained that the “FTM model is a hybrid of the family group conferencing and group decision making models combined with professional experience” (slide 3). Family group conferencing fit with CFSA’s emphasis on family and community inclusion in decision making, and team decision making supported FTM’s initial focus on children’s emergency placements and the necessity of an expedited process.

Family group conferencing sought to promote the wider family’s leadership by designating independent coordinators who did not have case-carrying responsibilities and could focus on organizing the meetings (Pennell & Anderson, 2005). The coordinators were responsible for planning the conference with the family and preparing family and professional participants, a process often taking place over three or more weeks. Careful preparations were considered key to fostering family participation (American Humane Association, 2008). At the conference, the coordinator reviewed the meeting’s purpose and process, encouraged clear and respectful information sharing by service providers, insured that the family group members had private time in which to formulate their plan, and facilitated finalizing a plan supported by the family group and authorized by child welfare and other involved protective agencies. The meetings were typically between two-and-a-half and six hours in length and focused on a range of issues concerning the safety and well-being of children and other family members (Pennell & Anderson, 2005).

FTMs shared some commonalities with family group conferencing and diverged in other ways. Both models expanded the concept of “family” beyond the parents and children to a larger “family group,” encompassing relatives, friends, and other close supports; and both separated the roles of case worker and meeting facilitator in order to avoid role confusion in the eyes of the family and service providers. A distinctive feature of FTMs was further dividing the coordinator role into two with the “coordinator” responsible for the meeting preparations and the “facilitator” for the meeting process. CFSA staff were responsible for facilitating the meetings, and a combination of CFSA and child welfare collaborative staff coordinated the meetings. This made it possible for CFSA to tap into the child welfare collaborators’ established relationships with the families in their neighborhoods.

Unlike family group conferencing, the FTM model was more narrowly focused on child placement, shorter in length, and facilitated throughout without formally incorporating family private time (CFSA, 2004). In these aspects, the FTM model paralleled that of the team decision-making meetings that were convened to make decisions on the children’s placements and averaged one to two hours in length (Crampton & Natarajan, 2005). Another major departure of FTMs from family group conferencing was the abbreviated preparation time, typical of team decision making. The aim of including the family group, however, distinguished FTM from the smaller team decision-making meetings, usually with a parent accompanied by one relative (Crampton & Natarajan, 2005).

2.4. Comparable models

FTM’s emphasis on expedited family group engagement approx-
imated those of two other current models in the United States: Minnesota’s rapid response family case planning conferences and Nebraska’s expedited family group conferences. An important difference, though, was that the FTM program, like family group conferencing in New Zealand, was legislated while those in Minnesota and Nebraska were based on best practice mandates. As described below, experiences with both these models indicate that family groups can be quickly mobilized to participate and their participation encourages family-type permanency.

Minnesota’s rapid response family case planning conferences were one of a number of family-involvement strategies applied in Olmsted County. These conferences were to be held within 72 hours of a critical incident to insure family inclusion in safety planning and placement decisions” (Sawyer & Lohrbach, 2008, p. 2). Commonly the meetings took place in the hospital before discharging infants or children who had suffered trauma from abuse or neglect; the setting facilitated access by hospital staff, law enforcement, and family members. On average, the preparation took one hour, and the meetings lasted 2.5 h and had 12 participants (Sawyer & Lohrbach, 2006). Sawyer and Lohrbach (2008) comment that “in the past it is highly likely that all of these children would have been removed to foster care and the family would have been involved in a court process” (p. 9). A follow-up study of families whose conferences were held in the prior two years found that in these very high risk cases, parental rights were terminated for 3 out of 19 families (Sawyer & Lohrbach, 2006).

The other model was Nebraska’s expedited family group confer-
ences to which families were referred right after a child removal and which were expected to take place within a week and no later than 30 days (Weisz, Korpas & Wingrove, 2006). These conferences were intended to focus on child placements and not to address allegations of child maltreatment because at this stage they were not usually adjudicated. They were seen as a means to quickly involve the family in decision making at an “emergency crisis point” and “set the stage for [a] comprehensive FGC” (Brownard, 2009, slide 12). On average, the expedited conferences had 15 h of preparation and in attendance, 9 family members and 3.4 service providers. A follow-up study of the Nebraska expedited family group conferences used AFCARS data to compare 33 cases with conferencing (defined as all cases with a conference held within 30 days of removal) with the same number of randomly selected cases that had no conferencing (Weisz et al., 2006). Both groups were involved in the system over the same four-year period. Because of missing data, the researchers were unable to control specific demographics of the two groups. No statistically significant differences were found between the two groups in regards to percentages of children discharged at the end of the study period or their time to exiting the system. Regarding placement type, the researchers reported that a significantly larger percentage of the children with conferencing as contrasted with those who did not were reunited with their parents, undergoing a trial home visit, or residing in kin foster care.

2.5. Family participation and model fidelity

In January 2005 when FTMs commenced until the end of this fiscal year in September, CFSA held 286 FTMs of which 246 were for child removals and 38 concerned child placements, the meetings averaged 9 participants with roughly 4 family members in attendance and fathers present 36% of the time (CFSA, 2005; McDonald & Wright-Gurdon, 2008). Thus, the District of Columbia’s number of attendees at a meeting was somewhat lower than those reported from Minnesota and Nebraska, but their total number of meetings was
much higher, reflecting in all likelihood their being a mandated rather than recommended practice.

The FTMs were commonly held on behalf of more than one child in a family. The plans showed the inclusion of both family and community supports and professional services to assist children and their families (Edwards et al., 2007). In each of the next three years, CFSA continued to expand the areas in which FTMs were applied (e.g., at-risk of removal, system of care), and concomitantly, the number of FTMs held and their participants doubled or more from the first year of implementation (McDonald & Wright-Gurdon, 2008).

For the most part, key informants agreed that the FTM program was delivered in accordance with its principles (Burford et al., 2010). The 53 interviewees included CFSA administrators, supervisors, social workers, and FTM facilitators; FTM coordinators from the community collaborative and CFSA; and judges/magistrates, guardians ad litem, and attorneys. Agreement was highest that the FTMs included family group members and lowest that there was consistent follow up of the resulting plans. Respondents observed that the expedited meetings were effective in offering plans for consideration by the court and, thus, avoided locking in action steps without the family group’s input. These action steps, the interviewed identified, were generally focused on immediate issues and lacked the comprehensive planning generated at family group conferences.

Thus, even with the rapid convening of the meetings, CFSA was largely successful in its efforts to involve the families’ larger networks of informal and formal supports at the FTMs. This was apparent from the start of the program and may reflect the prior experience of its FTM facilitators with family group conferencing and more generally with community practice. These early accomplishments in expediting family group engagement made it possible to use the initial year of FTM implementation to assess the meetings’ effects on child permanency.

3. Method

3.1. Data and data analysis

To examine the impacts of FTMs on child permanency, the study analyzed files from the Adoption and Foster Care Analysis and Reporting System (AFCARS). Similarly to states, every six months the municipality of the District of Columbia submits data for this federally mandated data base to the U.S. Children’s Bureau. These biannual submissions provide data for two points in time—March 31 and September 30. The study used the AFCARS foster care files that include data elements on foster children’s characteristics, case goals, placement settings, lengths of stay in care, and discharge outcomes on exiting care.

The data for this study were extracted for fiscal year 2005, the first year of FTM implementation. Included in the sample were the 789 children that CPSA removed from their homes during the year; most (84%) had emergency placements. The children who had a FTM were identified through CFSA’s internal data management system. Cross-tabulations compared the results for children with and without a FTM. Additionally, survival analysis examined their number of days to exiting care.

3.2. Comparison groups

Based on AFCARS results, three groups were created for comparison purposes: a pre-FTM group, a no-FTM group, and a FTM group. The pre-FTM group (Group #1) included all children who were removed in the three-month period (October–December 2004) leading up to initiation of the FTM program; this baseline group had 140 children. The no-FTM group (Group #2) and the FTM group (Group #3) covered the nine-month period, January through September 2005, after the FTM program commenced. During this initial FTM phase, 649 children entered care. Among these, 30% did not have a FTM, although by this time FTMs were mandatory for emergency removals. Not engaging some families in FTMs may have been a function of legislative and policy roll-out of a new program as well as some families declining to take part and others being excluded pending completion of criminal investigations (N. Hanley, personal communication, February 4, 2010).

The three groups are summarized as follows:

1. Pre-FTM group. Children who were removed prior to the startup of the FTM program in January of 2005 who served as a baseline group (140 children).

3.3. Limitations of the design

The findings need to be approached with caution for two main reasons. First, as previously noted, the FTM initiative was taking place at the same time as other major child welfare reforms in Washington, DC (Golden, 2009). Over the fiscal year 2005, AFCARS showed that a total of 3382 children received foster care services with 789 children entering care (the data sample) and 1006 children leaving. These figures compare favorably with the figures for the baseline fiscal years 2001 to 2003, which averaged a similar number of foster care entries (784 per year) and a smaller number of exits (514 per year or 49% lower). The average cases at the end of the year were 3251 or 37% higher than the FY2005 case counts. This indicates relatively stable entry figures coupled with an increase in children leaving care in 2005, lowering the number of children by over one-third from the baseline years.

Secondly, according to AFCARS data, the FTM group and its comparison groups were similar in some important aspects and not in others. Significant differences can be viewed as confounding internal validity. According to most demographic indicators (age, sex, race, and ethnicity), the FTM group did not differ from the two comparison groups. The majority of all children entering CFSA care in 2005 were African American (95.6%) and male (52%). Hispanic or Latino ethnicity was represented among 7.9% of the FTM children, similar to the 6.0% in the pre-FTM group and 6.5% in the no-FTM group. The FTM group tended to be younger and female, but the differences from the other two groups were not significant. Among the children whose families participated in a FTM, 42% were 6 years or younger, 27.1% were between 6 to 12 years, and 30.9% were between 12 to 18 years. As for disabilities, there was a statistically significant difference between the FTM children and the two comparison groups. In 2005, the number of all children entering care with a clinically diagnosed disability was small (3.3%). The FTM group (2.4%) had approximately half the rate of the FTM children and the two comparison groups. In 2005, the number of all children entering care with a clinically diagnosed disability was small (3.3%). The FTM group (2.4%) had approximately half the rate of a disability as compared to the pre-FTM group (4.3%) and the no-FTM group (4.6%).

There were some important differences between the FTM group and the other two groups in regards to child protection issues at the time that the children were removed from their homes. The removal issues with the highest percentages are presented in Table 1, and for this reason, the percentages do not total 100%. As compared to the baseline group and the group without a FTM, the children whose families took part in a FTM had a statistically significant ($\chi^2 = 68.5, p < 0.001$) higher percentage of having suffered from physical abuse (31.1% versus 19.3% and 13.3%, respectively). This is equivalent to stating that physically abused children had an 86% greater likelihood of their families participating in a FTM. No significant differences existed between the three groups in the percentages of those entering care because of neglect or sexual abuse. In addition, the families of the FTM group differed from the comparison children in a number of
Table 1
Types of difference between families based on removal issues.

<table>
<thead>
<tr>
<th></th>
<th>Group 1: Pre-FTM (%)</th>
<th>Group 2: No-FTM (%)</th>
<th>Group 3: FTM (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>19.3</td>
<td>13.3</td>
<td>31.1</td>
</tr>
<tr>
<td>Parental alcohol abuse</td>
<td>4.3</td>
<td>9.2</td>
<td>2.2</td>
</tr>
<tr>
<td>Child behavior</td>
<td>1.4</td>
<td>7.2</td>
<td>1.3</td>
</tr>
<tr>
<td>Parent inability to cope</td>
<td>10.7</td>
<td>6.2</td>
<td>4.0</td>
</tr>
<tr>
<td>Abandonment</td>
<td>5.7</td>
<td>3.1</td>
<td>2.0</td>
</tr>
<tr>
<td>Housing</td>
<td>7.9</td>
<td>6.2</td>
<td>7.7</td>
</tr>
</tbody>
</table>

Note: A child may experience one or more victimization and/or family issues at the time of removal. The percentages do not total 100% because only the highest percentage removal issues are represented on the table.

The study period permitted an eight-month monitoring of the length of the children’s stay in care for those whose most recent removal was during FY2005. The children with a FTM as compared with those who did not have a FTM had a statistically significant (Wilcoxon Z = -71.1, p < 0.001) shorter length of stay. This is represented by a higher cumulative proportion leaving care by 180 days. This was the case for both the pre-FTM and no-FTM groups. As seen in Fig. 1, the percentage of the 454 children with a FTM leaving care at six months after entry was 35% in contrast to 12% for 355 children without a FTM.

4.2. Family-group-type permanency goals

AFCARS files include the case plan goals for the children taken into the care of child welfare. These goals include family-group-type permanency goals such as family reunification and goals that do not such as long-term nonkin foster care and emancipation. Almost 70% of the FTM group had two family-group-type permanency goals—reunify with parents or principal caregivers and live with other relatives, while less than half of the other two groups had such goals. Statistically, the difference is significant ($\chi^2 = 33.8$, p < 0.001).

4.3. Length of foster care stay

During the study period, the children with a FTM, on exiting foster care, were no more likely to return home or live with relatives than the comparison children who did not have a FTM. This lack of difference is explained by nearly all children who left CFSA care returning home or living with relatives. This is seen in Table 3, which presents the pattern of discharge for each of the three groups. The “not applicable” category refers to the children who had not been discharged by the end of FY 2005. Small percentages of children in the pre-FTM, no-FTM, and FTM groups had discharge outcomes other than reunification or living with a relative (1.4%, 0.5%, and 1.0%, respectively).

Differences, though, emerge in the pattern of the discharge outcomes for the FTM group as compared with those for the contemporaneous no-FTM group but not the earlier pre-FTM group. Although the majority of children in each of the three groups remained in CFSA care at the end of the year, the percentage was highest...
for the no-FTM group (82.1%) and relatively alike for the pre-FTM and FTM groups (70.0% and 73.6%, respectively). For those children who were reunified with parents or living with a relative, the percentages for the pre-FTM and FTM groups are similar (28.6% and 25.3%, respectively), and they are greater than the percentage for the no-FTM group (17.4%). The patterns of discharge for the pre-FTM and FTM group do not significantly differ, and they do significantly differ ($\chi^2 = 7.5, p < 0.03$) from the no-FTM group. It should be noted that the pre-FTM group had a longer follow-up period to arrive at the same results as the FTM group.

5. Expedited family group engagement

Family team meetings (FTMs) were a part of a larger drive to improve public child welfare in Washington, DC, and to engage families and their relatives and community supports in decision making. The FTM program was mandated in legislation and based on principles of inclusion that advance meaningful family involvement in planning and decision making and of cultural and community responsiveness that encourage the participation of the family of origin. The model was, in general, carried out with fidelity to these principles. FTMs were first applied to involuntary child removals carried out on an emergency basis. This context underscored the urgency of involving the wider family group members who might be helpful in supporting their relatives’ capacity to care for their children or in identifying alternative placements. At the same time, this context highlighted the challenges in engaging them.

Given longstanding tensions between African American neighborhoods and the Child and Family Services Agency (CFSA), families were especially likely to perceive child welfare interventions with deep misgiving. To uphold the parents’ rights to due process, the meetings had to be quickly convened within a 72-hour period before the court hearing on whether the child would remain in care. The rapidity with which the meetings were held lessened the time for inviting and preparing participants, a key practice of family group conferencing, a model with which many of the FTM facilitators and coordinators were familiar. Nevertheless, working with neighborhood-based child welfare collaboratives, CFSA was able to involve the family group on an expedited basis. Although the resulting plans were less comprehensive than those created at a family group conference, the quick turnaround served to prevent court rulings that locked in decisions without the family group’s input. The action steps in the FTM plans included contributions by the family group, community, and public agencies and met with the approval of the courts.

The first year of the FTM program’s implementation offered an opportunity to examine the effects of FTMs on child permanency. Using AFCARS data on the 789 children removed during fiscal year 2005, the study compared the permanency outcomes of the 454 children for whom a FTM was convened with those of two comparison groups: a pre-FTM group composed of 140 children entering care just before the program started and a concurrent no-FTM group consisting of 195 children who did not have a FTM. Although FTMs were then mandatory for all emergency removals, it is likely that the roll-out of a new program as well as factors specific to certain families explains why 30% of the children did not receive a FTM.

As a study of team decision making found (Crea, Crampton, Abramson-Madden, & Usher, 2008), full implementation was affected by the nascency of the program. Nevertheless, a participation rate of 70% was far higher than the 10% rate found by a national study (Weigensberg, Barth, & Guo, 2009). The greater rate in the District of Columbia was probably a function of legislation stipulating FTMs in emergency removals as well as relatively strong support in the agency and the community.

The FTM group and the comparison groups were similar on demographic variables. The FTM group, however, diverged significantly from the comparison groups on a number of important variables. The differences between the FTM and no-FTM groups indicate selection bias whether by the workers in making referrals or by the families in agreeing to accept the invitation to take part. As compared with the no-FTM group, the FTM children were more likely to have been physically abused and less likely to have disabilities, have behavioral problems, or have been abandoned. The FTM families were less likely to have parental alcohol abuse and parental inability to cope and more likely to have housing issues.

Selection biases have been reported in other research on family meetings but not all in the same direction as found in this evaluation. Similarly to a one-county Michigan study (Crampton, 2001), housing issues elevated the likelihood of a meeting being held. Unlike the Michigan study and the previously mentioned national study (Weigensberg et al., 2009), the type of maltreatment (physical abuse) increased the likelihood of a meeting being held while parental alcohol abuse decreased this possibility. Additionally, contrary to the Michigan study, special needs children were less likely to have a meeting. It should be noted that these other two

Table 3
Patterns of discharge from foster care for FY 2005 entries by FTM participation.

<table>
<thead>
<tr>
<th>FTM group</th>
<th>Group 1: Pre-FTM</th>
<th>Group 2: No-FTM</th>
<th>Group 3: FTM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge category</td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
</tr>
<tr>
<td>Not applicable</td>
<td>98</td>
<td>70.0%</td>
<td>160</td>
</tr>
<tr>
<td>Reunification with parents</td>
<td>33</td>
<td>23.6%</td>
<td>32</td>
</tr>
<tr>
<td>or primary caretaker</td>
<td>26</td>
<td>23.6%</td>
<td>5</td>
</tr>
<tr>
<td>Living with other relative</td>
<td>7</td>
<td>5.0%</td>
<td>2</td>
</tr>
<tr>
<td>Adoption</td>
<td>1</td>
<td>0.7%</td>
<td>0</td>
</tr>
<tr>
<td>Emancipation</td>
<td>1</td>
<td>0.7%</td>
<td>0</td>
</tr>
<tr>
<td>Guardianship</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Transfer to another agency</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>140</td>
<td>100.0%</td>
<td>195</td>
</tr>
</tbody>
</table>
studies did not focus on emergency removals. It is possible that the child and family characteristics found in the Washington study affected whether workers made referrals and whether families could be rapidly engaged in planning. Further study is needed of which variables moderate convening meetings on an expedited basis.

The FTM group and the two comparison shared factors increasing the probability of kinship care: virtually all the children were African American, and they came from a large urban environment with rich traditions of community mobilizing on behalf of children and youth. In relation to the comparison groups, the FTM group specifically had some features making kinship care more likely (i.e., removal due to physical abuse, lower rate of disability, and more housing issues) and less likely (i.e., lower rate of parental substance use). The outcomes for this study were monitored for an eight-month period; a longer period for the follow-up study would have made it possible to evaluate re-entry rates, but their interpretation would need to bear in mind the rapid changes in child welfare. The meetings were occurring in the context of dramatic improvements in CSFS foster care case flow, and the FTM initiative was inseparable from these developments and probably served to enhance their momentum.

Overall the study found that FTMs increased the likelihood of family-group-type permanency outcomes, in line with other research that family group engagement promotes kinship care, the study found that children for whom a FTM was held were significantly more likely than their counterparts to be placed in kin foster homes. The case plans resulting from the FTMs also had more family-group-permanency goals than those for the two comparison groups. These family-permanency goals were reflected in the discharge outcomes for the FTM group. Those children who had a FTM exited care more rapidly than both of the comparison groups, and on discharge from care, they were reunified with parents or living with other relatives to a significantly greater extent than their contemporaries who did not have a FTM. Compared with the group entering care before the FTM program started, they had similar percentages of such discharge outcomes; however, they realized these results in a shorter follow-up period. It is possible that as a national study of family meetings it is probably served to enhance their momentum.

In conceptualizing family engagement, practitioners need models that go beyond the parent–worker relationship and take into account clients’ informal networks. The limitations of focusing on the dyadic relationship is evident in a recent finding that the nature of the working alliance between the birth mother and foster care worker is not related to either child visitation or family reunification (Altman, 2009b). The application of FTMs to emergency removals provided a means of working with involuntary child welfare clients that expanded engagement beyond the parent–worker dyad. This likely offered a means of defusing mother blaming and encouraging the responsibility of the wider family group (Pennell & Burford, 1996; Pen nell & Koss, in press). It further prevented conflating receptivity to assistance with a positive working relationship; child welfare clients usually know that they need help even if they mistrust the agency providing the service (Yatchmenoff, 2005).

Whether the working relationship was positive or negative, CSFSA’s emphasis on meaningful family participation prioritized active involvement over passive compliance (see Littell, Alexander, & Reynolds, 2001) and matched what parents wanted in their relationship with their foster care workers. These were honest and direct communication about the issues that had to be addressed before children could return home and affirmation of their strengths as partners in change efforts that are realistic and culturally congruent (Altman, 2008a). Such communications were now coming not only from workers but also from those with whom the family identified as their kin and community and served to forge stronger links with the children for whom the meetings were held.

Acknowledgments

We wish to thank the District of Columbia’s Child and Family Services Agency for funding this evaluation, and Dr. Roque Gerald, Nicole Hanley, and Dr. Erin McDonald for their support throughout. Thanks to the FACES staff for planning assistance and the rapid turnaround of data requests. In addition to the three authors, members of the evaluation team included Kathleen Tinworth and Dr. John Fluke.

References


