Involving Families in Decision Making in Child Welfare:

A Review of the Literature

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Angela Rodgers, M.S.

Katharine Cahn, Ph.D., M.S.W.

Center for Improvement of Child and Family Services

School of Social Work

Portland State
UNIVERSITY

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Introduction

This report reviews the findings of almost 20 years of research on family meetings as they are used in child welfare practice. With only a few exceptions, research studies found meetings to be a valuable approach to family engagement in case planning, and to contribute to improved outcomes for children and youth. The studies discussed here show that meetings can be particularly effective in tapping the unique aspects of a family's culture, in identifying relative resources and supports, improving relationships between families and agency staff, and supporting a range of child safety, permanency and well-being outcomes. For these reasons, meetings are often incorporated in state program improvement plans for improving CFSR outcomes and for addressing disproportionality.

Process studies provide evidence for best family meeting practices in the areas of: preparation, facilitation, cultural responsiveness, and (for maximum effect) family private time. Evidence also indicates the importance of plan monitoring, follow up and wider systemic support for family decision-making.

Oregon was an early implementer of family meetings with language regarding family meetings implemented in a 1997 statute. Family meetings were a central feature of the System of Care Reform and the Family to Family initiative and family group conferencing plays a central role in some tribal child welfare programs (Warm Springs, for example). Practice varies from District to District in how the practice is currently implemented. In some Districts, funding or staffing cuts have sharply curtailed the availability or quality of meetings. The paper concludes with a review of the history of family meetings in Oregon.

Overview and Background

Since 1990, when family group conferencing (FGC) was initiated in New Zealand, and the Family Unity Meeting (FUM) was initiated in Oregon, the use of family group decision-making (FGDM) has grown widely as a practice strategy across the United States and other countries. More than 150 communities in 35 states and 20 countries implemented FGDM initiatives in 2003 (Merkel-Holguin, 2003). Many states include FGDM in their Performance Improvement Plans

for the Child and Family Services Reviews. FGDM is also considered an important strategy for addressing disproportionality in the foster care system (UC Berkeley, 2005).

In a GAO Report in 2007 on African American Children in Foster Care, 50 states and the District of Columbia were surveyed regarding the strategies they used and considered important to use in addressing disproportionality. Bias in decision-making was considered an important factor contributing to disproportionality. Most states reported using a range of strategies to reduce bias in decision-making and increase access to supportive services for families and permanent homes for foster children. States expected that including families in the decision making process and training culturally competent staff would be effective strategies to reduce disproportionality. Strategies implemented to include families in decision-making ranged from occasional discussions with family members to more formal approaches of family group conferencing. The more formal approach is believed to help address bias by increasing caseworkers' understanding of and exposure to the lifestyles of the African American community or family involved in the system. The report notes empirical evidence for the promise of family involvement, including an evaluation in Texas showing family involvement in decision making led to a reduction in foster care placements and an increase in placements with relatives for all children. Results were especially pronounced for African American and Hispanic children. In this study, 32% of African American children whose families attended a family group conference returned home compared to 14 percent whose families received traditional services (p.36, GAO-07-816). [1] Other outcomes and studies of FGDM are discussed in the following section on outcomes research.

Outcomes Research

High quality outcome research on FGDM is limited and conducting research seems to present many challenges. As has been noted by numerous researchers, FGDM alone is not likely to effect change in outcomes. Other components of the system must support FGDM, such as the availability of services to support family plans and culturally competent workers and

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[1] It was not noted in the report during what time period children returned home. It is implied that it was immediately following the FGC for those who participated but is unclear what point this would coincides with for children whose families received traditional services. Other literature on this study was not found in the literature review conducted for this report. This researcher speculates that they are referring to the point of completion of the initial assessment when a placement decision is being made.

coordinators/facilitators to implement FGDM in a culturally responsive manner. Evaluating outcomes for any human services is a complex and challenging task and usually involves assessing multiple components of a system. Nonetheless, there are indicators in a variety of studies of the positive effects of FGDM, including reduced time in placement, higher rates of placement with relatives, more stable placements, and lower rates of subsequent maltreatment reports. Numerous studies also include minority groups or assess projects exclusively serving minority groups and show positive results in addressing disproportionality. A summary of outcome studies and their findings is presented in Table 1 at the end of this report. Following are more detailed descriptions of some of the higher quality studies.

Pennell and Burford (2000) – Canada, Inuit tribe. One of the earliest and most comprehensive studies was conducted by Joan Pennell and Gale Burford from 1993-1996 in Newfoundland and Labrador Canada. There, long and careful preparation of the community assured high fidelity to the FGC model and the identification of a matched comparison group. The project was implemented in 3 culturally distinct sites, one urban, one rural and one with the Inuit Tribe. To be selected for the FGDM project, families had to be considered to be difficult cases with serious child abuse and domestic violence issues. After 1-2 years follow up, families who participated in FGDM had decreased substantiated child maltreatment referrals and decreased police reports of domestic violence and emergency responses to crises while families that did not participate in FGDM had changed overall in a negative direction on all these indicators. In addition, child well being had improved as indicated by positive gains in development of children who had previously been delayed and family support was improved with adults and young people having disconnected from some non-supportive relatives and fostered supportive connections with other family members and professionals. After the conference, child protection workers were also less likely to need to make emergency visits to the families with whom they participated in an FGC than to comparison families.

Crampton and Jackson (2007) – Kent County Michigan. This was a project that used FGDM to divert families from entering the foster care system, and was applied specifically with children of color with substantiated reports of abuse and where it was determined that the child needed to be removed from the home. The model used in this study was developed in collaboration with African American, Latino and Native American communities. The majority of participants formulated a plan to voluntarily place the child with extended family and avoided court and entry

of the child into the foster care system. These placements were extremely stable. One third of the children were eventually returned to live with their parents, and the other two thirds were maintained in legal guardianships with their relative caregivers. One child was adopted. After 3 years of implementation the county experienced a 23% reduction in the number of children of color entering the child welfare system.

Culturally Competent Professional Practice (C2P2) Project in Seattle, working with OAACS (Office for African American Children's Services) (Hackett, et al, 2006). This project served African American families utilizing a series of meetings beginning in the first 48 hours of removal to discuss placement to a meeting before the dependency hearing to formulate a plan and progressing to a family group conference to make a long term plan. Outcomes include increased relative placement, decreased length of stay, decreased re-referrals, more home-based services, and increased reunification.

Chapin Hall study (Daro, et al, 2005). This study was unique in that it involved larger systemic change of which the use of Family Team Conferences (FTC) to develop an Individualized Course of Actions (ICAs) for families was one component. It was also unique in that the FTC model promoted the facilitation of the meeting by the family's assigned worker. The project was piloted in 4 sites, 3 of which served a high population of African Americans – Jacksonville FL, Louisville KY, Cedar Rapids IA, and St Louis MO. In 2 of the sites, more cases in the FTC group had prior reports and placements than did cases in the comparison sample. Findings related to subsequent reports and placement were negative for one of these sites (children in the FTC group were more likely to have a subsequent report or be placed) and neutral for the other (no difference between the FTC group and comparison group in that site). In the other 2 sites, FTC cases were found to be similar in terms of prior reports or placement and here again one of these sites showed no difference between the comparison and FTC group and the other site showed that children in the FTC groups were less likely to experience subsequent reports or placement. This study also had some interesting process findings which are described in the section on Process Research.

Not all research, supports the effectiveness of FGDM in improving child welfare outcomes, particularly subsequent maltreatment and placement. The two studies described below found no difference or negative outcomes after use of FGDM, but each had some serious difficulties that

compromised the quality of the study and the effectiveness of FGDM. The lessons learned in these studies might have value for any Oregon initiative.

A study in Sweden (Sundell & Vinnerjuung, 2004) showed higher rates of subsequent maltreatment and longer time in care for children in families who participated in FGDM's with outside facilitators and private family time. However, follow up analyses discovered a selection bias by caseworkers who tended to refer families for FGDM who had a higher rate of prior CPS referrals and involvement and were more serious and challenging cases. The authors also offer a possible explanation of findings that include an overall lack of quality services, failure of family members to follow the plan, or that the family group conference model was not easily accepted in the socio-cultural setting of Sweden

Title IV-E Waiver evaluation in California (Berzin, et al, 2008) – This was the first successful randomized trial of FGDM and was conducted in 2 counties in California. One site used meetings with private family time and the other without. It is unknown whether facilitators were from within or outside of the child welfare agency, though it is likely they were from outside. The children whose families participated in FGDM were no worse off (than their 'business as usual counterparts') and the service was found to be cost-neutral. While there were no differences between the intervention and control groups in substantiated maltreatment, placement stability, and reunification rates, the sense of collaboration reported by agency staff and families in the front end of the case was rated as more positive for the FGDM group. Limitations of the study included difficulty recruiting subjects resulting in small size, and contamination of the control groups with workers possibly incorporating FGDM principles into their practice even without the use of formal meetings. Community support was difficult to mobilize and there was a lack of continued involvement of family beyond the initial planning. Authors note that this seemed to be a case where FGDM was implemented without larger systemic support and point to the importance of such support to achieve positive outcomes.

Process Research

Process evaluations of FGDM are abundant and provide helpful information about essential components of high quality family meetings and what is considered to be best practice in the use of FGDM. Immediate outcomes, such as family and worker satisfaction, quality of plans, changes in quality of relationships amongst family members and between family and agencies,

and level of participation of extended family in meetings and plans are commonly assessed in process studies. Studies report improved relationships between families and child protection services and between CPS and community partners, greater mobilization of family networks in the plans, and more comprehensive plans than would have been developed by the case worker alone (Merkel-Holguin, Nixon & Burford, 2003)

Family satisfaction with meetings is generally high in most studies. An in-depth process study in Oregon (Rockhill & Rodgers, 1999) found that family satisfaction and a sense of meaningful involvement were enhanced with adequate preparation, increased attendance of family members, clarity in the purpose or goal of the meeting, discussion of family strengths, allotment of sufficient time to develop a plan, skillful facilitation and the use of a series of meetings, which also fostered a sense of team building and trust between participants. The use of a series of meetings to monitor follow through and adjust and continue to develop the plan as needed was a unique strength of the use of meetings in Oregon in comparison to other sites that noted the weakness of plan monitoring and follow through when only one family group conference was held (Berzin, et al 2008; Sundell & Vinnerjuung, 2004). Caseworkers in Oregon found meetings useful for getting and sharing information efficiently and considered it to be a time saving process for "getting everyone on the same page." This was also mentioned as a benefit of family meetings in a study of Child and Family Team (CFT) meetings in North Carolina (Center for Child and Family Policy, 2004). In this study workers from a variety of agencies involved in CFTs believed that the meetings provided an effective and simpler process for enhanced interagency collaboration and communication as well as allowing a better understanding of the family and its functioning.

In a study of Family Team Meetings (FTMs) held during the 72 hour period between removal and the court hearing in the District of Columbia (Edwards, Tinworth, Burford, Fluke & Pennell, 2005), family court magistrates, social workers, and attorneys noted the following positive outcomes associated with these meetings:

- Families came to court with a greater awareness of why their children had been removed.
- With greater understanding of what was happening, tensions were reduced.
- Parents come to court better able to present themselves and the hearings were less emotionally charged.

- A magistrate: "Before FTMs, parents arrived in 'shell shock,' but now after an FTM parents appeared less 'traumatized' and the hearings became more productive." (p 4).

These meetings are similar to the Team Decision Meetings held in Oregon and informal feedback from judges here indicates a decline in the quality of hearings and decline in the family's preparedness and emotional state when TDMs are not held.

Private Family Time

Many proponents of FGDM argue that private family time is an essential element of the meeting for several reasons:

- It promotes family ownership of the meeting and plan.
- Families are able to discuss issues that they may not wish to disclose to professionals and these issues may not be addressed if the professionals remain in the room.
- It conveys respect and is more empowering for families when they are given the responsibility to develop a plan.

It is also noted, however, that meetings with private family time require more preparation to ensure safety, to identify and invite a broad circle of family members, and to ensure that all participants understand their role and the purpose of the meeting so as to participate fully, respectfully and meaningfully. The literature is rich with guidance and information about preparation for family meetings (e.g. Nixon, Merkel-Holguin, Sivak, & Gunderson, 2000; Merkel-Holguin & Ribich, 2001). Historically Oregon has primarily used meetings without private family time and invested less time in preparation. One of the results of this has been that generally fewer family members (especially in proportion to professionals) have attended meetings in Oregon than is common when more time is given to preparation. However, as was found in the process studies in Oregon (Rockhill & Rodgers, 1999; Rodgers, 2000), with the use of a series of meetings, the initial meeting often served as "preparation" for later meetings. As families became familiar with the meeting process and if trust developed amongst regular participants, families tended to feel more empowered and felt they were able to participate more meaningfully in follow up meetings.

Facilitation

Having an independent facilitator is more common in the studies that were found, and considered essential by some to help to redistribute the balance of power. Numerous sites, however, used facilitators from within the agency in designated, non-case-carrying positions. Most rare in the studies reviewed for this report was the facilitation of meetings by the assigned case-worker. In fact only two of the studies reviewed used the caseworker as facilitator (the Chapin Hall study (Daro, et al, 2005), and a study of the Multiple Response System in North Carolina conducted by The Center for Child and Family Policy at Duke University (2004). Both studies reported increased stress on the part of workers who were asked or required to conduct family meetings for their clients.

Although most outcome studies involved projects utilizing facilitators from outside the child welfare agency, there doesn't seem to be any clear association of this approach with more positive outcomes. The most important factor is likely the skill of the facilitator in creating space for the family's voice to be heard and understood. When Crow & Marsh (1997) studied FGDM in four sites in England and Wales, where varying types of facilitators (in-house and independent) were used, they found that families valued the facilitator who established him or herself as being different and independent of social services. However, this role definition was not associated with the location or employer of the facilitator. It appeared to be the attitude and behavior of the individual facilitator (and not their employer) that determined whether a family viewed them as neutral.

The importance of the quality of meeting facilitation was also underscored by findings of the Strengths/Needs Based Evaluation (Shireman, et al, 2001) in Oregon which found that simply attending an FDM was not associated with any positive outcomes. The outcomes of a shorter time in placement and positive family change were associated with cases where the family 1) regarded the meeting as useful and 2) the caseworker felt that the family was empowered during the meeting. While family satisfaction (and positive case outcomes) were highly associated with both of these variables, caseworker satisfaction (and positive case outcomes) were only associated with the family finding the meeting useful but not with the caseworker feeling the family was empowered. This implies that caseworkers do not necessarily need to be happy with the family's voice being amplified during a meeting in order for the meeting to be associated with positive outcomes.

The literature does talk about the concern of some professionals who are hesitant to use FGDM because of anxiety that the family's wishes will take precedence over the needs of the child, but this is countered with the reminder that decision making is collaborative in FGDM and includes other voices, especially that of the child welfare professional who must assure the needs of the child are met (Lupton & Nixon, 1999). The empowerment of families in meetings is closely related to their acceptance of responsibility and ownership of the plan and the value of their input. It has to do with creating a space for the family's knowledge regarding their needs and concerns and strengths to emerge and be entered into the consideration and development of a plan that will foster success for the family in meeting the needs of the child. .

The Chapin Hall study (Daro, et al, 2005) evaluated outcomes for children and families receiving Family Team Conferences (FTC) within a larger initiative – Community Partnerships for Protecting Children (CPPC) – that aimed to improve partnerships between the child welfare agency and formal and informal supports in the community. In the Family Team Conference Model the family's assigned caseworker was the preferred facilitator, or a community based service provider, rather than a specially trained facilitator. FTC's were offered throughout the life of the case, whenever goals and services need to be identified or changed or when there was insufficient progress.

The CPPC initiative, and FTC's, were implemented in 4 sites and the sites differed in several ways, including how the model was implemented with regards to facilitation. In one site, Cedar Rapids IA, the assigned worker facilitated only 8% of their meetings with specially trained facilitators from outside the agency facilitating the majority of meetings. At the other extreme, St. Louis MO had the assigned worker facilitate in 93% of the meetings. Some interesting differences emerged regarding the quality of the meeting from the parent's perspective. Parents in the externally-facilitated meetings gave higher ratings in the following indicators: getting to help plan the FTC, being encouraged to invite family and friends and having family and friends attend the meeting, and people in the meeting talked about the family's strengths. The mean for all indicators related to quality was higher in the site with externally facilitated meetings as were the ratings for overall satisfaction with the initial FTC. Parents in that site were also more likely to recommend the FTC process to others. Worker agreement with parent identified needs was also higher in meetings with outside facilitators and the researchers suggested that this indicates that when someone other than the worker facilitated, the facilitator may have been able to help

the worker better understand parents' views of their needs. Parents in the site where most meetings were facilitated by the worker, indicated that the FTC made the relationship with their worker better than in the site with an outside facilitator.

In comparing the use of in-house versus independent facilitators in Washington State, Hansen (2000) found that the rate of referring families for an FGC was nearly twice as high in the sites utilizing in-house facilitators than in sites utilizing independent facilitators. Hanson speculates that this may be due to the service being constantly visible to workers where in-house facilitators were used. She also notes that case workers had more inherent trust with an in-house facilitator and thus provided more information about the case. She contrasted the Washington experience to that of Hampshire, England, where independent facilitators are used exclusively. In Hampshire workers seemed to be more cautious in providing case details. Hanson noted that this issue did not seem to surface in the Washington region that used primarily independent facilitators. This may have been due to the fact that in Washington case workers themselves selected the coordinator for their meeting from a list of trained coordinators in their area, while in Hampshire, the project coordinator determined which coordinator received a particular referral.

Some particular issues regarding facilitation for families in communities of color are discussed below in the section on cultural responsiveness and FGDM.

Family Group Decision Making and Disproportionality

Process research also provides direction for cultural competence in the use of FGDM with minority communities. Most note that FGDM helps to improve the relationship between families and the social service agency and helps workers to better understand the family's situation, values, and needs. In a study in Canada (Glode & Wien, 2007) of family group conferences with the Mi'kmaw Family and Children's Services in Nova Scotia, participants felt that FGCs helped to improve the relationships between families and the child protection service. The authors suggested that "the process elicited more in-depth and holistic information, which led to better familiarity with the issues in the case and the ability to make more appropriate decisions for the children and their families."

In a webcast of the National Resource Center for Family-Centered Practice and Permanency Planning at Hunter College School of Social Work, Deanna Grace, Family Decision Coordinator

in the OAACS, describes a model of a progressive series of 3 kinds of family meetings that they used in the African American Community. The first, a family engagement meeting, is utilized within the first 48 hours of a decision to remove and established the foundation for involvement in future meetings. The family support meeting is held before filing for dependency and a plan is developed and attached to the court report. Then a family group conference is held, usually in a church or family/relative home designated by the family, to do long term planning. This model and practice is designed within a cultural framework specific to African Americans – the seven principle values of Kwanzaa – which employs the 7 Kwanza principles of

- Unity – coming together to dialogue, celebrate, problem solve, and lend support, guidance, and assistance.
- Self Determination – the cultural mandate to *define, defend, and develop ourselves* to empower families to act in their best interests and assure the well being and safety of their children.
- Collective Work and Responsibility – epitomized in the act of shared decision-making, engaging families in problem solving, working together to find a mutually agreeable solution.
- Collective Economics, Resources and Strengths – identifying and utilizing the resources and strengths of families and community-based organizations.
- Purpose – focus on child safety and well-being, do no harm to the family, and prevent placement where possible.
- Creativity – to restore and reconnect families using creative approaches that result in empowerment rather than dependency, and respect rather than victimization
- Faith – a deep belief in the family and community's capacity *to take control of their destiny and daily lives and shape them in their own image and interest* to ensure the safety and well being of the children.

Family members who participated in a family group conference were 3 times more likely to describe a positive rather than a negative interaction in terms of how workers involved with their case treated them (Hackett, et al, 2006).

A literature review commissioned by the Bay Area Social Services Consortium and conducted by the Center for Social Services Research (CSSR) in the School of Social Welfare at the University of California at Berkeley (Lemon, et al, 2005) suggests that the Family Group

Conference model may help to reduce biases in decision-making due to its collaborative nature. Because it includes extended family it may also increase the engagement of families of color in services. The Berkeley report also cites a study conducted by Waites, Macgowan, Pennell, Carlton-LaNey & Weil (2004) in North Carolina as providing evidence that the family group conferencing model can be used to improve decision making and overall services for children and families of color in the child welfare system. Findings from this study are described below.

Increasing the Cultural Responsiveness of Family Group Decision Making

A research project conducted by Waites, et al (2004) focused on three cultural communities in North Carolina: African American, American Indian, and Latino/Hispanic. Two focus groups were held in each community in an urban and rural site. Participants included professional service providers, lay community members, and service clients. They were introduced to FGC through a New Zealand video dramatization (*Mihi's Whanau,* New Zealand Dept. of Child, Youth and Family, 1995) of an FGC that takes place in a Maori gathering place and utilizes Maori traditions, such as beginning and ending with song. Feedback about the model was then solicited from focus group members by asking questions such as *What do you like about FGC? Would this work in your community? What would you want to change to make it better or more acceptable to African American, Latino/Hispanic, or American Indian families?* Findings included the following:

- Before implementing FGDM in a community it is important to engage in a partnership-building process between child welfare agencies and cultural communities that includes consulting with community partners to develop a culturally responsive practice model. Establishing and maintaining ongoing communication and joint problem solving is a necessary component of such a partnership. Included in this would be strategies for community education to let community members know that there would be a change in how agencies work with families.

- All groups noted that families appreciate the opportunity to resolve their own problems and indicated that the process of gathering together to address problems was not new to any of them.

- The location of the FGC is important. Social services agencies should not be used. All groups suggested using a place where families feel comfortable and have some modicum

of privacy and control. Churches, community centers, or the home of an extended family member were suggested.

- All groups emphasized the critical importance of recognizing cultural traditions and worldviews. Traditions include having food for a longer conference and beginning with a ritual such as singing or prayer. The Cherokee also emphasized the importance of not feeling rushed, that their problem solving approach required all to ponder the issue and not rush to a decision.

- All groups felt that the coordinator/facilitator of the FGC should have some relationship and identify with the community in some way. Participants in the Latino/Hispanic community saw language as a barrier, describing how difficult it is to communicate through an interpreter. They requested a bilingual facilitator. All preferred a facilitator from their own culture. African American and Latino/Hispanic participants noted that someone who is culturally competent and accepted by the cultural group was acceptable, but the Cherokee strongly preferred a Cherokee coordinator/facilitator.

- Most participants agreed that it would be best if the elders played a major role in inviting family members, deciding on the location, and hosting and convening the FGC. The consensus was that including family elders would be critical to both the community's acceptance of FGC and to the types of solutions that families would identify.

Marsh & Crow (2003) conducted a study of implementation of FGC in a multi-ethnic, multi-language community in the UK. In this project attempts were made to match coordinators to families, but assumptions made about family preferences were not always correct and choices of coordinators were not always popular with families. In this instance some matched coordinators were seen as too close to the family's community. In one conference the interpreter was seen as too closely associated with the social services department and therefore not seen as impartial. Such issues highlight the importance of collaboration and communication with community and family members in multi-ethnic communities. In this study families themselves reported that matching was not a major issue except for particular circumstances around language. Where the language spoken in the home was culturally important, there was a preference for a coordinator who spoke that language. In one instance the use of two interpreters, in Turkish and British Sign Language, enabled a family to communicate together for the first time.

Patricia Elofson, a consultant for the National Indian Child Welfare Association, who worked on the Family Group conferencing Project in Washington, echoes the findings of the Chapin Hall study. She notes the importance of actively involving a Tribe at the onset of the FGC planning process. Doing so widens the circle of participants who can provide information, resources, and support and ensure that Tribal concerns are identified and addressed (Elofson, 2000). She reminds us that noninterference is a universal Indian cultural behavior. Planning an FGC and having elders participate in the invitation process overcomes this barrier and indicates that the family needs and is asking for help. Having parents and elders participate in planning helps to identify the "troublemakers" in the family and set in place plans to deal with any deep-seated conflicts that may inhibit the process.

Oregon's History of Family Meeting Practice

Oregon was a pioneer and has a long and rich history in the use of family decision meetings to involving families once they have entered the child welfare system. Simultaneously with the emergence of Family Group Conferencing (FGC) in New Zealand, the Family Unity Meeting (FUM) was developed and launched in Oregon by Larry Graber and Jim Nice in 1990 (Keys, 1998). An important difference in these models is that FGC's provided the family with as much private time as needed to formulate a plan to address child welfare concerns and the plan was then reviewed and approved by child welfare professionals, while FUM's included identifying family strengths and concerns and professionals and family engaged in collaborative decision making with everyone remaining in the room. At first caseworkers in Oregon were somewhat skeptical and hesitant to involve families in decision making and planning. But in 1995, strengths/needs based practice (System of Care) was initiated in Oregon child welfare with Family Decision Meetings (FDM's) as an integral component.[2] An evaluation of strengths/needs based practice, conducted by the Child Welfare Partnership and Regional Research Institute (Strengths/Needs Based Service Evaluation Final Report, 2001), found that high quality FDM's were associated with the following outcomes: a shorter time in placement, positive change in the family, achievement of permanency within 12 months, and family and worker satisfaction.

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[2] With the implementation of strengths/needs based practice the Family Unity Model was slightly revised so that family strengths and needs of the child, rather than concerns about the child, were discussed. This revised model came to be referred to as a Family Decision Meeting.

With the addition of Title IV-E Waiver flexible funding in 1994 to pay for contracted facilitators, Family Decision Meetings flourished in Oregon. By the early 2000's more than 5,000 Family Decision Meetings a year were being held around the state. Over time FDMs became integrated into practice and core training and meetings were widely accepted by caseworkers and used as an important strategy in working with families around placement decisions, safety planning, and service planning. State legislators enacted a law in 1997 (ORS 417.365 to 417.375) requiring that the Oregon child welfare agency consider using an Oregon Family Decision Meeting in each case in which a child is placed in substitute care for more than 30 days and to clearly document the reason if the agency decided not to conduct a family meeting.

However, this wide-spread, legislatively supported practice has not been sustained. Funding for the practice was not identified, though Districts used a variety of approaches. Some used Title IV-E Waiver funds for purchase of facilitator services, and others carved out a staff position for an internal facilitator. Reallocation of waiver funds resulted in a dramatic cut in availability in Districts using external facilitators. For example, in 2007, contracted meeting facilitation services in Multnomah County were reduced to about $1/5^{th}$ of previous levels due to reallocation of Title IV-E Waiver funds. One supervisor, when asked how practice in his unit would be impacted by the cut, commented, "It's like losing electricity" (Child Welfare Partnership, 2006).

Summary

There is empirical evidence of the positive effects of FGDM for the safety, permanency, and well-being of children. Previous studies of FGDM processes provide important information about the essential elements of high-quality family meetings as indicated by family and worker satisfaction, plans that utilize resources from within the family network, family preparedness in court, improved relationships between families and agencies, and improved communication and information sharing. Finally, FGDM is regarded as an important tool in addressing disproportionality and suggestions for improving the cultural responsiveness of the practice are also provided in the literature. In the instances where a cost analysis was done, FGDM was found to be no more costly than more traditional ways of working with families. The practice of using FGDM continues to grow nationally and worldwide, and in Oregon, the current generation of caseworkers along with court and community partners value the use of family meetings and until recent set backs had come to see them as an integral part of caseworker practice.

Table 1. Family Group Decision Making Outcome Studies and Findings

Studies	Model	Facilitator /Co-ordinator type	Design	Time in place-ment	Place-ment with kin	Place-ment stability	CPS referrals after FDM	Minorities included	Notes or other notable findings
Pennel l & Burford, 2000 Newfoundland & Labrador, Canada	FGC	Non-agency	37 families and Matched comparison group; 1-2 yr follow-up				Lower for FGDM group	Inuit tribe was one of the 3 sites	-FGDM children who lagged behind in development had made positive progress. -Supportive connections within family and between family and community supports increased. -Because FGDM increased the worker's knowledge of the family they were better able to work with them and felt less need to do emergency visits while such visits increased for comparison group families.
Crampton & Jackson, 2007 Kent County, Michigan	FGC	Non-agency	96 families. Matched comparison group	Most were diverted from court and foster care to voluntary relative placement	Most	Greater for FGDM group	Lower for FGDM group	Program served children of color, predom-inantly African American	This was a diversion program intended to place children with extended family and keep families out of court and children out of the foster care system. After 2 years, 1/3 of children were living with their parents and 2/3 were in legal guardianships with their same relative caregivers. 1 child was adopted.
Walker, L, 2004 Hawaii	FGC	Non-agency	Voluntary placements – 33 FGC compared to 27 no FGC	Shorter time in placement for FGC group		More stable than compari-son group			Family members who received FGC's were more satisfied with the CPS system than those who didn't receive an FGC. Selection bias – non FGC families had more prior CPS reports.
Marsh & Crow, 2003	FGC	Non-agency	No comparison		Higher rate of	Higher rate of	Lower in FGC group	Multi-ethnic,	*Child protection outcomes described as: 1)More children

London multicultural community			group; compared to children in care in another location.		placement with relatives	stability			multi-language families - 2/3 of families were black or other minority. 6 FGC's held in language other than English.	than average were removed from child protection registers in the months after the FGC (i.e. the case may have stayed open, but they were removed from the "high-risk" group.) 2) There were few subsequent child protection concerns, and only in 2 cases were these connected with family plans. 3) Professionals thought the children were as well or better protected by the family's plan than by other means.
Marsh & Crow, 1997 4 social services depts. In England and Wales in 1995-1996	FGC	Some non-agency, some in-house.	Compared to children in care being studied elsewhere in England and Wales		Higher than average	Better than average		Lower in FGC group	Unknown	Costs – staff thought the FGC contributed to savings in a number of areas which would cover the direct costs of running them (e.g in court costs, some forms of care, child protection procedures not needed). Improved communication and understanding between all participants (family, community, agency).
Titcomb & LaCroy, 2004 Arizona	FGC	Staff from another state agency	291 cases compared with 249 similar cases drawn from state data base.		Up from 47% to 77% of children after FGC			Lower in FGC group	37% Hispanic, 8% Af Am, 2% Nat Am 14% mixed	Families report high levels of satisfaction (96%), feeling respected (96%) and high confidence children will be safe (94% family, 96% CPS professionals). Families developed plans that addressed their specific needs and often included details that were never considered by CPS staff (e.g. attending religious services). Most felt CPS listened to them, sometimes for the first time.
Wheeler &	FCM	In-house,	64 FCM	Shorter	Groups			Higher %	Ratio of	Higher number of post conference

Johnson, 2003 Santa Clara	Private family time	non case carrying agency staff	children compared with 497 non FCM children – followed for 20 months after placement	average time in placement for FCM children	similar	More of the relative place-ments were main-tained in FCM group	of FCM cases with addt'l maltreat-ment reports	African Americans served lower than the ratio in the foster care system. % of other groups in FCM group similar to % in foster care.	referrals was believed to be due to "surveillance effect " – increased monitoring by extended family increases the # of reports even though maltreatment may not actually have increased. Also a higher % of FCM cases involved neglect. Maltreatment occurs more frequently in neglect cases when compared to physical and sexual abuse.
Gunderson, Cahn, Wirth 2003 Washington	Private family time	In-house, non case carrying agency staff	No comparison group; identified goals of high relative placement, stable placement, low founded referrals; 6 month to 2 year follow up	After conference – increase in children living with parents and decrease in children with relatives	Fewer children living with a non-relative after FGC, more were in tribal juris-diction	Majority of children still in place-ments identified in plan. 10% moved to out-of-home care	6.8% re-referral rate in contrast to 8.1% state-wide average	23% of sample Native American; 11% African American; 4% Hispanic	Plans included traditional services, informal services, support from family, and cultural and customized family supports, such as sweat lodge healing and church-based supports.
Daro, Budde, Baker, Nesmith, & Harden 2005 Cedar Rapids IA, Jacksonville FL, Louisville KY, St. Louis MO	FTC	Lead worker carrying case or comm. service provider when seen as appro-	Pre-Post measures on parent variables. Comparison on new referrals and placements with	Across the 4 sites between 69 and 82% of the children were at home at the time of the FTC			No reduction of new referrals		Cases receiving FTC were more serious and challenging. For those receiving an FTC, improvements in measures of depression and parental stress. 90% of workers felt FTC improved child safety, though this was not correlated with likelihood of subsequent maltreatment reports or placement.

		private	comparable cases not receiving intervention 6 month follow up						
Hackett, Townsend, Townsend, Smart, 2006 Seattle, WA Culturally Competent Professional Practice (C2P2) Project Team, Office of African American Children's Services (OAACS) Region 4 DCFS & UJIMA Comm Svcs	FGC	Non-agency	Group receiving FGC compared to African American families in other offices within the region and to comparison group in another region	Lower rate (7%) of out-of-home placements than other region (12%) or other offices within region (13%)	Similar across sites		For the year that children were followed in 2004, no children who returned home re-entered the system. 3% of those not initially placed were later placed.	Served African American Children and Families only	Much higher rate of families doing voluntary placements in FGC group (40%) than in Region 4 (5%) or comparison group within region (3%).
Quinnett, Harrison, & Jones, 2003 San Diego	FUM with private family time	Unknown	Pre and post test of social support and comparison with general child welfare population for new CPS referrals		Many non family placement recom-menda-tions by workers before FUM changed to placement		Lower rate of new CPS referrals within 6 months of return home – 27% in FUM sample versus	Described as serving a wide range of minority groups.	Pre and Post assessments of support – After FUM participants sought more help and advice from other family members, especially those who were part of the meeting. They also showed significant increases in social support and emotional and caring support after meetings from family members and community support, including clergy and faith communities. Many meetings

				within extended family after FUM.		42% of general child welfare population in the county		were held at churches at the request of family members.
Sundell, 2000 Sweden	FGC	Non-agency	97 children. Matched comparison group of 147; 3 yr follow-up	Longer for FGDM group		Higher for FGDM group		Further analyses revealed caseworker bias in selection of cases - the FGDM group had more prior CPS referrals and involvement and tended to be more serious cases. Extended families may also have been more vigilant about keeping children safe after FGC resulting in more reports.
Berzin, Cohen, Thomas, & Dawson, 2008 California Title IV-E Waiver, 2 counties	FGC in one site; FUM in one site	Unknown	Random assignment to treatment or comparison group: follow-up time unclear – 6 mos to 2 years?		No difference between groups	No difference between groups	Unknown	Study challenges and limitations: Problems with contamination in comparison sites suspected. Small sample size required large differences to detect. Target population changed during the course of the study.

FGC – Family Group Conference – includes private family time

FCM – Family Conference Meeting – includes private family time

FUM – Family Unity Meeting (many or may not include private family time)

FTC – Family Team Conference – no private family time

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