

Family Teaming: Comparing Approaches

Forty-five states currently use some type of family teaming approach for families involved in or at risk of entering the child welfare system. Family teaming approaches have many common characteristics. All aim to involve families and children in addressing a child's safety, well-being, and permanence. All are collaborative and strengths-based. All are rooted in the belief that children's outcomes improve when families are involved in decision making and when team members share responsibility for getting children safely out of the child welfare system and living with family.

State agencies use a variety of family teaming approaches – the four highlighted in this chart and others that blend similar features. In some cases, family teaming takes the form of an event-driven meeting; in many others, meetings are part of an ongoing process throughout a child's time in the system (or beyond). There is growing interest in how different teaming approaches can be used along a continuum to meet the needs of children and families at different points in time.

The following chart presents the distinctive elements of each of four family teaming approaches: Family Group Decision Making/Family Group Conferences, Family Team Conferencing, the Permanency Teaming Process, and Team Decision Making.

NOTE:

- For the sake of brevity, the terms “children” and “child” are used for young people of all ages.
- To learn more about individual approaches and technical assistance opportunities, links to further information are located on page 3.



	FAMILY GROUP DECISION MAKING/ FAMILY GROUP CONFERENCES (FGDM/FGC)	FAMILY TEAM CONFERENCING (FTC)	PERMANENCY TEAMING PROCESS (PTP)	TEAM DECISION MAKING (TDM)
<p>GOALS OF THE APPROACH All approaches involve families in a strengths-based, solution-focused team in which the family's voice is central. All approaches focus on the child's safety, well-being, and permanence.</p>	<p>To develop a plan that leverages agency, community, and family resources and supports</p> <p>To build connections to achieve outcomes unique to each child and family</p> <p>To position the family – broadly self-defined – as lead decision makers</p>	<p>To develop a team of family members, allies, caregivers, professionals, and others to help support the child and family over time</p> <p>To engage the family and assess strengths and needs</p> <p>To build on family strengths to craft an individualized plan</p> <p>To track progress and revise plan as needed</p>	<p>To build relationships over time among children, families, other important adults, and professionals</p> <p>To develop an individualized plan for a child</p> <p>To ensure that all children, including older youth, exit the child welfare system with an enduring family relationship</p> <p>To link families with post-permanency supports</p>	<p>To make immediate decisions about:</p> <ul style="list-style-type: none"> removing a child and making a placement changing a placement <p>To seek a consensus on a placement that protects the child and preserves or reunifies the family</p>
<p>STRUCTURE All approaches involve meetings in which the family is actively engaged.</p>	<p>Meetings are voluntary; with the family's approval, meetings occur to make critical decisions or as needed by the family</p> <p>Private family time is provided during each meeting</p>	<p>Meetings occur when a plan is needed or requires modification. The team continues beyond formal system involvement</p> <p>Meetings are voluntary; they occur only with the family's approval. Meetings take place from the first system interaction</p>	<p>Individual, small group, and large team meetings occur throughout the life of the case</p> <p>Meetings are held as needed, driven by the urgent need to achieve timely permanence</p>	<p>Meetings occur when any placement-related decision is required</p> <p>Meetings are mandatory: a meeting must be held prior to any placement or re-placement or before any court hearing in cases of imminent risk of removal</p>
<p>LENGTH OF MEETING</p>	<p>Three to five hours</p>	<p>Varies, but generally no more than one to two hours</p>	<p>Large team meetings average one to two hours; individual and small meetings are one to three hours</p>	<p>One to two hours</p>
<p>REFERRAL SOURCE All approaches accept referrals.</p>	<p>Social worker, the family, or a community member</p>	<p>Social worker, family, or other team members</p>	<p>State child welfare agency</p>	<p>State child welfare agency, prior to a placement-related decision</p>
<p>PREPARATION: WHO PREPARES AND HOW? All approaches view preparing the family for meetings as vital to positive outcomes.</p>	<p>Coordinator prepares all team members – family, plus agency and community representatives</p>	<p>Assigned social worker or community worker prepares the family</p>	<p>Assigned social worker uses individual and small group meetings to both build relationships and prepare team members to discuss issues at large team meetings.</p>	<p>Social worker invites and prepares family for the meeting</p>
<p>FACILITATOR All approaches rely on trained facilitators with strengths-based orientation and excellent group-process skills.</p>	<p>Coordinator with no case-specific responsibility</p>	<p>An agency staff member, often the assigned social worker or community-based service provider</p>	<p>The assigned social worker or, in cases of conflict of interest, another agency social worker</p>	<p>An agency staff member</p>

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TEAM MEMBERSHIP In all approaches, team members may include: birth parents, extended family, non-relative supports, the child, neighborhood and community resources, service providers, the assigned social worker, other agency staff, the caregiver if the child is placed outside the family, and the GAL/CASA	All members of child's extended family network	Individuals the family decides should participate, with input from the facilitator	Individuals drawn from childrens' natural networks of adults who know and care about them, including former caregivers as appropriate	Individuals who have the family's permission or a right to participate as "treatment team" members
DECISION-MAKING RESPONSIBILITY All teaming approaches emphasize shared planning and decision making by the team	The agency and the family make a collaborative decision The family crafts an initial plan; the agency works with the family to finalize and ensure that the plan achieves child safety, well-being, and permanence	Decisions are made by the team, within existing non-negotiable items Expectations are that the family's goals will be paramount in reaching team consensus	The team – with the child's voice as a central element – explores options and plans for building family relationships, exiting, or avoiding foster care (and, for older youth, preparing for adulthood in a family context)	Agency maintains responsibility if consensus on placement cannot be reached
CONFIDENTIALITY	Participants are asked to sign confidentiality agreements	Participants are asked to sign confidentiality agreements	Participants are informed of state-specific provisions around reporting abuse/neglect and required legal actions	Use of consent forms is discouraged; family is told information may be used for case planning or in court
POST-MEETING TRACKING	Social worker and team members monitor and follow up on the plan	Primary social worker or community worker; team members are expected to report on interactions with the family	Social worker/facilitator; team members may have individual tasks	Assigned social worker, with other team members playing supporting roles
LOCATIONS	35 states and 22 counties	12 states (including Community Partnerships for Protecting Children Initiative sites)	All eight Casey Family Services divisions (seven New England states and Baltimore, Maryland) Also planned for use in six technical assistance sites.	More than 70 Family to Families sites in 18 states (an initiative of the Annie E. Casey Foundation)
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