

## ***BRINGING FAMILIES TO THE TABLE:***

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### **A Comparative Guide to Family Meetings in Child Welfare**

**I**n the child welfare field, the practice of including families as part of the decisionmaking team has grown tremendously over the past decade. Several distinct practice models use family-centered principles in combination with family group meetings to bring families “to the table” to discuss and solve problems and to support each other.

Family meetings strive to maximize a family’s strengths. The basic assumption is that all families can harness their strengths and capabilities to enter into partnership with formal child welfare agencies and courts in order to make decisions that protect and nurture their children. Prior to the advent of family meetings, child welfare agencies often made decisions about children and families with little or no input from the families. However, when key family and community members, formal and informal supports, and child welfare agency representatives join together in mutual respect, better decisions and integrated plans for families result.

All of the practice models for family meetings share common elements, including: similar beliefs and values about families; broadly defined team membership; and expectations that child welfare practice will improve as a result of deeper family involvement. At the same time, several features distinguish these practice models from each other, including: the purpose and goals of each family meeting; how the meeting agenda is set; preparation prior to the meeting, responsibility for facilitation and reaching consensus during the meeting, the authority for decisionmaking, and the extent of family involvement.

The expanding variety of approaches to family meetings now available in child welfare systems across the country causes a good deal of uncertainty about which model or combination of approaches to employ. How and when a particular meeting approach is most useful often confuses child welfare practitioners, family members, and community supports, both formal and informal. As one might imagine, communicating these approaches and expectations to practitioners and policymakers is challenging.

Many field service workers have requested a guidebook to provide clarity. The goal of this paper is to provide that clarity. What follows is a descriptive outline on the various approaches in practice, their commonalities, their core elements, and their unique features for involving families. As such, this “quick guide” is not an evaluation of the approaches. Throughout, significant efforts have been made to preserve the language found in the field literature and in formal evaluations. Consequently, these approaches to family meetings “speak for themselves.”

Administrators and policymakers may also find this paper useful. When crafting an approach to family involvement, they can select what best fits the strengths, barriers, and unique characteristics of their communities and the families they seek to engage in decisionmaking.

A basic premise of this paper is that each of the practice models for family meetings has purpose, value, and usefulness. Inherently, such meetings apply the fundamental principle of authentic family involvement. These meetings can help engage families in supportive ways, maximizing their strengths and empowering them to participate in the most important decisions that affect their children.

Each of the six practice models described in this paper is embedded in one of three innovative initiatives designed to achieve better results for children and families.

- (1) *Family Group Conference*,
  - (2) *Family Unity Meeting*, and
  - (3) *Family Decision Meeting*,
- which are all variations of **Family Group Decision Making**;
- (4) *Team Decisionmaking Meeting* and
  - (5) *Family Team Meeting*,
- which are core components of the **Family to Family** initiative; and
- (6) *Family Team Conference*,
- which is used in several jurisdictions as part of the **Community Partnerships for Protecting Children** initiative.

Each practice model is currently in use throughout the country and, in some cases, a single jurisdiction may use multiple approaches.

The remainder of this paper is divided into the following sections:

**SECTION ONE** outlines the important commonalities among these practice models. Our aim is to assist field service workers in understanding how these approaches are similar in promoting family involvement for child welfare decisionmaking. We believe that the shared vision for family meetings is important to emphasize first given the fundamental importance of family involvement to improving outcomes for children and families.

**SECTION TWO** provides a broader look at the principles and assumptions underlying each practice model for family meetings as well as the specific elements employed in each. The models are grouped under the three major initiatives as presented above: **Family Group Decision Making; Family to Family; and Community Partnerships for Protecting Children**. To better distinguish among these practice models, this Section includes the following information on each:

- Origin and Development
- Distinctive Characteristics
- Referral Process
- Preparation
- Facilitation
- Meeting Process
- Follow-up
- Unique Features
- Primary Users

## SECTION ONE

### Commonalities Among the Practice Models for Family Meetings

Understanding the commonalities among the various practice models for family meetings underscores the value of an approach that explicitly increases family involvement in child welfare decisionmaking. Clear distinctions exist among these various models that require policymakers and practitioners to make choices when designing or implementing a program. Nevertheless, the shared characteristics among the most common approaches far outweigh their differences. Clearly, one basic assumption is that all families can harness their strengths to enter into partnership with formal child welfare agencies and courts for decisions that protect and nurture children. By bringing families “to the table,” each practice model maximizes the family members’ abilities to support each other, solve problems, and improve outcomes for children.

#### COMMONALITY ONE:

*Shared beliefs and values that recognize and build on the strengths of family and community.*

Each of the family meeting practice models are rooted in values that require child welfare agencies to interact with families and communities in mutual respect. Figure 1 highlights the most important common beliefs and values.

#### FIGURE 1: COMMON BELIEFS AND VALUES OF FAMILY MEETING APPROACHES

- ✓ All families have strengths.
- ✓ Families deserve to be treated with dignity and respect.
- ✓ Families can make well-informed decisions about keeping their children safe.
- ✓ Families are encouraged and supported to make decisions and plans.
- ✓ Outcomes will improve when families are involved in the decisionmaking process.
- ✓ A strength-based approach is used instead of a deficit-based model.
  
- ✓ A team approach is more likely to produce positive solutions for change.
  
- ✓ All team members and agency staff should be open and honest with the family.
  
- ✓ Families define their own members, which may extend beyond the primary birth family.

**COMMONALITY TWO:**

***There are expectations that child welfare agencies will improve and change frontline practice as a result of implementation.***

In most child welfare systems across the country, efforts are underway to move toward a practice model centered on the family and its strengths. The family meeting is one powerful strategy to accomplish this. In implementing strength-based, family-centered values, family meetings can assist workers to change how they engage families as partners. Each model outlined in this paper recognizes that the child welfare agency must listen to and respect how the family defines itself, its culture, and its community. Further, each model supports a shift in conventional power dynamics. The power shifts from being exclusively held by the child welfare system and the courts to being shared with the family and, in some instances, with partners in the community.

**COMMONALITY THREE:**

***The “family team” is defined as broadly and inclusively as possible and the selection of the team includes input by family members.***

Coordinators and/or facilitators encourage broad membership on the team. Team members include parents, children, extended family members, and support persons as defined by the family. Some approaches explicitly include community members, foster parents, and service providers who are currently working with the family as well as those who could be helpful in meeting the family’s needs. Families participate in the negotiation process to determine team membership. Working together with the family, public agency case managers or workers can suggest “family team members.” Families are particularly encouraged to bring extended family (however they define family) and support people to the meetings. Particular attention is paid to the wishes of those who were abused and/or neglected, including children.

Some practice models have a clearly designated team coordinator and/or facilitator. Coordinators and/or facilitators conduct extensive preparation work with families and exercise caution when conducting meetings, particularly if a history of domestic violence or sexual abuse exists and the offender is present. Coordinators or facilitators can veto the attendance of specific individuals at the meetings who may pose safety issues to the group.

**COMMONALITY FOUR:**

***Coordination and facilitation of meetings by competent and trained individuals is a vital component of all practice models.***

The coordinator plans and arranges the meeting and the facilitator guides the meeting forward. Clear guidelines are available within each practice model regarding who will fill the role(s) of coordinator and facilitator. Coordinators and facilitators receive extensive training, including: formal education and certification; extensive training prior to undertaking their roles; and/or initial training followed by ongoing training, consultation, and support.

In each approach, a standard process exists for the coordination and facilitation of meetings as well as for individualizing meetings to the unique needs of the families. During meetings,

facilitators maintain group cohesion by guiding the work forward and managing any conflict. Core skills and competencies are needed for facilitators, including the ability to establish trust with all parties, recognize family strengths, and communicate needs and concerns in objective and useful ways. Facilitators are able to engage diverse groups of people and ensure that each feels heard. Most importantly, facilitators balance the needs of all parties while remaining focused on the child's safety and well-being.

**COMMONALITY FIVE:**

***Advance preparation and planning is essential to the success of each meeting.***

The coordinator and facilitator prepare as many family members and service providers, to the extent possible, before the meeting. The child welfare caseworker and the facilitator review the family history, the reasons for child welfare involvement, and relevant case records. In addition, the child welfare agency or the court's non-negotiable issues are determined and clearly communicated to both family members and service providers.

**COMMONALITY SIX:**

***The meeting place is selected to support families in decisionmaking.***

Finally, the meeting place is designed to provide an environment that is supportive of families in the decisionmaking process. Other important considerations for choosing a meeting place include privacy and security. In other words, the meeting location is "neutral" whenever possible, allows all participants focus on the family meeting without interruptions, and is safe for everyone involved.

## SECTION TWO

### **Approaches to Family Meetings in Three Initiatives**

**M**uch of the developmental work on family meetings comes from larger reform initiatives within the child welfare field. This Section presents an overview of three major initiatives for understanding six different models for family meetings. These initiatives—Family Group Decision Making, Family to Family, and Community Partnerships for Protecting Children—are designed, in part, to increase family involvement in the child welfare decisionmaking process. Each of these initiatives has broader goals and objectives, which are not fully discussed in this paper. However, the use of family meetings is a common core strategy. This Section will outline only the ways in which family meetings are employed in these broader initiatives and summarize the unique features of each practice model.

#### **Family Group Decision Making**

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**T**he term “Family Group Decision Making” (FGDM) encompasses several different approaches to family meetings. Still, the three practice models presented here are designed to establish a process for families, relatives, and friends to develop a plan that ensures the care and protection of children from future harm. Families are engaged and empowered by child welfare agencies and the courts to make decisions and develop plans in culturally appropriate ways. The responsibility for child safety and permanency extends to families, including kin and natural and community support systems.

Under the broad banner of FGDM, different jurisdictions have developed at least three distinct but related practice models for family meetings. Jurisdictions wanting to institute some form of FGDM usually choose to implement one of three models: 1) Family Group Conference, 2) Family Unity Meeting, or 3) a combination of these two types. When the characteristics of the first two models are combined, the hybrid result is often called a “Family Decision Meeting” or “Family Decision Making Model.” The FGDM process and the three practice models use the expertise of a “coordinator” and a “facilitator” (often the same person). The coordinator or facilitator is responsible for preparatory work with the family, the actual meeting arrangements, and facilitation of the meeting. The coordinator/facilitator is different from the family or child’s primary social worker. Figure 2 describes the process for FGDM in four activity phases.

**FIGURE 2: THE FGDM PROCESS**

**PHASE 1: Referral to convene FGDM meeting.** Typically, the social worker that investigates and assesses a case of child abuse and neglect refers the case to a coordinator who decides whether or not to hold a FGDM meeting. The coordinator remains impartial and has no connections to the case. Often, however, referrals for FGDM are made throughout the case life. These meetings can focus on any permanency or safety decision. In the United States, child welfare agencies voluntarily enlist families to participate; although in a few locations, FGDM referrals are mandated by the court.

**PHASE 2: Preparation and planning for the FGDM meeting.** The coordinator has a complex, yet independent role in the process. The coordinator’s responsibilities include: 1) ensuring immediate safety for the child; 2) ensuring the integrity of the FGDM process and meeting; 3) working with the family to define their members; 4) explaining the FGDM process and each person’s role and responsibility within the process; 5) inviting family members and other participants; 6) involving offenders, children, and support persons; 7) managing unresolved family issues; and 8) coordinating logistics.

**PHASE 3: The FGDM Meeting.** Each jurisdiction chooses a meeting approach that best fits the strengths, barriers, and unique characteristics of their communities and the families they seek to engage in decisionmaking. The approaches generally used in FGDM include the “Family Group Conference,” the “Family Unity Meeting,” and the “Family Decision Meeting.”

**PHASE 4: Subsequent events and planning after the FGDM meeting.** In most jurisdictions

*1. Family Group Conference*

**Origin and Development:** New Zealand

**Key Characteristics:**

A primary tenet of the Family Group Conference (FGC) model is that families have a private meeting (without the presence of service providers and support people) to develop a plan that protects and cares for the children. This private time alone is a distinguishing element of the FGC model. At that time, only family may consider, deliberate, and decide on the information presented. These decisions are then presented to service providers and other conference attendees for discussion and approval. Prior to the family’s private time, the caseworker presents the facts of the case to the group. FGCs do not have a separate section of the meeting where strengths are explicitly discussed.

Preparation is strongly emphasized in the FGC approach. Preparation time includes recruiting family members and support persons to participate in the meeting and be ready

to engage in the important decisionmaking process. This effort also results in family members outnumbering service providers and resources personnel.

**Referral:**

Caseworker or other non-agency personnel can refer the case to the FGDM process throughout the case life for decisions on safety and permanency.

**Preparation:**

A coordinator extensively prepares the family and service providers and arranges the logistics for the meeting. The coordinator position has proven the most critical in the success of the FGC. Preparation time with the participants ensures that individual roles in the meeting are explained, family issues resolved that could derail the meeting, and all extended family members identified and invited, if appropriate. Preparation time in the United States is approximately 25 hours over a three-to-four week period. In New Zealand, preparation averages 35 hours per case over an average of 36 days.

**Facilitation:**

In the United States, some communities introduce a separate person into the process to facilitate the meeting, while other communities use the same person to coordinate and facilitate. In New Zealand, the coordinator is responsible for actual arrangements and also facilitates the meeting. In all cases, these roles are never filled by the primary social worker responsible for the case. Extensive training ensures that these roles function in a neutral fashion. The functions of coordinator or facilitator are performed by public and private agency social workers, mediation centers, community members, and, on a limited basis, volunteers.

**Participation:**

The FGC model strongly encourages the participation of all family members. Excluding members potentially undermines the families' decisions and violates the children's rights for connection with all family members. Service providers are responsible for inviting the participants, but the family is also likely to invite other family members to attend.

**Meeting Process:**

Introduction - Beginning in ways that are culturally and traditionally relevant to the family, the coordinator welcomes all participants, reviews the FGC process and purpose, and reaches agreement about the meeting's goals and each participant's role. The meeting sometimes begins with a meal or other significant ritual. Ultimately, the coordinator should work with the family to structure the meeting in ways that reflect the family's culture and strengths. Coordinators or facilitators also use this time to talk about guidelines to ensure safe and productive meetings and obtain confidentiality forms and other signed consents.

Information-Sharing Stage - The caseworker straightforwardly and respectfully presents the facts of the case to all participants. Then other service providers with significant involvement in the case share related information. Family members are given the

opportunity to question service providers about the case. Service providers are not to state opinions or give recommendations to the families during this stage.

Private Family Meeting - Strict adherence to the FGC model means that neither service providers nor other non-family support persons (e.g., neighbors, friends) participate in the private family meeting. Only family members discuss the case during this time. In some cases, the support persons are defined as “family” and are included in the private time. The rationale for private family time is that if service providers attend the family deliberations, the family discussion tends to be inhibited, secrets are withheld, family members feel disempowered, and service providers assume their conventional decisionmaking and facilitating roles. Therefore, during private time, the family decides what must occur to ensure care for the child and protection from future harm.

The Decision - Once a family decides how to care and protect the child, the social worker, coordinator/, and other support people return to the meeting. The family then presents and explains their plan. New Zealand law requires the family and the service provider who referred the case to agree with the decision. Others involved in the FGC who must agree with the decision include parents, guardians, social workers, the coordinator, and the child’s lawyer. (Agreement is reached in approximately 90 to 95 percent of the cases in New Zealand, resulting in a small percentage of vetoed plans. If disagreement occurs over a final decision, dissenting views are presented to the Family Court for a decision.) Families are encouraged to construct a back-up plan.

### **Follow-up:**

In the United States, the follow-up to the meeting usually falls to an ongoing caseworker. The coordinator may reconvene another meeting but has no monitoring responsibilities. During the FGC, families are asked to construct a monitoring plan. Family members may play an active role in the monitoring function (post FGC). The family may build a follow-up FGC into the plan, determining the circumstances for reconvening.

### **Unique Features:**

- An independent coordinator prepares all participants for an FGC and facilitates the meeting process.
- Preparation time is approximately 25 hours over a three-to-four week period.
- A family tradition or cultural ritual can open the meeting.
- If a meeting is held shortly after a child protection investigation begins, the caseworker presents the “facts of the case” and other related service providers present relevant information.
- Private time is provided for the family to discuss issues, share history, and talk openly.
- During private family time, the family is asked specifically to craft a plan that protects and nurtures the child.

- Discussion of strengths is not explicitly required in the meeting, although many FGC programs are incorporating a “strengths” component in the meetings or encouraging participants to identify their strengths in advance of the conference, thereby engaging the family from a strength-based perspective.
- Plan acceptance often rests solely with the child welfare worker, although the family, guardian, or attorney may dissent in court (if the court is involved).

**Primary Users:** New Zealand, United Kingdom, Netherlands, Sweden, Canada, Israel, Ireland, and various sites in the United States

## *2. Family Unity Meeting*

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**Origin and Development:** Oregon

**Key Characteristics:**

In contrast to the FGC, the Family Unity Meeting (FUM) practice model provides structured time during the family meeting for facilitated discussion of family strengths and concerns including a separate time to discuss family strengths that relate to the “presenting” concern. Private time is not a component of this approach. In a FUM, the family works together with caseworkers and other service providers to develop a plan.

Follow-up FUMs are common. A follow-up meeting allows families to become more familiar and comfortable with the process, which subsequently eases the anxiety often experienced by families in the first meeting. A sense of team building also results from a series of meetings; thus, the follow-up contributes to fuller participation over time by family members.

**Referral:**

Caseworker or other non-agency personnel can refer the case to the FGC process.

**Preparation:**

A facilitator prepares the family and service providers and arranges the logistics of the meeting. Less emphasis is placed on advanced preparation with the family in the FUM model.

**Facilitation:**

A facilitator, always different from the primary social worker, is responsible for the actual meeting arrangements and facilitation of the meeting. Extensive training ensures that these roles are independent. The facilitators are often public and private agency social workers.

**Participation:**

All family members are strongly encouraged to participate in the FUM. Both service providers and the family can invite individuals to participate in the meeting. Parents, however, can veto the inclusion of any family member.

**Meeting Process:**

Introductions – Begin with the family, welcome participants, review meeting process and purpose, participate in culturally significant ritual.

Goal Setting – Parent and caseworker share with the group the reasons why the meeting is being held. Group agrees on a common goal.

Strength Assessment – Identify what is valued, good, and working in the family; these strengths can be used in reaching goals.

Concerns – Participants share their concerns.

Options – Brainstorm ideas for resolving concerns and reaching goals.

Family Discussion – Family members may talk among themselves about the options' pros and cons. Service providers remain in the room and create options with the family.

Decision – Participants reach agreement and decide on a plan; decisions are written down and given to participants.

Meeting Adjourned – Everyone leaves together.

**Follow-up:**

The investigative authority or caseworker is responsible for monitoring the case and implementing the plan.

**Unique Features:**

- Meetings can begin in a culturally significant manner.
- Parents can veto the inclusion of any family member at the meeting.
- Participants may take a formal break after the presentation of strengths and concerns.
- While the family facilitates the discussion and decision stage of the meeting, the service providers remain in the room, offering their thoughts and comments during the discussion.
- Preparation is not an essential component of FUMs.

**Primary Users:** Oregon and a few other sites across the country, including various communities within Iowa

### *3. Family Decision Meeting*

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#### **Key Characteristics:**

The Family Decision Meeting (FDM) is a blend of elements from the Family Group Conference and the Family Unity Meeting practice models. FDMs include both explicit discussion of strengths and concerns (from the FUM model) and private family time (from the FGC model). Preparation is emphasized in the FDM hybrid. Like the FGC and FUM models from which this hybrid approach is derived, Family Decision Meetings weave family traditions and culture throughout the meeting process.

The referral process, preparation for the meeting, facilitation of the meeting, and follow-up after the meeting are modeled on the Family Group Conference model.

**Primary Users:** Santa Clara and Stanislaus Counties, California, and other U.S. communities

#### **Family to Family**

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The Family to Family (F2F) initiative of the Annie E. Casey Foundation provides an opportunity for states and communities to reconceptualize, redesign, and reconstruct their foster care system. With appropriate reforms in policy, resources, and programs, family foster care can respond to the challenges of out-of-home placement as a less expensive and more humane choice for children and youth currently in institutions or group settings. Key goals in the F2F initiative include:

- decreasing the number of children beginning out-of-home care by improving the assessment of those considered for removal from home and determining what services might safely preserve the family;
- developing a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily where the children live;
- reducing reliance on institutional or congregate care (shelters, hospitals, psychiatric centers, correctional facilities, residential treatment programs, and group homes) by meeting the needs of many of the children in those settings through relative or family foster care; and
- reunifying children with their families as soon and safely as possible based on the family's and children's needs, not the system's timeframes.

Family to Family is grounded in the belief that child welfare agencies must take a more family-centered approach. One way to accomplish this is through family foster care that is: (1) tailored to the individual needs of children and their families; (2) rooted in the child's community or neighborhood; (3) sensitive to cultural differences; and (4) able to serve many of the children now placed in group homes and institutions.

Family to Family employs two types of family meetings as part of its core strategies. The two meeting approaches—the “Team Decisionmaking Meeting” (TDM) and the “Family Team Meeting” (FTM)—are each used at strategic points in the child welfare system's interaction with families during the case life.

Team Decisionmaking Meetings are used every time a placement decision is made. This practice model is designed to ensure that families are part of any decision to remove children from their homes, change their placement, or reunify a family. TDM is used to create a plan that protects the child while working to preserve or reunify the family.

Family Team Meetings are used after deciding to place a child in out-of-home care. The FTM helps develop and maintain a positive relationship between the birth parent(s) and the foster parent(s). FTMs also encourage foster parents to support birth parents' efforts to achieve reunification, thereby helping the child to make a safe transition home.

#### *4. Team Decisionmaking Meeting*

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**Origin and Development:** Family to Family, Cuyahoga and Hamilton Counties, Ohio

**Key Characteristics:**

The Team Decisionmaking Meeting (TDM) is convened to help the public agency make the best possible decision regarding placement and to engage partners, such as neighbors and the extended family, in plans to help the family. The goal is to reach consensus about a decision regarding placement that protects the child(ren) and preserves or reunifies the family. The focus for an initial TDM is to intervene early in a case to prevent a child's removal or arrange a kinship placement. In the event that an out-of-home placement is necessary, TDM is used to ensure that the birth parents, foster parents, and the entire team works collaboratively toward reunification.

Team Decisionmaking Meetings are held prior to the removal of a child from home or, in an emergency, prior to the initial court hearing, prior to any change in placement, and prior to reunification or development of any permanency plan. The caseworker convenes the group when his/her assessment of risk suggests the need to consider removal, change of placement, reunification, or other permanency plan.

**Referral:**

A caseworker from the child welfare agency arranges for the TDM after consulting with the agency supervisor. Referrals are made whenever placement is contemplated, a change in placement may occur, or reunification is imminent.

**Preparation:**

Family preparation is the responsibility of the caseworker or someone from the community functioning as an advocate for the family during the meeting. The caseworker, along with the family and agency clerical staff, invites the participants.

**Facilitation:**

Trained senior child welfare agency staff facilitate meetings as full time jobs. An important element of TDM is the selection, training, and support of facilitators with extensive experience in the child welfare system. Facilitators are assigned to a family at the initial TDM and remain in that role throughout all TDMs with the family.

**Participation:**

Parents, extended family, friends, foster family, school staff, service providers, representatives of the family's community, and neighborhood organizations are invited to attend.

**Meeting Process:**

- Introductions
- The family is encouraged to share information about itself and its view of the situation. The caseworker confirms the reason s/he called the meeting and presents the family history, including prior referrals, child protection investigation data, results of any assessment of risk, and existing case plans. The caseworker's approach is direct yet respectful.
- The family and other members of the team are encouraged to give their perspective on the current situation.
- The caseworker may recommend a plan of action.
- The family and team are invited to react to the plan or suggest their own, making suggestions and revisions. The family may be offered private time.
- The facilitator leads the brainstorming discussion, identifying and clarifying potential outcomes of suggested plans and the specific roles of each team member.
- The facilitator ensures that the group fully discusses the family's strengths and needs and lists them on a white board or flip chart.
- Action steps are developed that identify who is to do what and by when.
- If consensus cannot be reached, the agency staff will meet separately. If the agency staff cannot reach consensus, the caseworker in consultation with his or her agency

supervisor will make the decision. Agency staff may seek a higher level review of the caseworker's decision, if they feel it places a child at significant risk or violates the law or an important policy.

- At the conclusion of the meeting, the facilitator summarizes, in speech and in print, the team's decision, including the safety plan (if applicable) and action steps, identifying who is responsible to do what by when. All participants get a copy of the facilitator's report.

**Follow-up:**

The team may arrange for a follow-up meeting, if circumstances suggest that one would be beneficial. For example, if the participants at a pre-removal meeting decide that the child(ren) can remain safely at home with the support provided in a written safety plan, a follow-up meeting may be planned to monitor progress. The team, including the facilitator, will re-assemble for any future placement-related decision involving the family.

The original investigative worker and/or agency supervisor should take part in team meetings for reunification decisionmaking, so that the team can assess whether the initial risk of harm has been alleviated.

**Unique Features:**

- Team Decisionmaking Meetings help the public agency make the best possible decision regarding placement.
- Meetings are held prior to the removal of a child from home or, in an emergency, prior to the initial court hearing, prior to any change in placement, and prior to a recommendation for reunification or other permanency plan.
- TDM uses a trained facilitator selected from the agency's strongest and most experienced social work practitioners. Though the facilitator generally plays a role independent of the social worker who convened the meeting, the facilitator will step in, if necessary, as a content participant to ensure a quality decision.
- The caseworker invites the group, including the family, to help him/her determine whether any alternatives exist to the action suggested by the risk level determined.
- The facilitator leads the group to a consensus decision.
- The final decision must be "owned" by the child welfare agency; therefore, if outside parties disagree, the child welfare agency must proceed with its decision. Only agency staff can appeal decisions through a formal process.

**Primary Users:** Family to Family sites supported by the Annie E. Casey Foundation

*5. Family Team Meeting*

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**Origin and Development:** Family to Family

**Key Characteristics:**

The Family Team Meeting (FTM) focuses on developing and maintaining a positive relationship between the parent(s) and the foster parent(s) and generally occurs after a foster care placement (ideally within three days). The FTM provides an opportunity for the foster parent to learn from the primary family about the child's needs, likes, dislikes, and daily habits or patterns. The FTM is meant to reinforce the child's and parents' attachment and is designed to encourage foster parents to support birth parents' efforts to achieve reunification, which helps the child make a safe transition home.

In the FTM, the participants often make arrangements for family visits and discuss and resolve practical family issues, i.e., transportation and appointments for doctor visits. The FTM process is intended to: (1) create a continuum of care and familiarity to reduce trauma for the child; and (2) nurture a relationship between the parent and foster caregiver so that, while in placement, the child feels supported by both birth and foster parents.

**Referral:**

The child's social worker convenes the meeting at a community location.

**Preparation:**

The social worker prepares both the birth and foster parents for the meeting, reassuring them regarding the purpose and focus of the meeting. Neighborhood F2F site coordinators may participate and also assist in preparing the birth or foster parents for the meeting.

**Facilitation:**

The child's social worker or the agency supervisor facilitates the meeting.

**Participation:**

Primary participants at an initial FTM are the caseworker, the foster family, and the primary family. A neighborhood site coordinator may also attend as well as a child (under appropriate circumstances). Later meetings may also include service providers and others with significant family involvement, such as anyone involved in reuniting the family.

**Meeting Process:**

The discussion centers on the needs, safety, and comfort of the child and all parties involved. Both families are important to the child and the child benefits from both the birth and foster parents working cooperatively. Birth parents may inform the foster parents of the specific likes and dislikes of the child, the child's special health or diet needs, favorite toys, bedtime routines, etc. At this or a later meeting, both birth and foster parents may also discuss and resolve specific issues, such as timing visits with birth

parents and arranging transportation for needed services. Service providers may be invited to FTMs.

Team members will want to help the birth parents feel a part of the team and not on the hot seat. They need to have a say in what is happening to their children. Families can share thoughts and feelings about the children, their care, and activities. Likewise, foster parents can engage in discussion with the parents and social worker.

Subsequent meetings monitor progress and alter plans, as needed, to respond to changes in the child's and family's situation and to achieve positive results.

**Follow-up:**

FTMs are held regularly with the foster family and birth parents to facilitate reunification. If a placement-related decision is required at any time during the family's involvement with the agency, the social worker will convene a TDM.

**Unique Features:**

- The FTM focuses on developing and maintaining a positive relationship between the birth parents and the foster parents.
- The caseworker or agency supervisor facilitates this meeting, which is held within days of the removal of a child.
- Participants at the initial meeting usually include only the caseworker, birth parents, and foster parents.
- The meeting is informal. Its agenda is limited to identifying ways in which the participants can jointly support the child's adjustment to his/her placement.
- Subsequent meetings may address ongoing issues, such as who makes doctors appointments, adjustments in the visitation schedule, or decisions on sharing transportation.

**Primary Users:** Family to Family sites supported by the Annie E. Casey Foundation

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## **Community Partnerships for Protecting Children**

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Community Partnerships for Protecting Children is an initiative in which civic and voluntary organizations have joined with public child welfare agencies to keep children safe, strengthen families, and increase community participation in child protection. Developed with support from the Edna McConnell Clark Foundation, the initiative is now housed within the Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy. By implementing a new approach to keeping children safe and supporting and strengthening families, the initiative creates networks of support in communities and neighborhoods. In addition to improving safety for children, these networks also enhance community life.

One critical strategy for accomplishing these goals is through an Individualized Course of Action (ICA) with each family. The ICA is a process that focuses on the family's strengths as well as on the family's underlying needs. The ICA process is highly individualized and heavily reliant on assistance from the family, the family's natural helping system, and formal and informal stakeholders. These contributors make up the family team, which supports and assists the family in ongoing problemsolving. Five basic components are central for implementing the ICA process:

1. Engaging the family;
2. Assessing strengths and needs;
3. Developing and implementing the plan;
4. Tracking progress and responding to new concerns; and
5. Sustaining the change.

A central part of an effective ICA is the Family Team Conference (FTC) to develop and implement the plan. The FTC involves the family team in organizing, coordinating, and empowering the change process.

## *6. Family Team Conference*

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**Origin and Development:** Child Welfare Policy and Practice Group

**Key Characteristics:**

The Family Team Conference (FTC) is a critical component of the ICA process. The FTC brings together (a) family, (b) interested people (friends, neighbors, community members), and (c) formal resources (child welfare, mental health education, and other agencies) to:

- Learn what the family hopes to accomplish;
- Set reasonable and meaningful goals;
- Recognize and affirm the family's strengths;
- Assess the family's needs;
- Find solutions to meet the family's needs and to ensure the child's safety;
- Design individualized support systems and services that match the family's needs and builds on its strengths;
- Achieve clarity about who is responsible for agreed-upon tasks; and
- Agree on the next steps.

The Family Team Conference helps the child and family achieve safety, permanency, stability, and well-being. The child and family team brings together the wisdom and

expertise of family and friends as well as the resources, experience, and expertise of formal supports.

Meetings are encouraged throughout the case life. They occur not only during the case planning and placement decision process but at any time upon request by families or other team members. The FTC includes planning how to keep children safe in their own homes and develops the initial safety plan. It also prepares for all permanency decisions, including returning home, guardianship, independent living, termination of parental rights, and adoption.

In addition, the FTC is used for non-child welfare cases (often referred to as “community cases”). This inclusion is one prevention strategy of the Community Partnerships for Protecting Children. In both child welfare and community cases, the team works together to ensure safety and meet the needs of both children and families.

**Referral:**

The caseworker or community worker gains agreement with the family on the benefits of having an FTC. S/he begins the preparation and planning process by bringing the family team to agreement on the meeting’s purpose. When the caseworker or community worker is not the facilitator, the caseworker makes a referral to the facilitator.

**Participants:**

Everyone is welcome at the FTC. The family is the decisionmaker about who is invited to attend. The facilitator will coach and encourage the family on the importance of having certain members on its team. The facilitator will also raise any concerns regarding particular safety issues suggested by team members.

**Facilitator:**

Trained facilitators may be child welfare agency staff or community partners, such as teachers, family support workers, volunteers, nurses, etc. Typically, the primary social workers facilitate meetings with families on their caseload. In some cases, however, the primary social worker may seek an outside facilitator for the meeting.

**Preparation:**

Solution-focused questions help the family determine its desired outcomes for the meeting. The family’s strengths and needs are explored during the preparation phase. Agreement is gained with the family regarding their understanding of what brought the family to the agency’s attention. The “non-negotiable issues” of the meeting are discussed, potential team members are identified, and the steps of the FTC are reviewed, including the “family story.” The family’s outcomes for the meeting are identified and agreed upon. The process of the meeting is reviewed, including each member’s role in identifying the family’s strengths and needs. Confidentiality, ground rules, and any “bottom-line” issues are also discussed.

The primary social worker: (1) organizes and reviews the case file, including all assessments; (2) makes a list of the critical questions to be addressed at the meeting; (3)

obtains additional assessments as needed; (4) makes a list of the family's strengths and needs; and (5) conducts an assessment of strengths and needs with the family.

### **Meeting Process:**

Welcome - Introduction of team members.

Purpose of the Meeting – The facilitator discusses the FTC's purpose and assumptions.

Outcomes for the Meeting – The family states the outcomes it wants from the meeting; the facilitator helps gain agreement from the team to work toward these outcomes.

Non-negotiability and Confidentiality – The facilitator discusses any non-negotiable issues and has the team sign a confidentiality statement.

Ground Rules - Ideas to help manage emotions and keep the meeting focused on the outcomes are developed.

Family Story – Generally, the team is hearing for the first time from the family's perspective on how it became involved with the agency. The family story establishes this time as the "family's meeting" and assists the team in developing empathy for the family.

Strengths to Achieve Outcomes – The facilitator asks team members to identify the family's strengths and resiliencies that will help achieve the outcomes.

Identify Individual and Family Needs – The facilitator asks the family to discuss what it needs to achieve the outcomes.

Brainstorm Strategies on How to Meet Needs – The team creates a list of ideas, not limiting possibilities to available funding or services.

Develop the Plan and Assign Responsibilities – The facilitator ensures that steps are measurable and within time limits; identifies what, who, and when to accomplish steps; designs some short-term steps to permit early successes; and gives each team member a copy of the plan.

Identify a "Lead Worker" – The lead worker is responsible for ensuring that the plan is followed.

Assess "What Can Go Wrong" – The facilitator helps the team explore if they can foresee anything going wrong with the plan.

Close – Thank the family and team members for their efforts; advise the team that the plan will be reviewed regularly and revised, as needed; note that any team member can request a review; schedule the next meeting (future meetings may not require the full team); and commit to providing a written copy for each team member.

Flipchart or Newsprint – These tools are useful for recording and documenting key discussions, including outcomes, ground rules, strengths, needs, brainstorming ideas, and plans.

### **Follow-up:**

The primary social worker or community person responsible for the case regularly monitors the plan and makes adjustments as necessary.

**Unique Features:**

- The assigned caseworker is encouraged to facilitate the meeting as a practice improvement strategy.
- Community-based service providers can be trained to facilitate the meeting.
- The family determines the outcomes for the meeting, except for previously identified non-negotiable issues.
- Meetings can be called by the family, agency, or any team member at any time.
- The family tells its “Family Story” as a core component of the meeting.
- Teams can break into smaller groups for specific work items (i.e., the entire team does not have to attend each meeting) to accommodate any special needs of the family.
- The FTC can be held with any family receiving services, including families with domestic violence and sexual abuse. (Some family members may be excluded from the meeting for safety concerns.)
- The entire team is responsible for developing the plan.

**Primary Users:** Community Partnerships for Protecting Children (Louisville, KY; St. Louis, MO; Jacksonville, FL; and Cedar Rapids, IO) and other sites nationally

## CONCLUSION

As demonstrated in the jurisdictions using one or more of the highlighted models, family meetings can be a powerful process for increasing meaningful family involvement in child welfare decisionmaking. Implementation lessons also point to several key components needed for success with any of the models. These include:

- Commitment by public agency leadership to the principle of family involvement and to supporting efforts that ensure families are respectfully engaged and included in decisionmaking.
- Development of policies and procedures that define how, when, and where family meetings will be held at strategic points along the child welfare continuum. In crafting a family meeting model that fits the strengths and unique features of their community, leadership will need to embrace a collaborative developmental process that includes parents, community members, frontline workers, managers, and administrators.
- A comprehensive curriculum and training program for coordinators, facilitators, frontline workers, supervisors, private agency staff, and community support.
- A quality assurance process to ensure consistent application of the practice model and to assess the effectiveness of these strategies.

Public child welfare agencies are encouraged to work with partners in the community to move forward with strategies that maximize family strengths and empower them to participate more fully in decisionmaking. Information and technical assistance on how to implement the practice models outlined in this paper are available from several national sources and from the scores of local efforts using family meetings as a deliberate strategy for improving child welfare results. These sources include the National Center on Family Group Decision Making, the Annie E. Casey Foundation's Family to Family initiative, the Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy, and the Child Welfare Policy and Practice Group. Contact information for these organizations is located in the Sources Section at the conclusion this paper.

## REFERENCES

Information in this paper on the various practice models and their components for family meetings was compiled directly from the following material:

### **Family Group Decision Making**

(1) *Family Group Conference*, (2) *Family Unity Meetings*, (3) *Family Decision Meetings*

*Innovations for Children's Services for the 21<sup>st</sup> Century: Family Group Decision Making and Patch* (Englewood CO: American Humane Association, 1997).

National Center on Family Group Decision Making (American Humane Association) website:  
<http://www.ahafgdm.org>

Rockhill, A., and Rodgers, A., *Family Decision Meetings: Final Report* (Portland OR: Child Welfare Partnership, Portland State University, 1999).

Workshops at the 13<sup>th</sup> National Conference on Child Abuse and Neglect, Albuquerque, New Mexico, April 23-28, 2001:

Preconference Seminar G – “Family Group Decision Making: A Primer,” Lisa Merkel-Holguin and Leslie Wilmot, presenters.

Think Tank 1 – “Devising Evaluation Strategies for the Practice of Family Group Decision Making,” Lisa Merkel-Holguin, Gale Burford, Joan Pennell, Paul Sivak, and Joe Hudson, discussants.

### **Family to Family**

(4) *Team Decisionmaking Meeting*, (5) *Family Team Meeting*

DeMuro, P. *Family to Family Tools for Rebuilding Foster Care: Team Decisionmaking Involving the Family and Community in Child Welfare Decisions, Building Community Partnerships in Child Welfare* (Baltimore MD: Annie E. Casey Foundation).

*Family to Family Tools for Rebuilding Foster Care: Recruitment, Training, and Support, The Essential Tools of Foster Care* (Baltimore MD: Annie E. Casey Foundation).

### **Community Partnerships for Protecting Children**

(6) *Family Team Conference*

Bird, Cornelius, personal interview during “Family Support America Conference,” Jacksonville, Florida, May 21, 2001.

*Handbook for Family Team Conferencing: Promoting Safe and Stable Families in Community Partnerships for Protecting Children* (Montgomery AL: Child Welfare Policy and Practice Group, 1999).

## SOURCES

More information on the family meeting approaches can be obtained from the following sources:

### **Family Group Decision Making**

*(1) Family Group Conference, (2) Family Unity Meeting, (3) Family Decision Meeting*

AMERICAN HUMANE ASSOCIATION  
NATIONAL CENTER ON FAMILY GROUP DECISION MAKING  
63 Inverness Drive East  
Englewood, CO 80112  
Phone: 303-792-9900  
Fax: 303-792-5333

[www.ahafgdm.org](http://www.ahafgdm.org)

### **Family to Family**

*(4) Team Decisionmaking Meeting, (5) Family Team Meeting*

THE ANNIE E. CASEY FOUNDATION

FAMILY TO FAMILY  
701 St. Paul Street  
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Phone: 410-547-6600  
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[www.aecf.org](http://www.aecf.org)

### **Community Partnerships for Protecting Children**

*(6) Family Team Conference*

THE CHILD WELFARE POLICY AND PRACTICE GROUP

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