# Team Decisionmaking

## Involving the Family and Community in Child Welfare Decisions

PART TWO

BUILDING COMMUNITY PARTNERSHIPS IN CHILD WELFARE

A Project of the Annie E. Casey Foundation
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September 2002

Family TO Family

TOOLS FOR Rebuilding Foster Care

# Team Decisionmaking

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BUILDING COMMUNITY PARTNERSHIPS IN CHILD WELFARE, PART TWO

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***Family to Family*** publications designed by Sharon Ogburn

# INTRODUCTION TO *FAMILY TO FAMILY*

## The Annie E. Casey Foundation

The Annie E. Casey Foundation was established in 1948 by Jim Casey, a founder of United Parcel Service, and his sister and brothers, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families.

The grantmaking of the Annie E. Casey Foundation is grounded in two fundamental convictions. First, there is no substitute for strong families to ensure that children grow up to be capable adults. Second, the ability of families to raise their children is often inextricably linked to conditions in communities where they live. We believe that community-centered responses can better protect children, support families, and strengthen neighborhoods.

Helping distressed neighborhoods become environments that foster strong, capable families is a complex challenge that will require progress in many areas, including changes in the public systems designed to serve disadvantaged children and their families. In most states these systems:

- ❐ are remote from the communities and families they serve;
- ❐ focus narrowly on individual problems when families in crisis generally have multiple needs;
- ❐ tend to intervene only when problems become so severe that serious and expensive responses are the only options; and
- ❐ hold themselves accountable by the quantity of services offered rather than the effectiveness of the help provided.

In states and cities across the country, public child welfare systems are frequently in need of major change in each of these areas.

## Background: The Current Challenges of Public Child Welfare

The nation's child welfare system is struggling:

1. The number of children in the care of the child welfare system has continued to grow, from 260,000 children in out-of-home care in the 1980s to more than 500,000 in recent years. This growth was driven by increases in the number of children at risk of abuse and neglect, as well as by the inability of child welfare systems to respond to the significantly higher level of need.
2. As these systems become overloaded, they are unable to safely return children to their families or find permanent homes for them. Children are therefore experiencing much longer stays in temporary settings.
3. Concurrently, the number of foster families nationally has dropped so that fewer than 50 percent of the children needing temporary care are now placed with

foster families. As a result of this shortage, child welfare agencies in many urban communities have placed large numbers of children in group care or with relatives who may have great difficulty caring for them. An infant coming into care in some of our largest cities has a good chance of being placed in group care and without a permanent family for more than four years.

4. Finally, children of color are strongly overrepresented in this group of children placed in out-of-home care.

The good news is that during the past several years, a number of state and local child welfare systems have been able to reduce the number of children coming into care and to increase the number of children placed for adoption. However, the duration and severity of the challenges facing child welfare makes this an opportune time for states and communities to again challenge themselves to rethink the fundamental role of family foster care and to consider very basic changes.

*The primary mission of the Foundation is to foster public policies, human-service reforms and community supports that more effectively meet the needs of today's vulnerable children and families.*

The Foundation's interest in helping communities and public agencies confront these challenges is built on the belief that smarter and more effective responses are available to prevent child maltreatment and to respond more effectively when there is abuse or neglect. Often families can be helped to safely care for their children in their own communities and their own homes—if appropriate support, guidance and help is provided to them early enough. However, there are emergency situations that require the separation of a child from his or her family. At such times, every effort should be made to have the child live with caring and capable relatives or with another family within the child's own community—rather than in a restrictive institutional setting. Family foster care should be the next best alternative to a child's own home or to kinship care.

National leaders in family foster care and child welfare have come to realize, however, that without major restructuring, the family foster care system in the United States is not in a position to meet the needs of children who must be separated from their families. One indicator of the deterioration of the system has been the steady decline in the pool of available foster families while the number of children coming into care has increased. Furthermore, there has been an alarming increase in the percentage of children in placement who have special and exceptional needs. If the family foster care system is not significantly reconstructed, the combination of these factors may result in more disrupted placements, longer lengths of stay, fewer successful family reunifications, and more damage done to children by the very system the state has put in place to protect them.

## A Response to the Challenge: The *Family to Family* Initiative

With the appropriate changes in policy, programs, and the use of resources, family foster care can respond to the challenges of out-of-home placement and be a less expensive and more humane choice for children and youth than institutions or other group settings. Family foster care reform, in and of itself, can yield important benefits for families and children—although such a rebuilding effort is only part of a larger agenda designed to address the overall well-being of children and families currently in need of child protective services.

***Family to Family*** was designed in 1992 and has been field tested in communities across the country, including Alabama, New Mexico, Pennsylvania, Ohio and Maryland. Los Angeles County is in the early stages of initiative implementation. New York City has also adopted the neighborhood and family-centered principles of ***Family to Family*** as an integral part of its reform effort.

The ***Family to Family*** initiative has been an opportunity for states and communities to reconceptualize, redesign and reconstruct their foster care system to achieve the following new systemwide goals:

1. To develop a network of family foster care that is more neighborhood-based, culturally sensitive and located primarily in the communities in which the children live.
2. To assure that scarce family foster-home resources are provided to all those children (but to only those children) who in fact must be removed from their homes.
3. To reduce reliance on institutional or congregate care (shelters, hospitals, psychiatric centers, correctional facilities, residential treatment programs and group homes) by meeting the needs of many more children currently in those settings through relative or family foster care.
4. To increase the number and quality of foster families to meet projected needs.
5. To reunify children with their families as soon as that can safely be accomplished, based on the family's and children's needs—not simply the system's time frames.
6. To reduce the lengths of stay of children in out-of-home care.
7. To better screen children being considered for removal from the home to determine what services might be provided to safely preserve the family and to assess the needs of the children.
8. To decrease the overall rate of children coming into out-of-home care.
9. To involve foster families as team members in family reunification efforts.
10. To become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes.

The new system envisioned by ***Family to Family*** is designed to:

- ❒ better screen children being considered for removal from home to determine what services might be provided to safely preserve the family and to assess the needs of the children;
- ❒ be targeted to routinely place children with families in their own neighborhoods;
- ❒ involve foster families as team members in family reunification efforts;
- ❒ become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes;
- ❒ provide permanent families for children in a timely manner.

The Foundation's role has been to assist states and communities with a portion of the costs involved in both planning and implementing innovations in their service systems for children and families and to make available technical assistance and consultation throughout the process. The Foundation has also provided funds for development and for transitional costs that accelerate system change. States, however, have been expected to maintain the dollar base of their own investment and sustain the changes they implement when Foundation funding comes to an end. The Foundation is also committed to accumulating and disseminating both lessons from states' experiences and information on the achievement of improved outcomes for children. Therefore, it will play a major role in seeing that the results of the ***Family to Family*** initiative are actively communicated to all states and the federal government.

*The Foundation is also committed to accumulating and disseminating both lessons from states' experiences and information on the achievement of improved outcomes for children.*

*Family to Family is now showing that good foster families can be recruited and supported in the communities from which children are coming into placement.*

The states selected to participate in ***Family to Family*** are being funded to create major innovations in their family foster care system to reconstruct rather than merely supplement current operations. Such changes are certain to have major effects on the broader systems of services for children, including other services within the mental-health, mental retardation/developmental-disabilities, education, and juvenile justice systems, as well as the rest of the child welfare system. In most states, the foster care system serves children who are also the responsibility of other program domains. For the initiative to be successful (to ensure, for example, that children are not inadvertently "bumped" from one system into another), representatives from each of these service systems are expected to be involved in planning and implementation at both the state and local level. These systems are expected to commit to the goals of the initiative, as well as redeploy resources (or priorities in the use of resources) and, if necessary, alter policies and practices within their own systems.

## Current Status of *Family to Family*

At the outset of the initiative in 1992, the accepted wisdom among child welfare professionals was that a continuing decline in the numbers of foster families was unavoidable; that large, centralized, public agencies could not effectively partner with neighborhoods; that communities which have large numbers of children in care could not produce good foster families in any numbers; and that substantial increases in congregate care were inevitable. ***Family to Family*** is now showing that good foster families can be recruited and supported in the communities from which children are coming into placement. Further, dramatic increases in the overall number of foster families are possible, with corresponding decreases in the numbers of children placed in institutions, as well as in the resources allocated to such placements. Initial evaluation results are now available from the Foundation. Perhaps most important, ***Family to Family*** is showing that child welfare agencies can effectively partner with disadvantaged communities to provide better care for children who have been abused or neglected. Child welfare practitioners and leaders—along with neighborhood residents and leaders—are beginning to develop models, tools and specific examples (all built from experience) that can be passed on to other neighborhoods and agencies interested in such partnerships.

## The Four Key Strategies of *Family to Family*

There are four core strategies at the heart of ***Family to Family***:

- ❒ ***Recruitment, Training and Support of Resource Families (Foster and Relative)***—Finding and maintaining local resources that can support children and families in their own neighborhoods by recruiting, training, and supporting foster parents and relative caregivers
- ❒ ***Building Community Partnerships***—Partnering with a wide range of community organizations—beyond public and private agencies—in neighborhoods that are the source of high referral rates to work together toward creating an environment that supports families involved in the child welfare system and helps to build stronger neighborhoods and stronger families
- ❒ ***Team Decisionmaking***—Involving not just foster parents and caseworkers but also birth families and community members in all placement decisions to ensure a network of support for the child and the adults who care for them
- ❒ ***Self-Evaluation***—Using hard data linked to child and family outcomes to drive decisionmaking and show where change is needed and progress has been made

## The Outcomes of *Family to Family*

States participating in the ***Family to Family*** initiative are asked to commit themselves to achieving the following outcomes:

1. A reduction in the number/proportion of children served in institutional and congregate care.
2. A shift of resources from congregate and institutional care to family foster care and family-centered services across all child- and family-serving systems.
3. A decrease in the lengths of stay in out-of-home placement.
4. An increase in the number/proportion of planned reunifications.
5. A decrease in the number/proportion of re-entries into care.
6. A reduction in the number of placement moves experienced by children in care.
7. An increase in the number/proportion of siblings placed together.
8. A reduction in the total number/rate of children served away from their own families.
9. Reducing any disparities associated with race/ethnicity, gender, or age *in each of these outcomes.*

In sum, ***Family to Family*** is not a pilot, nor a fad, nor the latest new "model" for child welfare work. Rather, it is a set of value-driven principles that guide a tested group of strategies that, in turn, are implemented by a practical set of tools for everyday use by administrators, managers, field workers, and families.

*In sum, **Family to Family** is not a pilot, nor a fad, nor the latest new "model" for child welfare work.*

# O V E R V I E W

Picture this: The most critical child placement decisions that a child welfare agency can make are often made by its newest and least experienced staff. Many times the caseworker is overworked, under-trained, and relatively isolated. The same worker may well be considering the future of 20 other families.

The worker can ask the supervisor for advice and/or direction and can complete a risk assessment on the family. If the supervisor or worker believes that the child falls into a high-risk category, the worker can call the "resource unit" to see if family preservation or the foster care unit has any openings.

If placement is pursued, the worker will have more to do in preparing for a court hearing. If successful in getting the court to approve a removal, the worker in all probability will have to face an angry and hostile birth family, while attempting to supervise and support a foster care family. At the same time, the worker needs to consider concurrent planning requirements and implement a permanency plan for the child, preferably one that results in reunifying the child with its primary family in a timely manner. The worker must do all this while managing a growing caseload.

Viewed from the community, the placement process seems equally problematic. Extremes dominate the perception. Agency workers are seen as child snatchers who remove children from poor families, or as overburdened (and uncaring) public employees who endanger children by attempting for too long a period to maintain them with their troubled and troublesome families. It is often hard for community members to understand the rules and regulations of the bureaucracy. If someone from the community calls the agency to request information about a child or family, he will in all probability have difficulty finding someone who knows the family and who can answer the question.

When mistakes are made or children are seriously hurt, the caseworker and the agency are blamed. No wonder many caseworkers burn out or seek employment outside of child welfare. The resulting staff turnover and vacancy rates serve only to compound the problem. The cycle begins again with another new worker.

While this picture may not be accurate in every case, too frequently it represents the state we have reached in child welfare today. In order to address the situation, ***Family to Family*** sites have designed and tested an approach called "team decision-making."

The goals of team decisionmaking are to improve the agency's decisionmaking process; to encourage the support and "buy-in" of the family, extended family, and the community to the agency's decisions; and to develop specific, individualized, and appropriate interventions for children and families. In these meetings, child welfare staff, family members, providers of services, and neighborhood representatives together make critical decisions regarding removal, change of placement or reunification, assess a family's needs and strengths, develop specific safety plans for children at risk, and design in-home or out-of-home services and supports.

## Benefits of Team Decisionmaking

Caseworkers, families, foster families, private agencies, and the community all benefit when team decisionmaking is implemented. Instead of having to make difficult decisions on their own, caseworkers concerned about a child's safety routinely have access to more experienced and knowledgeable fellow staff members who can help them solve the problem.

Families who are treated with respect can contribute more concretely to the identification of their family and children's needs. When families and extended families are part of the decisionmaking process, they are more likely to participate in services to keep their family together or to complete tasks in order to have their children safely returned.

Reunification is safer, quicker, and more lasting if foster parents and supporters from the neighborhood have been involved in decisionmaking throughout the life of the case. Permanence can more readily be achieved when families and their supporters join professionals in deciding what services and interventions would best meet the child's needs.

Instead of being excluded from the process, the family, private service providers, and community representatives can participate in a discussion and partnership designed to keep the community's children safe. Where foster care is indicated, placements are more stable if foster parents participate as team members. Team decisionmaking helps improve communications among individual service providers, who often speak only their own language. Services designed with the cooperation and input of families in terms that the family understands are more effective when offered to the family.

Public child welfare agencies which use the team decisionmaking process when placement is a consideration can educate the larger community about the legitimate role of child protection services. The team decisionmaking model can help define the child welfare agency's role as assisting communities and families to develop interventions to keep at-risk children safe. Team decisionmaking can thus clarify the child welfare system's role as neither unnecessary government intervention in children's and families' lives nor inept intervention that heedlessly returns children to troubled families likely to maltreat them again. When the family, community agencies, and foster parents participate in decisionmaking with child welfare workers, they learn more about the complexities of meeting children's needs. They learn first-hand that while children's safety remains the highest priority, children who are attached to their families are harmed by being separated from them. By connecting families to natural supports within their own neighborhoods, team decisionmaking often contributes to the development of long term community safety nets for families at risk. The process also nurtures growing partnerships between public child protection systems and the neighborhood-based entities that such systems have often overlooked in the past.

For children whose need for safety requires separation from their families, the understandings and agreements that develop through team decisionmaking often facilitate reunification.

*Picture this: The most critical child placement decisions that a child welfare agency can make are often made by its newest and least experienced staff.*

In summary, child welfare agencies should implement team decisionmaking for all families whose children face an initial removal, change of placement, or a decision regarding reunification or other permanency plan because:

*Team decision-making shares the agency's responsibility to keep children safe with parents, family, and the local community.*

- ❐ It improves the decisionmaking process by including a variety of professional staff, family, extended family, and community members in the decisionmaking process; and it gives added support to individual caseworkers and supervisors.
- ❐ It helps the agency develop and sustain more consistent and accountable practices when placement is being considered, helping to assure that only those children who need to be placed are placed, and ensuring that reasonable efforts to prevent placement are made in every case.
- ❐ It improves internal agency cooperation, communication, and teamwork.
- ❐ It helps make the agency's decisionmaking process more accountable to and understandable by families and the broader community. It helps to develop a specific, individualized intervention plan that has support from a broad-based group, not just the caseworker. It also insures that all relevant parties (family, extended family, agency workers, private providers, community, etc.) know and support the basic components of the plan.
- ❐ It makes a placement decision the responsibility of a larger group within the agency and the community at large. By regularly including the family, extended family, neighborhood advocates, community-based providers, and child welfare staff members in the most important decisions regarding the safety of the community's children, team decisionmaking shares the agency's responsibility to keep children safe with parents, family, and the local community.
- ❐ It helps the public child welfare agency avoid being perceived as either child-snatchers or public employees who return children to dangerous and dysfunctional families.
- ❐ It provides an opportunity for new or inexperienced caseworkers to learn from seasoned, skilled facilitators, as they model competent, family-friendly behavior and apply best practice approaches, legal principles, and agency policy to challenging situations.
- ❐ It helps connect parents and families more efficiently and more quickly to accessible local service and supports, facilitating reunification efforts.
- ❐ It helps protect children by developing a specific safety plan for them.
- ❐ It facilitates the development of long-term, community-based safety nets for families at risk by linking families with natural supports within their neighborhoods.

## RELEVANT QUESTIONS AND ANSWERS

### *What is a team decisionmaking meeting?*

***Family to Family*** team decisionmaking takes place in a meeting that includes family members, their extended family or other support persons, foster parents (if the child is in placement), service providers, other community representatives, the caseworker of record, the supervisor and, often, resource staff from the child welfare agency. "Everyone who participates in the meeting is treated with dignity and respect. The meeting is a sharing of all information about the family which relates to the protection of the children and functioning of the family. The goal is to reach consensus on a decision regarding placement and to make a plan which protects the children and preserves or reunifies the family."

The ***Family to Family*** team decisionmaking approach differs from most other family meeting types in a number of ways, the most important of which are:

1. Meetings are held for ALL placement-related decisions, for ALL families served by the public child welfare agency;
2. Meetings are ALWAYS held before the agency petitions the Court regarding a placement-related issue (i.e., prior to the initial hearing on a removal, prior to court action on a reunification or termination of parental rights decision, etc.)
3. Meetings are facilitated by highly trained and skilled public agency staff, typically former front line social workers, whose primary job is team decisionmaking facilitation.

The following description of team decisionmaking is largely based on the model as practiced in the Cuyahoga County (Cleveland, Ohio) child welfare agency.

A point about definitions. In this tool, the term "team decisionmaking meeting" is used to describe the multi-disciplinary meetings with families, extended families, community members, providers of services, and child welfare staff that are held when placement is contemplated, when a change in placement may occur, or when reunification is imminent. Team decisionmaking is the subject of this tool and is described in some detail. The term **"family team meeting"** refers to meetings among the caseworker, primary and foster family (and at times providers of services) that generally occur subsequent to foster care placement. *(See page 17.)* The family team meeting focuses on developing and maintaining a positive relationship between the primary parent and the foster parent. In the family team meeting the parties are focused first and foremost on the child. Birth parents share important information about the child's habits, likes and dislikes, friendships and school life. Birth and foster parents often make arrangements for family visits and discuss and resolve practical family issues

*(continued)*

*A team decisionmaking meeting must be convened in all cases in which an initial removal or change of placement is contemplated.*

*(continued)*

— e.g., transportation for visits and doctor appointments. Neither of these terms should be confused with the New Zealand family group conferencing model or similar family team approaches. While team decisionmaking shares the same fundamental philosophy and values and is similar in participants and process, it differs significantly from family group conferencing. In team decisionmaking, the group is convened for the specific purpose of making an immediate placement-related decision – and the process is used for each and every such decision faced by the public agency in its daily work. The public agency shares but does not delegate its responsibility to make critical placement decisions. Team decisionmaking therefore tends to be a high-volume and emotionally charged process which requires highly skilled agency staff to serve as facilitators.

**When should team decisionmaking meetings be convened?**

Team decisionmaking meetings should be convened:

- ❒ When agency staff believe, based on an assessment of risk, that a child needs to be removed from his/her family;
- ❒ When agency staff recommend reunification (or other permanent plan);
- ❒ When any placement change is being contemplated. These team decisionmaking meetings are held to help prevent disruptions and unplanned moves in placement and to ensure that all less restrictive options are exhausted before considering a more restrictive setting.

Agency staff and external providers of service and support are actively involved in early intervention and preventive services for families whose children are assessed at lower levels of risk. However, a team decisionmaking meeting must be convened in all cases in which an initial removal or change of placement is contemplated.

### Who convenes the team decisionmaking meeting? Who attends?

After consulting with the supervisor, the caseworker requests the team decision-making meeting. The worker invites the birth family, extended family, foster parent (if the child is in care), private agency staff, and members of the community who know and support the family. In addition, resource staff from the agency (e.g., family preservation staff, specialists in independent living, placement specialists) and the worker's supervisor may attend. If the child is mature enough, and if it is appropriate, he or she should attend the meeting. A representative of the family's home community, and/or a family advocate, are also welcome additions to the team. It is important for the facilitator and caseworker to be sensitive to the makeup of the group. Families can be easily intimidated if there are many professionals in the room, especially if the parents are not adequately supported by the participation of their own friends and family members at the meeting. If both birth and foster parents attend (e.g., at a change of placement or reunification meeting), care must be taken to make them comfortable with each other and the process.

### Where is the meeting held? How long are team decisionmaking meetings?

Team decisionmaking meetings are often held at the child welfare agency's office, simply for logistical reasons. However, as agencies become more community focused in their work, the meetings are increasingly being held in community sites close to the family's home. An effort should be made to find a room in which parents and community members feel comfortable (pictures and curtains help to soften the "official" look of an office); distractions such as phone calls must be avoided. Meetings generally take from 1-2 hours.

**A note about domestic violence...**

Domestic violence may be a contributing factor in many families at risk of having their children removed. Team decisionmaking participants, and especially the Facilitator, must be sensitive to this possibility and prepared to proceed with care, in order to ensure the safety of adult as well as child victims of abuse. Training on domestic violence should be a core element of team decisionmaking Facilitator preparation.

Strong partnerships with domestic violence professionals are essential. Including such partners in team decisionmaking meetings where domestic violence is known or suspected is highly recommended. At a minimum, Facilitators should have immediate access to domestic violence experts for consultation and advice during meetings. In particular cases, it may be necessary to interrupt a team decision-making meeting if strong concerns for victim safety arise in the course of the discussion.

While it is rare, some ***Family to Family*** sites have reported the need to meet separately with parents (domestic violence perpetrator and victim) for team decisionmaking purposes, rather than holding a single meeting with all participants present.

The reference page lists a helpful tool (see Carrillo & Carter) for managing family meetings, including team decisionmaking meetings, when domestic violence concerns exist.

*In particular cases, it may be necessary to interrupt a team decisionmaking meeting if strong concerns for victim safety arise in the course of the discussion.*

*A team decisionmaking meeting must be convened when a caseworker and supervisor believe a child is at imminent risk and needs to be removed.*

### When are team decisionmaking meetings held?

A team decisionmaking meeting must be convened when a caseworker and supervisor believe a child is at imminent risk and needs to be removed. If a child's immediate safety is threatened, the caseworker must remove the child and convene a team decisionmaking meeting as soon as possible, but no later than the next working day. If a child is removed in the evening or during the weekend, team decisionmaking meetings must convene the next working day. The critical objective is for the meeting to occur prior to the initial shelter care hearing at court.

Change of placement team decisionmaking meetings must be held prior to a child being moved, unless there are issues of imminent risk. Caregivers must be invited and participate fully in such meetings.

Non-emergency placement and reunification or other permanency meetings must be held as a prerequisite to a legal filing.

### Who facilitates the team decision-making meeting?

Team decisionmaking meetings are facilitated by trained senior child welfare staff members, typically selected from the public agency's most skilled and experienced caseworkers. In facilitating meetings, these staff are able to bring clinical knowledge, engagement skills, and system smarts' to the table. They play a critical function in educating less seasoned staff as well as external participants in matters of best practice as well as agency policy and applicable law. *(See box below.)*

### What is the meeting organization?

The following is a brief description of the essential parts of team decisionmaking meetings.

- ❒ Introductions. The facilitator introduces himself or herself, lets the participants introduce themselves (and explain their relationship to the family) and explains the purpose of the meeting and basic ground rules. Participants are encouraged to be open and to work together to develop the best plan for the children and family.
- ❒ The family is invited to share information about themselves and their children and to ask questions about the meeting which is about to unfold.
- ❒ The caseworker explains why s/he called the meeting and reconfirms the purpose of the meeting (to come to a consensus-based decision about placement and to develop the best possible plan for the child and family.) The caseworker then presents the relevant family history, including (if applicable) prior referrals and investigations, and, if a case plan exists, reviews it.
- ❒ The caseworker leads a discussion of the risk elements and safety issues in this situation, so that they are understandable to everyone present. S/he includes a thorough statement of the family's strengths and resources as well as its current needs.
- ❒ The family, extended family and other members of the team are invited and encouraged to give their perspective on the current situation. *(continued)*

- ❒ The caseworker recommends a plan of action (including placement plan) based on the discussion up to that point, and invites the group to help determine whether this is indeed the best plan for the child(ren) and family.
- ❒ The facilitator leads the group in discussing the caseworker's preliminary recommendations and developing additional ideas on how to solve or address the situation. Facilitator encourages creativity and inventiveness from all participants.
- ❒ The facilitator ensures that the team discusses fully and openly both the risk to the child and the family strengths.
- ❒ When all possible solutions have been identified and analyzed, the facilitator assesses the group's movement toward consensus and states the agreed-upon decision if it is clear. In the absence of consensus, the facilitator will ask the caseworker to make a decision on behalf of the agency.
- ❒ Action steps for implementing the decision are outlined to provide the family with immediate engagement to the most critical supports.
- ❒ If consensus cannot be reached, the agency staff will seek agreement among themselves. If the agency staff cannot reach consensus, the caseworker will make the decision.
- ❒ At the conclusion of the team decisionmaking meeting, the facilitator verbally and in writing summarizes the team's decision, including the placement or other safety plan and action steps, identifying who is responsible to do what. All members of the team get a copy of the facilitator's report.

*Team decisionmaking meetings are facilitated by trained senior child welfare staff members, typically selected from the public agency's most skilled and experienced caseworkers.*

## TEAM DECISIONMAKING'S "8 ESSENTIAL ELEMENTS"

Team decisionmaking is a powerful intervention early in a case; it can help to prevent a child's removal or ensure a kinship placement. Team decisionmaking serves an important gatekeeping function to ensure that children remain at home safely with appropriate services. In the event that foster care placement is decided upon, team decisionmaking ensures that the birth parents, foster parents and the entire team begin, at the onset of placement, to work cooperatively for reunification.

TDM requires a skilled facilitator. Ideally, time should be taken before the meeting to ensure full attendance of parents, extended family, friends, foster family (if applicable), school staff, service providers, and neighborhood representatives. In addition, time should be taken to prepare the family for the meeting, which can be accomplished by the caseworker or by a person from the community…during the meeting. Because team decisionmaking often occurs on short notice, in response to emergency situations, preparation time may be limited. But the agency has no choice: it must make a decision, so the meeting is held and the team strives for a quality decision whatever the circumstances.

### Teamwork

> *"We said, 'The heck with turf. We are going to communicate and work together.'" [Caseworker from **Family to Family** site]*

Flexibility and openness in an inclusive team setting are better for families and caregivers than a closed, bureaucratic decisionmaking process. Collaborative child protective planning is more effective and more lasting. In the past, the caseworker might make separate telephone contacts with parents, youth, extended family, foster parent, a parent's substance abuse counselor, etc., now all of them get together to operate as a team, seeking to understand their disparate points of view and how each fits into the total network of support. More importantly, when the birth and foster parents are

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**How Team Decisionmaking Has Been Used: What Was Learned in *Family to Family* Sites**

Eight essential elements of Team Decisionmaking can be distilled from the *Family to Family* experience:

- ❒ Teamwork
- ❒ Consensus
- ❒ Active Family Involvement
- ❒ Skillful Facilitation
- ❒ Safety Planning
- ❒ Strength-based Assessment
- ❒ Needs Driven Services
- ❒ Involvement of the Community into Long-Term Support Networks

Experience has shown that these elements are essential to the successful implementation of the model.

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If the agency attorney attends these team decisionmaking meetings, care should be taken not to turn the meeting into a legal exercise. Several ***Family to Family*** sites, as a matter of policy, exclude attorneys other than the child's Guardian Ad Litem from attending. The purpose of the meeting is to include the family, extended family, community members, caseworker, and other agency staff in assessing the families' strengths, needs and risks, so that the best possible plan regarding placement can be made. It is not to prepare the agency's attorney for a court hearing or another legal proceeding.

*In many **Family to Family** sites, 'Family Team Meetings' attended by both birth and foster parents are held within days of the team decisionmaking meeting which resulted in the child's placement.*

empowered to participate in the development of services, they see the importance of the services and tend to engage more fully in them.

Team decisionmaking brings the family, extended family, community representatives, prospective providers, agency resource workers, and the caseworker together to design a combination of natural supports that can meet the child's need for safety, and the family's need for services. Weaving together the family's expertise and the knowledge of professionals produces a partnership that designs more effective services and offers the family a continuing network of support.

Once children are in placement, foster parents and other caregivers are essential members of the team decisionmaking process. Including the foster parent on the team as soon as possible has numerous advantages: (1) foster parents can share their views about the child's needs with the team; (2) the foster parent can learn from the primary family about the child's needs, particularly the child's attachment to the birth family; and (3) foster parents can support the birth parents' efforts to achieve reunification, helping the child to make a safe transition home.

Placing a child with a foster parent who has the support of the team makes it possible for the first placement to be the child's only placement. For example, by being supported to respond therapeutically to the child's reactions to visits, foster parents can meet the child's attachment needs. By forming a partnership with the child's family, the foster parent can help them to meet their children's needs incrementally as reunification progresses. Through active involvement with the child's school (and bringing the parent to school meetings), the foster parent can ensure that the child's educational needs are met.

In many ***Family to Family*** sites, 'Family Team Meetings' attended by both birth and foster parents are held within days of the team decisionmaking meeting which resulted in the child's placement. These meetings are often convened by the caseworker at the time of the first family visit following the child's removal. As noted on page 11, these meetings provide an opportunity for the child's two sets of parents to come together in an informal setting to talk about the one thing they have in common: the child. The meeting's focus is narrow: how can the two families, supported by the caseworker, community, and service providers, ensure that this child has the most positive experience in out of home care possible? Family Team Meetings build on the foundation of openness and teamwork established at the original team decisionmaking meeting and provide what are often the first steps toward a positive relationship between the birth and foster families. The likely result is that reunification will proceed more swiftly and smoothly, and foster families may ultimately become long-term supports for birth families once their children are returned to them.

## Consensus

Not everyone who attends a team decision-making meeting has to agree absolutely with the outcome of the meeting; however, he or she does need to agree to treat the proceedings with sensitivity and to respect the privacy of the family. The goal of team decisionmaking is for everyone to support the decision of the group; however, consensus does not mean that everyone is in total agreement. It does mean that each participant has consented to the plans made and agreed to support the decision reached by the team.

As discussed below, it is the role of the facilitator to see that each participant has the opportunity to state his view of the case, including his opinion on the recommendations reached. Though a participant may wish that his/her preferred outcome/plan was the one ultimately decided upon, the following statement often reflects reality: "I feel heard. I understand that most members of the group prefer a conclusion other than my preference. Given the limitations of time and the need to get to other priorities, I fully support the conclusion preferred by most of the group and I will demonstrate that full support once I leave this meeting."

*Consensus does not mean that everyone is in total agreement; it does mean that everyone has consented to the plan and supports the decision reached by the team.*

It is often true, of course, that the child's parents are not able to join in a consensus decision to remove the child from their care. In such cases, the team is particularly challenged to remain supportive and respectful of the birth family, while continuing to work toward consensus among the remaining participants. If the group cannot reach a consensus, then the caseworker of record will make the decision.

Once a decision has been reached, preferably through consensus, it becomes the agency's official position regarding the family's case. It is binding upon all agency participants, who are obligated to support it.

If an agency staff member feels that the plan that emerges from a team decision-making meeting, whether to remove, maintain at home, or any other plan, places a child at risk or violates the law or agency policy, the staff member may appeal the decision. A high level agency official will review the decision and make a decision on behalf of the agency. Ideally, this person can join the meeting and resolve the issue while the team is still convened.

The following are the steps outlined in Cuyahoga County's appeal process:

- ❒ TDM decisions can only be appealed by agency staff. It is their duty to appeal if they believe the decision leaves a child at serious risk of harm or if agency policy has been violated.
- ❒ The staff person should state his/her intention to appeal at the meeting (or, in rare instances, within one business day) by informing the facilitator.
- ❒ The deputy director or designee will schedule an appeal that will include agency participants who attended the original meeting.
- ❒ The appeal process will follow the general format of a team decisionmaking meeting.

According to the team decisionmaking facilitators in ***Family to Family*** sites, very few decisions of team decisionmaking meetings are appealed. If the facilitator works hard to ensure that each member has an opportunity to voice his concerns and if the team has an honest discussion regarding the need to ensure the safety of the child, the consensus model works very well.

## Family Involvement

The team decisionmaking model recognizes and respects the birth family as an expert on its own children and, as a result, builds an alliance with its members. This is a shift away from traditional child welfare assessment and service planning, which all too often focuses on parenting deficits, frequently alienating families. One ***Family to Family*** staff member described the impact of open staffings and team meetings on child welfare practice:

> "…real communication, not talking at someone or handing something to someone… 'We've developed this for you and, here, sign it.' Unfortunately, when I first started, that's pretty much the way I did it. I would come in with a family and I had already decided, being a very wise person, what they needed to do, what the problem [was]. And I didn't really listen to what anyone said. And I felt like I was doing a very good job… [now] all the people who attend [team decisionmaking meetings] have input, and with community representatives there, we might come up with a plan that maybe we normally wouldn't have done – we're going to let the community help us decide what to do…and it's okay for the parents to be there. It's okay for the foster parents and the parents to meet each other early on, for there to be communication between the two."

*The team decisionmaking model recognizes and respects the birth family as an expert on its own children and, as a result, builds an alliance with its members.*

Genuinely engaging families in the planning process – instead of imposing services on them – means appreciating their strengths and reaching agreement with them about their children's needs. The less accused the family feels, the less defensive they will be. Although the team decisionmaking meeting is not an appropriate occasion for in-depth family counseling, it is the occasion for the worker to begin building a respectful relationship with the family. As the family reaches agreement with the caseworker and service providers, its members feel appreciated and capable. Team decisionmaking is a critical, initial part of the process of developing a partnership with families so that they are motivated to get their needs met. Getting the agreement of parents about their needs also helps to place responsibility on them to participate fully in services they have helped to design.

Team decisionmaking can be particularly powerful as a vehicle for older children and youth to fully participate in decisions regarding their placement. Providing "voice and choice" for the many teens in the system is an appropriate, supportive and respectful way to use team decisionmaking to enhance stability and ensure thoughtful and inclusive planning with older youth.

Even with special effort, some meetings are difficult for family members, who become withdrawn or angry or find the process too lengthy. Under the best of circumstances, it can be intimidating for birth parents to participate in team decisionmaking. It is vitally important that caseworkers assist parents in identifying and inviting friends, family members or other supporters to accompany them to the meeting. Informal pre-meeting discussions may help them prepare for a larger meeting. And during the meeting, other team members must be attuned to the feelings of family members and offer support. In the long run, involving the family, extended family, natural supports, neighborhood organizations, foster parents, and providers in collaborative decisionmaking early in a case sets a positive, collaborative tone before resentment has a chance to develop.

It is critical that experienced staff be chosen as facilitators.

Team decisionmaking mobilizes extended family, friends, and other supporters (such as clergy) to become involved early to help the child and parents. In a separate conversation an extended family member may tell a caseworker that she or he cannot care for a child for financial reasons or because of poor health or because of the child's behavior problems. But when the whole family gets together with potential service providers, they often can work out ways to care for the child to avoid placement. The family's support network will also often come forward to offer respite, transportation, and other vital "glue" that can hold a service package together. In many meetings, 'private time' can be offered to the extended family group to allow them to develop their own proposed resolutions to the situation at hand.

Although the group needs to discuss honestly the allegations of abuse and neglect and to develop a concrete safety plan for the child, the group also needs to identify the family's strengths. A full and open discussion of risks to the child and the family's needs and strengths should logically lead to a sound decision regarding placement, supported by a plan which immediately connects the family to its most critical service need. Safety planning is an integral part of the team decisionmaking process, especially when the group's decision is to maintain a child in her own home. In rare cases (when emotions get heated or when there is need to caucus on technical issues), the facilitator may call for a short break. Agency staff, however, should never use these breaks to caucus among themselves and then reconvene and move toward a decision or plan based on their private discussion. Such a practice defeats the objective of including and empowering the family in the development of the most appropriate intervention that will ensure the safety of the child.

### Skillful Facilitation

In the ***Family to Family*** sites, a senior child welfare staff person facilitates team decisionmaking meetings. It is critical that experienced staff be chosen as facilitators. Facilitators should have solid experience as caseworkers and good clinical and communications skills, and should be perceived by their fellow workers as having leadership abilities. They should also be familiar with the formal and informal services available in the community. Quite often, effective facilitators have had years of experience as caseworkers but do not wish to become supervisors.

The facilitator does not just manage the team meeting: he/she models the respectful and inclusive process of the team decisionmaking model. The facilitator builds trust in the team process, especially with families who may feel uncomfortable with professionals and among providers who may be turf-conscious. The facilitator makes sure that all parties feel safe and that communication is honest. The facilitator makes sure that all points of view are heard and that professionals talk in language that parents and community participants can understand. The facilitator works to develop consensus among the group and pushes the team to generate creative ways to keep children safe while maintaining their attachments.

An important element of implementing the team decisionmaking model is training and support for facilitators. Facilitators must be able to find common ground among diverse individuals so they can focus on building the family's strengths, negotiating services, and developing safety plans. Facilitators need to help individual caseworkers see the team decisionmaking meeting as a way to support their own work and as an active resource for their families, particularly for definition of necessary services and concrete provisions of the child's safety plan.

One of the complex aspects of training facilitators is helping them to listen to and support the entire team. The facilitator needs to ensure that the protective service worker clearly and respectfully identifies the real risk to the child so that the parent understands the agency's concerns. The facilitator needs to be able to solicit and help crystallize the concerns of extended family members and other community members – helping to guide them in specific ways to support the birth parent and child and the eventual plan for services. The facilitator might help a parent, foster parent, school counselor, home health provider, and neighborhood mentor work together to offer enough intensive support that a child exhibiting difficult behaviors is not placed in a residential facility. The facilitator might help a worker, parent, grandparents, therapist, and family friend work out a permanent guardianship, with the parent continuing to celebrate birthdays and holidays with the child. The facilitator flexibly responds to these very different team members while orchestrating an inclusive process.

> The facilitator must be: (1) committed to best practices and the agency's values, (2) able to focus participants' attention on identifying and building on the family's strengths, (3) skilled at negotiating/developing a collaborative service intervention that will ensure the safety of the child, (4) talented at finding common ground among diverse individuals, who may initially not talk at the same level or share the same viewpoint or treatment philosophy, (5) knowledgeable about helping participants present risks without making the family defensive, and (6) able to keep participants on task, without blaming or dwelling on past history.

Most importantly, the facilitator must be respectful of others and at the same time feel confident about his/her role as a leader to guide the process so as to accomplish the desired outcomes.

The facilitator has to ensure that the team openly discusses the child's need for safety. Without being accusatory, the team needs to discuss any past history of abuse. Often it takes special effort by a facilitator to reframe the insistence of some participants that the family "confess" to maltreating the child. Some parents may only get to the point of understanding the harm of their actions after their strengths are appreciated, and after they participate in helping to design their own service interventions.

On the other hand, workers and others cannot consider the collaborative decision-making process to be a "make nice" session: they must be encouraged by the facilitator to talk straight, to voice their safety concerns completely and in a way that can be used to develop a safety plan. It is often challenging to design needs-based services when the family and child have needs that appear competing, especially if team members take sides. When a child needs to be with a family member to whom he/she is attached and the child needs more nurturing and/or protection than the family has previously provided, a choice is often made between the two needs. If one need is focused on and another neglected, the case usually deteriorates. Both needs must be clarified and not viewed as either-or. The facilitator needs to reframe the issue as "What can we do to ensure that both these important needs are effectively met?" Participants must be helped by the facilitator to feel satisfied with services that have been collaboratively designed to meet both needs. In short, the facilitator has a very difficult job, but one that is critical to the success of open staffings.

*One of the complex aspects of training facilitators is helping them to listen to and support the entire team.*

> *During the team decisionmaking meeting, the facilitator must ensure that the group fully discusses the safety needs of the child.*

### Safety Planning

A concrete safety plan must be developed for children who remain at home or are returned home after placement. During the team decisionmaking meeting, the facilitator must ensure that the group fully discusses the safety needs of the child.

For children who remain at home, the safety plan must be specific, measurable, and achievable. The responsibility of the parents, relatives, neighbors, providers, and the caseworker should be concretely identified. A safety plan developed to maintain a child at home must be time limited; it is designed to provide short term support until families are fully engaged in the services which, it is hoped, will foster lasting change in the dynamics which created risk in the first place. The safety plan should be frequently monitored during this interim time, and follow up meetings are often scheduled to ensure that more comprehensive interventions are fully implemented.

Safety plans (as well as service plans initiated at team decisionmaking meetings) often rely on a series of supports, services, and safeguards. Formal interventions (e.g., drug treatment) are combined with supports from the extended family and neighborhood agencies, often with intensive monitoring by a community agency or caseworker.

If a thorough team decisionmaking process occurs early in a case, and if the initial plan is not successful, the team will have discussed other options that can be quickly implemented, thus reducing further trauma to the child.

It is very important that the team decisionmaking and a strengths/needs-based philosophy not be misconstrued as requiring that all children be returned to their families. There will always be children who cannot safely return home; and if relative care is not an option for these children, foster homes – preferably neighborhood-based foster homes – must be found. For children likely to be reunited with their families, safety needs must be central in designing visits and providing services to parents.

In discussing the risks to children, it is often appropriate to summarize the results of any assessment tools utilized by agency staff. However, it is imperative that agency personnel avoid the jargon and technical language of the various child welfare risk assessment instruments. The facilitator needs to encourage all parties to speak frankly in order to identify and discuss the specific risks that the child faces in language that the family and extended family can understand.

Engaging the parents (and extended family) in talking about the child's needs and risks is often difficult. However, engaging the parents in developing services aimed at keeping their child safe helps build support for whatever intervention comes about as a result of the team decisionmaking meeting. As one perceptive ***Family to Family*** staff member noted: "We cannot begin to build trust among one another unless we feel personally safe." This is particularly true for children. Framed in such a fashion, the birth parents, relatives, foster parent, community providers, and agency staff can concretely identify and talk about their concern for the child's safety. If and when placement occurs, this process enables the birth parent to see that it occurred to keep the child safe, not to punish the parent. Such an approach can help encourage timely and effective reunification.

### Capitalizing on Strengths

Team decisionmaking works best when good points are recognized and interventions are designed to build on the unique strengths of a particular child and family. Children and parents feel more capable when their strengths are appreciated. Furthermore, services that build on strengths are more effective than those driven by deficits. Nevertheless, finding strong points is not always easy, especially in families facing problems associated with poverty, lack of opportunity, substance abuse, and domestic violence. Professional training and experience with children who have been hurt may cause an over-awareness of the deficits of families, which can get in the way of the child welfare practice of making use of strengths.

Participants in ***Family to Family*** team decisionmaking meetings explicitly appreciate strengths in children and families. In one ***Family to Family*** team meeting, recognizing strengths clearly contributed to a successful outcome. The children's hearing-impaired maternal grandmother attended the meeting with sign interpreters, three community agency workers, two agency resource staff, the caseworker, and supervisor. The children, ages two and five, had been neglected by their mother, who left them unsupervised in a motel. Their mother was homeless, dropped her children with a friend, and disappeared. She had drug problems and had herself suffered the effects of fetal alcohol syndrome; she was adopted.

The grandmother was assigned a knowledgeable community advocate who knew the system and acted as an advocate for the family; the grandmother was treated with respect; the friend of the family caring for the children was involved in the meeting. The strengths of the family were recognized: the grandmother's support; the fact that the mother got her GED, knew she had a drug problem, and had worked for brief periods in the past; the fact that the children's basic needs (food, shelter, and medical) had been met. The group also did a good job identifying risks: one child was developmentally delayed and the mother's substance abuse and self-destructive relationships interfered with meeting her children's needs. Careful attention was paid in the meeting to developing a safety plan for the children. The grandmother agreed to provide a home for the children for several months, if a family friend attending the meeting could care for them during the day.

Everyone agreed that the agency needed to take custody and place the children formally with the grandmother. The family friend would be subsidized for daycare by the agency, and she planned to enroll in foster parent training – in case the mother did not complete substance abuse treatment and/or the grandmother could not permanently care for the children. The friend and grandmother were supportive of each other. They both hoped that the mother would connect with the appropriate substance abuse treatment.

### Needs-Driven Services

Although the primary purpose of a team decisionmaking meeting is to make a high-quality decision around a placement issue, planning for services to support the family is also a critical function. A team decisionmaking meeting called to make a decision regarding removal of a child may not result in the development of a full-blown case plan; however, it will at a minimum provide for immediate linkage of the family to services and supports tied to the family's unique needs.

Team decisionmaking helps families, foster parents, and other providers meet the needs of children and their families more effectively. This approach differs from a slot-driven system that puts a client into the next available service slot and allows providers to deliver the same service day after day regardless of the client's unique needs and characteristics. Instead, everyone involved in

*It is very important that the team decisionmaking and a strengths/needs-based philosophy not be misconstrued as requiring that all children be returned to their families.*

collaborative decisionmaking recognizes the uniqueness of the child's and family's needs and that these needs must be met in every aspect of the child's life.

Child welfare workers, families, and providers often do not work from the same starting point in designing services to support a family facing placement issues. In team decisionmaking, workers, providers and families all have the opportunity to share the same information. In effect they become partners in the creation and implementation of a plan to support the family and provide needed services. Collaborating on needs identification leads to a shared view of the services that will meet those needs. Instead of imposing a standard service plan on the parents, the family and foster family are encouraged to speak up about how the services can best fit their needs. The provider offering the service can be actively involved, hearing the needs that the family has agreed on and shaping the service collaboratively to fit those needs.

*By developing working partnerships with community participants at the decisionmaking meeting, the process helps to connect families to services in their community.*

Family visits are an example of how services designed collaboratively to meet an individual child's needs can be much more effective than services in the past. Case workers, case aides, foster parents, extended family, community supports, therapists, and other providers can prepare the parent for visits, coach the parent in meeting the child's needs during visits, provide feedback to the parent after visits, and provide support for foster parents in handling the child's reactions to visits therapeutically. Furthermore, visiting time can gradually be increased. When the birth parent and foster parent collaborate on designing the services (and when the foster home is in the parent's neighborhood), reunification will be logistically simpler and is likely to be more culturally competent. Furthermore, neighborhood-based foster parents and providers can be woven into the web of lasting supports for the family after child protective services is out of their lives.

### The Involvement of the Community

Team decisionmaking encourages the development of enduring supports for families in their own neighborhood after the child welfare case is closed. By developing working partnerships with community participants at the decisionmaking meeting, the process helps to connect families to services in their community. When families are connected to neighborhood providers, the services themselves are more readily available. Rather than considering themselves as clients, families often form enduring, longer-term relationships with neighborhood providers that will be maintained after the formal case is closed.

Team decisionmaking offers a common frame of reference for professionals, agencies, and community advocates. Housing advocates, employment programs, substance abuse treatment providers, and child welfare agencies often have difficulty communicating with each other on system issues because their language and backgrounds are so different. It often takes time for them to work together on system collaborations, but when invited to become engaged in a specific case or involved with a specific family to help keep children safe and reunite families, then a better understanding and appreciation of the child welfare system's role can be accomplished in the broader community. This is particularly true when service providers are from the same neighborhoods and when they serve families within those neighborhoods. Finally, over time, the development of a shared responsibility for neighborhood children will lead to development of a web of formal and informal community supports for families that will remain in place after the case is closed.

**How Do We Get the Community to the Table?**

As one of the four core strategies of ***Family to Family***, team decisionmaking's success depends in part on the progress made in the three other strategies: self evaluation, resource family recruitment & support, and especially, community partnerhip. Ensuring the family's home community is represented at the table often depends on the public agency's progress in developing new relationships with representatives of that community. (By 'community' we usually mean neighborhood, but sometimes a family's religious, ethnic or other identity is the community most important to them.)

***Family to Family*** sites have developed a variety of strategies to bring community partners to the table. One site has had great success by using an RFP process to support the development of neighborhood collaboratives, each of which sends its representative to the team decisionmaking table when a family from its community faces a placement-related decision. Participation in team decisionmaking is thus one of the contract deliverables between the public agency and the collaborative. Another site recruited and trained community activists from its Building Community Partnership strategy work group. These volunteers rotate to attend all removal meetings affecting families from their neighborhood. Yet another site uses contracted family advocates to represent the family's home community and serve as the family's personal representative in team decisionmaking meetings. In all cases, community partners participate as natural allies to the family, and as people who know and support their home community and its families.

The involvement of community representatives and neighborhood-based providers also offers support to the agency. Community providers begin to see, on a case-specific basis, the complexity of most child welfare decisions. Rather than perceiving the child welfare agency as uncaring and unconnected to the community, the providers develop a working partnership with the agency through team decisionmaking meetings.

In many ***Family to Family*** sites, the development of new partnerships with members of the neighborhoods from which children are frequently placed has led to a great enhancement of the team decisionmaking process; representatives of particular communities regularly attend all team decisionmaking meetings involving the possible removal of a child from their neighborhood. They serve as allies to birth families while assisting the public agency in learning more about the community's natural supports.

Agencies that have implemented team decisionmaking have learned that sharing their authority and power with community stakeholders requires major shifts in traditional thinking. For example, many agencies have discovered that long-held beliefs about confidentiality requirements were unfounded. Team decisionmaking participants are nearly always people who have either a legal right to participate, or are present with the family's permission. As agency staff learn to be more open and honest with external partners, everyone appreciates the benefits: enhanced communication, greater creativity in finding solutions, and growing trust among families, agency staff, and external partners.

*Rather than perceiving the child welfare agency as uncaring and unconnected to the community, the providers develop a working partnership with the agency through team decisionmaking meetings.*

## NEXT STEPS

The team decisionmaking tool developed by the ***Family to Family*** Initiative can be sustained and further enriched in many ways. A few examples are: 1. Geographic assignment of cases and neighborhood-based staffings; 2. Increased individualization of services; 3. Use of the process for prevention; and 4. Use of it for quality assurance, including team decisionmaking for targeted cases of concern.

### 1. Geographic-based child welfare services.

When cases are assigned geographically, workers can develop a richer understanding of the formal and informal supports available in the neighborhoods where their families reside. Community members and neighborhood-based providers of services can become more familiar with the mission and functioning of public child welfare agencies. These community supports can be invited to participate in meetings involving families from their neighborhoods.

Formal and informal meetings can occur in neighborhood sites. Families can feel connected to local support groups as well as to readily available service interventions. When team decisionmaking meetings and family team meetings occur in a neighborhood site, they are more accessible for the family, and family and neighborhood supporters feel more at ease. In a real way, community members become "owners" of the responsibility to keep neighborhood children safe.

In ***Family to Family*** sites, child welfare workers are being assigned to the neighborhoods of the families they work with. In some places, staff are co-locating with community partners in the same buildings. As neighborhood-based work increases, families can more readily access neighborhood providers of services. These neighborhood supports can prevent less serious cases from entering the system and be involved in helping to shape better decisions for more serious cases in team decisionmaking meetings. The entire effort helps ensure that services are culturally relevant and accessible to children and families. (For an extensive discussion regarding the child welfare system's need to build partnerships with the community, see the tool "Building Partnerships with Neighborhoods and Local Communities.")

Neighborhood-based child welfare should be allowed to unfold uniquely in each community. It is important to stress two concerns in developing these services. First, if a specific neighborhood does not have a needed service available, care has to be taken that the family has access to the nearest source and is comfortable in using it. For example, if a mother cannot attend an NA/AA meeting in her own public housing project or nearby church, and if the nearest meeting is ten blocks away in a different part of town, the team should provide assistance for her to attend and help her connect with a local sponsor.

Second, facilitators in a local child welfare system jurisdiction need to be trained uniformly and meet regularly for support and supervision as a group to ensure that their work, while remaining flexible, results in consistent practices across the agency. Team decisionmaking staff should closely monitor agency data across neighborhood sites on rates of entry into foster care, length of stay in care, and safe reunification and other permanency outcomes, to ensure that the team decisionmaking process is promoting consistent practice and outcomes.

### 2. Increased individualized services – expanding services beyond what already exists.

Ideas for services and supports should not be limited to traditional providers. In strengths/needs-based planning, every service/support is unique to each family and child, crafted collaboratively by the worker, family, and providers. This is a step-by-step process of tailoring each service by asking, "What would it take to meet this need?" Services and supports should be designed to guide what comes naturally to family members to ensure safety and permanency for their children. Services may also be provided directly to the child to meet his/her needs or to the foster parent to meet the child's needs. Providers can include neighborhood groups, foster parents, church groups, teachers, in-home parent support providers, residential and non-residential public and private agencies, substance abuse treatment staff, health care workers, etc. Services must be within reach, acceptable to the child and family, compatible with the child and family's culture, and timely.

Child welfare workers should also be encouraged to reach out to volunteer supports for children and families. These can include NA/AA and domestic violence recovery meetings in churches and other sites in clients' neighborhoods, matching former clients to current clients to provide individual support, and teaching neighbors to be respite providers and in-home parent supporters. This diversification is well worth the effort, for it will yield long-lasting neighborhood supports. As formal and informal services are increased, the team decisionmaking model will have those additional resources available.

A note about service planning in team decisionmaking: many of the meetings occur at points of crisis, when information is still being gathered. It is not always possible to build a comprehensive service plan with the family in addition to deciding upon a placement direction at such meetings; however, in every meeting the family should be linked with one or more supports or services which meet their most immediate need. For example, in one ***Family to Family*** site, when an alcohol/drug assessment is the most pressing concern, that assessment is arranged on the spot. Staff from partner chemical dependency agencies conduct such assessments in the child welfare agency building in order to ensure immediate engagement. In every case, facilitators should have immediate access to information about capacity and intake procedures for key supports so that such linkages can occur before the family leaves the meeting.

### 3. Neighborhood-based prevention.

Using a team decisionmaking approach to make placement-related decisions with families who are already involved in the public system invariably leads to greater potential for neighborhood-based family support. This can prevent such families from becoming involved with child welfare in the first place. The partnerships formed between agency staff and providers of natural support in communities where families live have led to a greater openness regarding the needs of neighborhood families, and targeted efforts by community-based providers to identify and support families at risk of abusing or neglecting their children. Team meetings which share the same values of respect and inclusion as team decisionmaking are a regular feature of prevention-based work in neighborhood settings.

*Ideas for services and supports should not be limited to traditional providers.*

*Team decisionmaking has proven to be very effective in addressing concerns about particular types of cases, especially older foster youth.*

**4. New approaches to quality assurance.**

The team decisionmaking meeting can serve as quality assurance in child protection agencies, helping to prevent unnecessary changes in placement and to ensure reunification efforts in a timely and concrete manner. When the same team, led by the same facilitator, reconvenes to make each placement-related decision facing a child through the life of a case, information is not lost and families are spared repetitive discussions of their past histories. That team may also serve the function of conducting formal administrative reviews such as the six-month reviews required by federal law for children in foster care. And when a team decisionmaking meeting is followed by a court hearing, agency staff are far better prepared to present the agency's case or establish proof of reasonable efforts.

If a child and family re-enter the system, the original facilitator should be assigned the case, thus helping to assure continuity. Over time, with consistent geographic assignment and with consistent use of the same facilitator for a neighborhood caseload, the public agency will be better able to assess the short- and long-term outcomes of its decisions. At regular intervals, families, foster families, and community providers should be interviewed about whether they felt included in decisionmaking and were satisfied with the teamwork and the outcomes of cases. Feedback from these efforts could be provided to child welfare staff and team members to reinforce aspects of the inclusive process and gatekeeping function that were found to be most effective.

Team decisionmaking has proven to be very effective in addressing concerns about particular types of cases, especially older foster youth. One site used the team decisionmaking change of placement/permanency plan meeting model to examine the situations of every youth in a long-term foster care status – with remarkable results. Over half the youth left long-term foster care, to be reunified with family, or placed in a guardianship relationship or adopted by their current caregiver.

Other ***Family to Family*** sites have used team decisionmaking to conduct "deep reviews" of youth stuck in residential or group care, to ensure their progress to less restrictive levels of care and maintain a focus on the need for a permanent family.

## WHAT YOU NEED TO GET STARTED

To implement the team decisionmaking model an agency needs to identify and train a sufficient number of facilitators; develop clear and consistent team decisionmaking policies; and engage in an inclusive and thoughtful planning/ implementation process.

To begin team decisionmaking, a child welfare agency has to identify and train a sufficient number of facilitators.

How is that number determined? The agency should examine its practice data to learn, on average, how many children are removed each month, as well as how many children and youth in care experience re-placement. Finally, the agency must determine the average number of reunification (and other permanency) decisions are made each month. An analysis of these numbers will suggest an average number of team decisionmaking meetings the agency will need to hold on a monthly basis – which will allow a projection of how many facilitators will be needed.

As discussed in this paper, the facilitator's role is critical to success. It is imperative that the agency has enough facilitators to handle all critical meetings (i.e. initial placement decisions, change in placements, and reunifications). The agency also needs to ensure that the facilitators have adequate space, time, and support to conduct effective team decisionmaking meetings.

In addition, the agency should develop specific and detailed team decisionmaking policies that will guide the implementation process. There can be no exceptions. No child can enter placement without a team decisionmaking meeting. And finally, the agency needs to involve line workers and supervisors in a careful planning/ implementation process that anticipates every situation that requires placement, identifying how the team decisionmaking meeting will handle each situation.

**Comparison of Traditional Staffings to *Family to Family* Staffings**

| **Traditional** | ***Family to Family*** |
|---|---|
| Deficit focused | Strength focused |
| Community uninvited | Community welcomed |
| Agency dominated | Multiple players |
| Family passive | Family & extended family empowered |
| Small, quiet meetings | Larger meetings, creative discussion |
| Predictable outcomes | Imaginative & diverse outcomes |
| Categorical funding | Creative use of $$$ – Wraparound |
| Professionals dominate | Paraprofessionals & volunteers |
| Hierarchical decisions | Team decisions |
| Owned by agency | Owned by team & community |

It will not be easy. Old habits and traditions do not change overnight. Jurisdictions thinking about implementing the team decisionmaking model might do well to keep the chart on page 29 in mind. The chart compares the major differences between traditional child welfare staffings and the team decisionmaking model developed in ***Family to Family*** sites.

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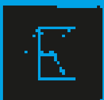
## Additional Reference Materials


Video: "Team Decisionmaking: Involving the Family and Community in Child Welfare Decisions," The Annie E. Casey Foundation, 2000.


For additional materials on Team Decisionmaking, please see the ***Family to Family*** website at www.aecf.org/familytofamily.



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