

**Quick Study  
Reference for  
Practitioners**

**Using Child & Family Team  
Decision Making to  
Drive the Change Process**

**Child & Family Team: Definition**

Child and Family Team (CFT) decision making is a child welfare practice strategy that recognizes families as appropriate and respected decision makers and brings together a wide range of formal and informal support resources for the family with the goal of providing safety and stability for the children. Key family members work with child welfare staff, extended family members, community service providers, and other neighborhood representatives to make critical decisions about meeting the needs of the children and family.

The CFT draws upon a family's strengths, experiences, knowledge, and resources to create a plan that provides for the safety and well-being of children in the family. Collectively, the child & family team should have the technical and cultural competence, family knowledge, authority to act on behalf of funders and commit resources, and the ability to flexibly assemble resources and supports in response to specific needs. Although there are different types of family teamwork structures (e.g., family-to-family team decision making, family group conferencing, family team conferencing), they share common principles and standards of practice. Successful child & family team planning and decision making is not simply another "tool in the tool kit"; it requires state-community partnerships, extensive facilitator training, and a commitment to enhancing family responsibility. Important decisions made by the child & family team include:

- Placement of children and planning of permanency goals
- Planning conditions for safe return home and safe case closure
- Selection of intervention and treatment options for children or parents
- Transition or movement of children within care or treatment arrangements
- Reunification of children with parents
- Voluntary relinquishment of children or termination of parental rights

- Selection of temporary or permanent caregivers
- Assignment of guardianship
- Adoption
- Assignment of a child or youth to independent living or long-term care arrangements
- Case closure

Each of these decision occasions can and should be supported by family teamwork.

**Guiding Principles**

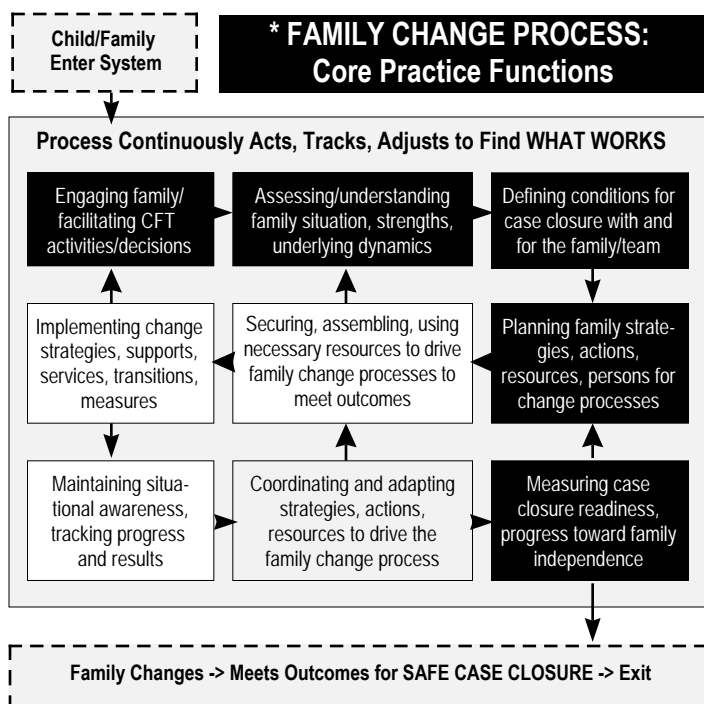
Guiding principles for family teamwork are:

- Respect for active family involvement
- Use of a strengths-based assessment and family empowerment approach
- Commitment to teamwork
- Use of a skilled facilitator to help team members reach consensus
- Respect for cultural diversity

**Research Evidence**

A growing body of evidence on best practices for stimulating and supporting family change is available for practitioners. Evidence suggests that:

- ◆ *Initial implementation efforts require careful planning and time* - to build a coalition of support at multiple levels; develop consultation processes; craft mission statements, guiding philosophy, and protocols; provide information and training to diverse stakeholders; adapt policy; and identify shared resources and funding streams.
- ◆ *Strategic alliances and diverse community partnerships are needed to support family teamwork implementation* - to gain local and sponsoring agency ownership and identify shared resources and skills; supervisory support is essential.
- ◆ *The Coordinator/Facilitator plays a significant role in family teamwork* - although there is no research evidence that any one particular way of providing coordinators (e.g., social workers versus community and non-social work coordinators) is best, there is evidence that the perception of facilitator effectiveness is a significant predictor of success for parents, family members, friends, professionals, and providers.
- ◆ *Preparation of participants is crucial to success* - to ensure that families understand their role as decision makers; to create a climate of safety; to promote family leadership; and to ensure other professionals understand their roles.
- ◆ *Family members come when invited* - despite concerns that families will not participate, research and evaluation findings indicate that the concern is unfounded and family member participation rates are high.
- ◆ *Balance in the number of family members and the number of professionals is needed* - there is evidence that too many professionals can impact family decision making, but professionals are important team members to provide information on the critical child safety concerns and the available resources; principle of commensurate response asserts that the team should be no bigger than necessary to understand the family situation and provide support and services for the change process.
- ◆ *Written policies and procedures are important* - to define how, when, and where family teamwork meetings will be held and to formalize partnerships.



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- ◆ *Comprehensive curriculum accompanied with skills training is associated with better outcomes* - to ensure skill development opportunities for coordinators, supervisors, facilitators, workers, and partners.
- ◆ *Quality assurance mechanisms are needed* - to ensure consistent application of the practice model and to assess the effectiveness of the model.
- ◆ *Comprehensive evaluation is essential* - third-party evaluation can assess the realization of desired outcomes and assure funders that results are being achieved with families.

### Outcomes of the Family Change Process

- ◆ *CFT provides child safety* - several studies report reduced rates of re-abuse in family teamwork families versus non-family teamwork families.
- ◆ *CFT creates stability for children* - children's placements are stable or moves are minimized in teamwork families versus traditional samples.
- ◆ *Family teamwork results in higher rates of reunification with birth parents or kinship placements* - findings indicate that placements generally remain stable.
- ◆ *Family teamwork results in timely decisions reducing the amount of time children spend awaiting permanency* - reductions in use of long-term foster care are associated with family teamwork.
- ◆ *Family teamwork increases the likelihood that siblings will be placed together* - studies indicate a decrease in number and percentage of divided sibling groups.
- ◆ *Integrated service delivery is associated with improved family outcomes* - indicators of family well-being are more positive when services are coordinated and there is a case manager assisting the family to navigate services and supports than when access to services is disjointed.
- ◆ *CFT is associated with less restrictive placements* - findings indicate an increase in number and percentage of children placed in less restrictive environments and less chance of movement into more restrictive placements.
- ◆ *CFT is associated with improved well-being for children and other family members* - improvements in indicators of well-being have been found following family teamwork.
- ◆ *CFT increases family supports and helps family functioning by enhancing social support networks* - increased client satisfaction and engagement is associated with family teamwork.
- ◆ *Family teamwork safeguards other family members* - brings together domestic violence and child welfare resources and results in decreased family violence.
- ◆ *CFT results in plans that are seen to be safe* - on average, only 5% of family teamwork plans are judged to be unsafe/not accepted by authorities.
- ◆ *CFT plans blend formal services and informal support* - there is increased likelihood of connection to community and non-traditional services.

- ◆ *CFT plans are rich, diverse, and original* - studies show that family teamwork plans challenge typical pre-purchased service structures.
- ◆ *CFT decreases the disproportionate number of children of color in care* - through increased placements with birth parents and in kinship care.
- ◆ *Family members are satisfied with the process reporting that their feelings are respected, they have a role in decision making, and the decision process is fair* - increase in client engagement and satisfaction.
- ◆ *CFT increases the involvement of fathers and paternal relatives* - increase in client engagement and satisfaction.
- ◆ *Social workers and service providers are satisfied with family teamwork reporting less conflict with families and greater service coordination* - increase in human service staff engagement and satisfaction.
- ◆ *Social worker rates of referral for family teamwork fluctuate related to concerns regarding personal liability and risk, increased workload, lack of support for the process, and lack of time.*
- ◆ *Referral processes for family teamwork need further review* - minorities are less likely to take part in some areas; in other areas, participation rates among cultural and ethnic groups are similar to the total population rates of families served.
- ◆ *CFT provides cost neutrality or savings.*

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## Quick Study Guide for Practitioners

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### Domains of CFT Facilitation

Presented below are three domains of family teamwork facilitation that should be anticipated and provided for within the scope of training, practice, supervision, and evaluation of family team work.

#### Preparation

CFT meetings are used when making major life-altering decisions with a family receiving services. Basic considerations for child & family team meeting preparation include making sure that the:

1. Family members understand the purpose and philosophy of family team decision making efforts.
2. Family members are ready, able, safe, and eligible candidates for team participation.
3. The right people are invited to the meeting:
  - People necessary for the major decisions to be made.
  - People invited by the family for their own support.
  - People invited by the agency for service provision.
4. Participants know the purpose of the meeting and how to contribute in a positive way:
  - Come prepared and ready for decision making.
  - Speak to their concerns in constructive ways.
  - Listen with respect to others' concerns.
  - Recognize and build on family strengths and needs.
  - Share information, ideas, and resources.
  - Keep personal and confidential information private.
5. Participants know what to bring to be prepared as well as when and where to meet.
6. Logistical arrangements are made:
  - Meeting place and time should be mutually convenient for the family and other participants.
  - Meeting place should be conducive for private and confidential conversations.
  - Refreshments and restrooms should be available for participant comfort.
  - The agenda should include any family rituals to begin or end meeting.
7. Facilitator is prepared to accomplish the primary purposes of the meeting.
8. Facilitator and DCFS staff are prepared to follow-up on decisions made and on next step plans.

Making important decisions and the related next step plans for implementing those decisions should be the basis for a family team meeting agenda.

#### Facilitation

CFT meetings are facilitated by a person who has completed the approved family team facilitator training and who is competent to facilitate meetings that focus on

child safety, permanency, and well-being. Any relevant cultural issues of the child and family are accommodated before, during, and after the meeting. The facilitator:

1. Convenes the meeting, defines the goals and ground rules of the meeting, introduces participants and their roles, defines decisions to be made and the possible range of actions to follow the decisions.
2. Uses consensus-building decision-making techniques, handles any conflict as it surfaces, selects appropriate idea-building processes, solicits all view-points, clarifies options, refocuses as necessary to stay on task and on time, monitors and manages the flow of discussion to ensure that all are heard and no one dominates, brings discussions to closure with decisions made, and moves on to next steps, assignments, and commitments. This is done by:
  - Sharing inspiring visions to guide decisions and plans.
  - Focusing on results, processes, and relationships.
  - Designing pathways to action for realizing opportunities, building capacities, and solving problems.
  - Seeking maximum, appropriate involvement in decisions.
  - Facilitating the group to build agreements and meet challenges. [*What could go wrong with this plan?*]
  - Coaching others to do their best.
  - Confronting problems honestly and respectfully.
  - Managing power and control issues that arise.
  - Balancing family-centered practice with protective authority to keep children safe and help parents succeed.
  - Celebrating successes and accomplishments.
3. Builds an understanding of the family and requirements for safe case closure from assessment information, court requirements, and family team discussions:
  - The family's story, strengths and needs, risks, barriers to family change, and family desires to improve.
  - Requirements for safe case closure (behavior changes).
  - Changes the family must make plus their potential, motivation, and progress as it is being made (prognosis).
4. Makes decisions, sets goals, secures commitments:
  - Sets goals for change, selects change strategies, plans interventions and support with family and supporters.
  - Secures commitments from participants for plans made.

The quality of facilitation and productivity of any CFT team meeting is highly dependent up on quality of preparation conducted before a meeting and then on the quality of follow-up provided after a family team meeting has occurred.

#### Follow-Up

The benefits of family teamwork flow from good meeting facilitation through what happens after a family team has occurred. Making sure that parties to the family team meet follow-through on their commitments is essential in supporting an effective family change process.

1. CFT meetings provide a basis for service planning, coordination, communication, and accountability.
2. The family team develops, monitors, and evaluates an individualized, strengths-based, needs-driven service plan that fills safety and permanency requirements while meeting the unique needs of the child and family identified in the assessment. Via the planning process, the team assists the family develop and use a network of informal supports that can help sustain the family over time. The

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### family service plan (FSP):

- Defines agreed upon goals for the family that include measures of caregiver behavior changes that are consistent with safe case closure requirements.
  - Focuses on achieving safety, permanency, and well-being.
  - Addresses the child's needs for attachment, safety, security.
  - Plans for family preservation or reunification, as indicated.
  - Identifies alternative permanency plans, safety plans, crisis plans, and any transition plans that may be necessary.
  - Uses supports and services that are most likely to work for the family and be a good fit for the family and situation.
  - Specifies services and supports to be provided that are culturally competent and community based.
  - Defines how goals are to be measured via behavior changes.
  - States consequences of not making behavior changes.
  - Sets time limits, clear expectations, and alternatives.
  - Defines accountability for actions of the family and service providers and ways that accountability will be ensured.
3. The child & family team develops, monitors, and evaluates any individualized child service plans for a child with special needs. The child service plan (an FSP component):
    - Addresses the special needs of the child or youth.
    - Defines treatment goals and strategies (including an "IEP" or special education plan).
    - Builds resiliency and improves the child's functioning in daily settings, including home and school.
    - Uses collaboration, as appropriate, between health care, mental health, special education, developmental disabilities, and/or juvenile justice services.
    - Provides integration and coordination of services across settings, providers, levels of care, and funding sources.
    - Provides for age-appropriate transitions.
    - Prevents unnecessary disruption of the child's education.
  4. The effectiveness of each family team meeting is assessed with adjustments made to improve the ongoing process and results for the family.
  5. The effectiveness of planned services is evaluated with changes made to improve services and results achieved.

## Standards for Child & Family Team Meetings

Persons involved in CFT practice, including trainers, facilitators, supervisors and evaluators, should understand and apply the following standards in the course of their work: *[Standards for CFT Meetings are outlined below]*

### 1. Careful preparation of all participants

- Developing an understanding of role and process
- Establishing a climate of safety

### 2. Family engagement

- Birth parents are engaged in decision making
- Communicating respect, cooperation and shared decision making
- Establishing a shared concern for the safety of the child and well being of the family

### 3. Identification and accommodation of relevant cultural issues of the child and family through adjustments in strategies, services, and supports

- Developing an understanding of cultural and family values, beliefs, and traditions
- Promoting mutual respect
- Communicating with sensitivity
- Making responsive accommodations in the physical environments

### 4. Inclusion of the family, supporters identified by the family, and community partners and human service providers who sponsor or deliver plans of intervention for the family

- Establishing mutual understandings
- Sharing major decision making responsibilities
- Accommodating for special circumstances

### 5. Facilitation of team meetings by an approved and trained family team facilitator

- Demonstrating knowledge and skills
- Maintaining continuity of facilitator

### 6. Setting of meeting locations that are mutually agreeable and accessible

- Giving consideration to needs relative to transportation, child care, interpreter, and other related supports
- Assuring privacy, security, and no interruptions

### 7. Assurance that the meeting focus is case planning, coordination, communication, and accountability

- Developing the family plan
- Making placement decisions
- Identifying case closure conditions
- Assessing and monitoring of service and intervention effectiveness

### 8. Assurance of confidentiality

- Developing and implementing confidentiality agreements
- Disclosing exceptions to maintaining confidentiality
- Adherence to Health Insurance Portability and Accountability Act (HIPAA) requirements

### 9. Development and use of a network of informal supports

- Families are connected to non-traditional services in their communities
- Families are assisted in securing sustainable informal supports and sources of practical assistance that can be developed in their neighborhoods and local communities

### 10. Assessment of the family team process and results with adjustments as needed, assessing engagement, family team involvement in the evaluation process, effectiveness in addressing family issues, satisfaction of team members with the process and results, quality and effectiveness of family service plan, degree of family acceptance of service plan, capacity for ongoing problem solving by the family, and achievement of the family plan.

These standards are intended to provide general guidance in conducting effective family teamwork.