

Site Visit Report: Family Group Decision-Making: Engaging, Encouraging, and Empowering Families to Succeed (FGDM-EEE)

<https://www.childwelfare.gov/topics/management/funding/funding-sources/federal-funding/cb-funding/cbreports/fgdm/>

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Cluster: Family Connection Grants: Using Family Group Decision-Making to Build Protective Factors for Children and Families

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Site Visit Report: Family Group Decision-Making: Engaging, Encouraging, and Empowering Families to Succeed (FGDM-EEE)

SUMMARY

In partnership with Devereux Kids and J.K. Elder & Associates, Kids Central, the lead nonprofit, community-based care organization in Florida's Fifth Judicial Circuit, developed and implemented the Family Group Decision-Making: Engaging, Encouraging, and Empowering Families to Succeed (FGDM-EEE) project. FGDM-EEE is one of the projects in the Children's Bureau's Family Connection Grants: Using Family Group Decision-Making to Build Protective Factors for Children and Families discretionary grant cluster. Families referred to in-home diversion services¹ by the child protection investigator (CPI) are eligible to receive the FGDM intervention, including

- Engagement and meeting preparation by a community facilitator
- Assessments of family/parent functioning
- Family team conferences (FTC)
- Individualized course of action plans (ICAP)
- Services provision/coordination by diversion care coordinators (DCC)

After the case is selected for FGDM-EEE, the community facilitator meets with the family, explains the goals of FGDM and the FGDM process, and begins to prepare the family for the FTC. During an initial contact, the facilitator and the family complete the required assessment tools, the FRIENDS Protective Factor Survey² (PFS) and the Dunst Needs Scale. The facilitator administers the PFS to the caregiver to assess their protective factors and identify areas for improvement. A PFS is also administered after the completion of the action tasks outlined in the ICAP to assess change/improvement in protective factors and caregiver functioning and to determine whether the case should remain open or be closed. The Dunst Needs Scale is also administered to families during one of the initial meetings and provides family members the opportunity to identify areas in which they want assistance, including, but not limited to, childcare, budgeting, and transportation.

After the facilitator meets with the family, and then contacts the family, friends, and professional supports identified by the family, an FTC is held. During the FTC, the family and their supports discuss the strengths and needs of the family and develop the ICAP, which outlines family-driven tasks that address child safety and steps for improving the family's circumstances. In addition, the FTC participants develop a contingency plan that clarifies the team responsibilities to help the family maintain the safety and well-being of the children.

¹ These families had been the focus of a child abuse or neglect investigation, but the allegations were unsubstantiated and the families diverted to other community services.

² The PFS is a pre and post service evaluation tool for use with caregivers that measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development.

After the FTC, the case is transferred to the DCC, who is trained to address specific needs, including domestic violence and/or substance abuse, and is assigned to a case based on their capacity to address the dynamics of the case and the needs of the family. The DCC advocates for the family and supports them through the completion of the ICAP, including identifying and referring families to appropriate community resources and holding the family accountable for achieving ICAP goals.

The FGDM-EEE evaluation process includes both process and outcome evaluation components. Data provided by the project indicate that, during the grant period, fidelity to the FGDM model components reviewed improved from 88 percent to 94 percent. Additionally, data available at the time of the site visit (from the last reporting period October 2013 to March 2014) show that all project measures were addressed in each case. The project evaluator reported that during the grant-reporting period prior to the virtual site visit (October 2014 to March 2014), 371 families had been served by the project to date, and the outcomes at that point were positive.

PROJECT DESCRIPTION

Abstract

Kids Central, Inc., is the lead nonprofit, community-based care organization in Florida's Fifth Judicial Circuit, which includes Citrus, Hernando, Lake, Marion, and Sumter Counties. In partnership with Devereux Kids and J.K. Elder & Associates, Kids Central developed and implemented the Family Group Decision-Making: Engaging, Encouraging, and Empowering Families to Succeed (FGDM-EEE) project. FGDM-EEE is one of the projects in the Children's Bureau's *Family Connection Grants: Using Family Group Decision-Making to Build Protective Factors for Children and Families* cohort. Families referred to in-home diversion services³ by the child protection investigator (CPI) are eligible to receive the FGDM intervention, including

- Engagement and meeting preparation by a community facilitator
- Assessments of family/parent functioning
- Family team conferences (FTC)
- Individualized course of action plans (ICAP)
- Services provision/coordination by diversion care coordinators (DCC)

SITE VISIT HIGHLIGHTS

The virtual site visit occurred between August 21 and October 6, 2014. Group and individual interviews were conducted with the project management team, project staff, and the project evaluator. The interviewees included the following individuals:

- Penny Beehler, Project Coordinator
- Malveria Cox-Carter, Co-Project Manager
- MaryEtta Clarkson, Co-Project Manager
- Stacey O'Rourke, Program Manager
- David DeStafano, J.K. Elder and Associates, Program Evaluator

³ These families had been the focus of a child abuse or neglect investigation, but the allegations were unsubstantiated and the families diverted to other community services.

The interviews lasted between 1 and 2 hours, and covered the following topics:

- The reason for the development of the project
- The successes of the project
- The challenges of the project
- The early results of the project
- The evaluation process
- The sustainability of the project

Additional information to inform the site visit report was obtained from the project's semi-annual report for the reporting period ending March 31, 2014; the Family Connection Grantee Profile completed by Evaluation Technical Assistance Liaison, Connie Vu, James Bell Associates; and *Engaging, Encouraging, and Empowering Families To Succeed: Family Group Decision-Making - Family Team Conferencing Process Manual*, which was published by the project. (The manual is included as an attachment to this report.)

Project Highlights

Using a Children's Bureau Family Connection grant, Kids Central, Inc., in partnership with Devereux Kids and J.K. Elder & Associates, developed and implemented the FGDM-EEE project. Kids Central, the grant administrator, is responsible for ensuring quality assurance, program model fidelity, and reporting requirements, while Devereux Kids is responsible for program implementation, service delivery, staffing, and data collection. J.K Elder & Associates developed the evaluation model and is conducting the project evaluation.

The following are the goals of FGDM-EEE:

- Empower families
- Enhance family functioning
- Improve child safety
- Increase protective factors in families
- Reduce the number of children placed in out-of-home care
- Reduce the recurrence of maltreatment
- Improve the ability to engage families without court intervention

Families referred to in-home diversion services⁴ are eligible to receive the FGDM intervention. The CPI determines if a case will be referred for diversion services and, during a case staffing, determines which service provider may best meet the needs of the family. If staffing members determine FGDM is the best service for the family, the family is referred to FGDM-EEE.

FGDM-EEE implemented an FGDM model based on Alabama's family team conferencing⁵ approach. Project interventions include engagement and meeting preparation by a community facilitator, assessments of family/parent functioning, FTCs, ICAPs, and service provision/coordination by the DCC.

⁴ These families had been the focus of a child abuse or neglect investigation, but the allegations were unsubstantiated and the families diverted to other community services.

⁵ Information on family team conferencing is available at http://www.childwelfaregroup.org/documents/FTC_History.pdf

After the case is selected for FGDM-EEE, the community facilitator meets with the family, explains the goals of FGDM and the FGDM process, and begins to prepare the family for the FTC. During the initial interviews, the facilitator learns more about the family, assists them in recognizing and identifying strengths, as well as in identifying supportive family and friends, and community supports the family wants to invite to the FTC. In addition, the facilitator contacts the family's supports (those people the family wishes to attend the FTC) to explain the FTC process, gather information, and prepare them for the FTC.

It is during these initial visits that the facilitator and the family complete the required assessment tools, the FRIENDS Protective Factor Survey⁶ (PFS) and the Dunst Needs Scale. The facilitator administers the PFS to the caregiver to assess their protective factors and identify areas for improvement. A PFS is also administered after the completion of the action tasks outlined in the ICAP to assess change/improvement in protective factors and caregiver functioning. The post-survey helps determine whether the case should remain open or be closed. In addition, the results of the PFS inform the evaluation process and help determine project outcomes. The Dunst Needs Scale is administered to families during one of the initial meetings and provides family members the opportunity to identify areas in which they want assistance, including, but not limited to, childcare, budgeting, and transportation.

The FTC is conducted in a neutral, family-friendly location. The FTC includes the following components:

- **Welcome and introductions** – The facilitator welcomes participants as they arrive, then the entire team, beginning with the family, introduces themselves.
- **Purpose** – The facilitator reviews the reason for the meeting, provides an overview of the steps to be followed, and addresses questions and/or concerns.
- **Outcome statement** – The facilitator shares the desired outcome for the meeting and expresses that safety of the child is the overarching goal of the meeting.
- **Non-negotiables** – The facilitator provides an overview of non-negotiable factors influencing the meeting, with the safety of the child being the primary non-negotiable.
- **Confidentiality** – The facilitator explains the confidentiality agreement, which everyone signs, and clarifies that information about the family is only shared on a need-to-know basis in order to obtain additional services or accomplish the desired outcomes for the family.
- **Ground Rules** – The facilitator asks the family to identify how they would like to govern the meeting and for ways to manage behaviors to keep the meeting focused and productive.
- **Family Story** – The family shares their story, providing their perspective on the current circumstances and the reason for the meeting.
- **Strengths** – The family's strengths are identified by all participants.
- **Challenges and needs** – The facilitator encourages the family and their support network to share their understanding of the family's challenges and needs with the team.
- **Action Planning** – The planning phase addresses the primary issues:
 - The plan outlines family-driven tasks that address child safety and outline steps for improving the family's circumstances
 - A minimum of three protective factors are addressed in the target objectives
 - The people responsible for each task and the timeframes for completion are assigned to each task of the action plan

⁶ The PFS is a pre and post service evaluation tool for use with caregivers that measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development.

- Identify who will help to ensure the plan is followed
- Develop a contingency plan that clarifies the team responsibilities to help the family maintain the safety and well-being of the children
- **Closure of the meeting** – The family is provided the opportunity to suggest changes and confirm their satisfaction with the ICAP
 - The ICAP is reviewed and transferred onto action plan forms
 - Individual tasks are initialed by assigned persons, and the form is signed by the family and facilitator
 - A copy of the ICAP is given to the family, the facilitator, and the DCC
- **Evaluation** – Once the FTC concludes, participants complete an anonymous survey of the process and facilitator.

After the FTC, the case is transferred to the DCC who is trained to address specific needs, including domestic violence and/or substance abuse, and is assigned to a case based on their capacity to address the dynamics of the case and the needs of the family. The DCC advocates for the family and supports them through the completion of the ICAP, including identifying and referring families to appropriate community resources, and holding the family accountable for achieving ICAP goals. In addition, the DCC administers the post-PFS to the family and, at the appropriate time, recommends case closure.

Evaluation Process and Early Results

The FGDM-EEE evaluation process⁷ includes both process and outcome evaluation components.

The process evaluation involves a mixed-method design using qualitative and quantitative data collection from various sources to assess key project activities. The process evaluation seeks to answer the following questions:

- In what ways do specific FGDM-EEE characteristics or components (e.g., program fidelity, staff requirements, the presence of other family engagement strategies, and contextual variables) influence the effectiveness of the initiative?
- What key considerations (e.g., lessons learned, how to integrate into current model of practice, necessary collaborations and partnerships, significant barriers) must be taken into account when implementing FGDM programs?
- To what extent were the key components of the approach implemented as intended?

The process evaluation included several components to ensure fidelity to the FGDM model. First, the lead community facilitators shadowed the community facilitators to ensure the model was implemented properly. Additionally, Kids Central's quality assurance team examined program fidelity by reviewing cases selected at random using a 15-element case review tool.⁸ The tool assesses compliance with key components of the FGDM-EEE model that include, but are not limited to:

- FGDM facilitator completes all pre-planning activities for family?
- FGDM facilitator completes protective factors pre-test with family?
- ICAP developed and shows clear evidence of family input?

⁷ More information on the evaluation process is included in the attached *Engaging, Encouraging, and Empowering Families To Succeed: Family Group Decision-Making - Family Team Conferencing Process Manual*

⁸ The case review tool is in Appendix D of the attached *Engaging, Encouraging, and Empowering Families To Succeed: Family Group Decision Making - Family Team Conferencing Process Manual*

- DCC acts as an advocate to assure plan is completed successfully as evidenced in progress or contact notes?
- Did the FGDM process create a stronger informal support system for this family? If so, describe how.

The outcome evaluation examines the intermediate and long-term outcomes for staff, caregivers, and youth using a pre- and post-test design, and a quasi-experimental design with treatment and comparison populations is used to determine the effectiveness of the program. The treatment population includes the families who participated in the FGDM-EEE services, while the comparison population includes those families in diversion cases who were not referred to FGDM-EEE for services. The outcome evaluation seeks to answer the following questions:

- Does the FGDM-EEE result in measurable improvements in safety, permanency, and well-being outcomes?
- To what extent are FGDM-EEE strategies successful in achieving caregiver and family/youth outcomes identified in the program logic model?
- Does the FGDM-EEE lead to increased staff knowledge about FGDM strategies?
- What is the cost/benefit effectiveness of the FGDM-EEE?

Data provided by the project indicate that during the grant period, fidelity to the components reviewed improved from 88 percent to 94 percent. Additionally, data available at the time of the site visits (from the last reporting period October 2013 to March 2014) show that all measures were addressed in each case.

The project evaluator, David DeStafano, reported that during the grant-reporting period prior to the virtual site visit (October 2014 to March 2014), 371 families were served by the project to date, and the outcomes to this point were positive. The table below provides information about the treatment and comparison groups at 6- and 12-months after case closure.

Treatment Group N=371	Comparison Group N=2174
12 (3.2%) substantiated abuse finding at 6 months	194 (8.9%) substantiated abuse finding at 6 months
0 (0%) child removals at 6 months	59 (2.7%) child removals at 6 months
16 (4.1%) substantiated abuse findings at 12 months	309 (14.2%) substantiated abuse findings at 12 months
6 (1.7%) child removals at 12 months	107 (4.9%) child removals at 12 months

The data also indicate that the treatment group shows higher levels of family participation – 37 percent of maternal relatives and 9 percent of paternal relatives, compared to the comparison group – 3 percent and 1 percent of maternal and paternal relatives respectively.

Mr. DeStafano also shared that a survey was conducted with participants of the project. All of the families (100 percent) indicated that they were satisfied with the FGDM-EEE experience and all indicated that they would recommend that other families participate in the project.

Attachments:

[FGDM-EEE PowerPoint](#)

[FGDM –EEE manual](#)



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