Site Visit Report:
Homes for Black Children: Nurturing the Resiliency in Wayne County Families: Rethinking the Family Decision-Making Model as Community-Centered Child and Family Work

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SUMMARY

Using a Children’s Bureau Family Connection grant, Homes for Black Children (HBC) developed and implemented the Nurturing the Resiliency in Wayne County Families: Rethinking the Family Decision-Making Model as Community-Centered Child and Family Work project (Resiliency Project). The focus of the project was to provide family group decision-making (FGDM) and other well-being services to the target population—African-American families at risk of having their children enter the foster care system or who have experienced recent reunification with their children. To develop and implement the project, HBC partnered with the Wayne County Department of Human Services (DHS), which was the primary referral source. DHS referred all Category IV\(^1\) cases to the Resiliency Project.

As a demonstration project, the Resiliency Project established a treatment group and a comparison group. All families referred to the Resiliency Project are assigned to a family resiliency coordinator (FRC) and a parent advocate/mentor (PA), and are offered the standard services provided by HBC. The treatment group is comprised of those families that chose to participate in the FGDM meeting process in addition to HBC’s standard services. The comparison group is made up of those families who received the standard services from HBC but did not choose to participate in the FGDM meeting process.

Through the Resiliency Project, HBC offers a continuum of services and activities developed to assist families in strengthening child protective factors and decreasing stressors. It provides emotional and concrete supports, parent education, and assistance in creating/improving supportive social and familial connections. The project worked to improve child and family well-being through the use of four core strategies that support and build on the family’s strengths:

- FGDM – a process that includes a family meeting that brings family members together to build on family strengths in order to resolve issues and help assure child safety and ultimately improve family well-being
- Solution-based family counseling - individual and family counseling offered through HBC that engages family members in identifying successful coping skills and resources used in the past to help them resolve current challenges
- Parent advocates/mentors - provide daily emotional support to participants and, through extensive research and networking, seek and generally find resources for families
- Family well-being cluster - includes collaborative partners and providers committed to serving the families participating in the project, as well as services cultural, educational, and recreational activities offered internally by HBC to participants and their families

The project aims to meet families where they are and assist them in improving communication, strengthening relationships, and moving toward self-sufficiency.


\(^1\) Category IV cases are the families in which child abuse and/or neglect were unsubstantiated, but DHS found that the families were experiencing issues that would benefit from further intervention.
PROJECT DESCRIPTION

Abstract

Using a Children's Bureau Family Connection grant, Homes for Black Children (HBC) developed and implemented the Nurturing the Resiliency in Wayne County Families: Rethinking the Family Decision-Making Model as Community-Centered Child and Family Work project (Resiliency Project). The focus of the project was to provide family group decision-making (FGDM) and other well-being services to the target population—African-American families at risk of having their children enter the foster care system or who have experienced recent reunification with their children. To develop and implement the project, HBC partnered with the Wayne County Department of Human Services (DHS), which was the primary referral source. DHS referred all Category IV cases to the Resiliency Project. Category IV cases are the families in which child abuse and/or neglect were unsubstantiated, but DHS found that the families were experiencing issues that would benefit from further intervention. In addition to referrals from DHS, referrals for the project were also received from the Detroit Public Schools system and HBC’s Foster Care Department. The project used four key strategies to improve family well-being and build on a family’s strengths: FGDM, solution-focused family counseling, parent advocates/mentors, and the family well-being cluster.

As a demonstration project, the Resiliency Project established a treatment group and a comparison group. The treatment group consists of the families who chose to participate in the FGDM meeting process in addition to HBC’s standard services, while the comparison group is made up of those families who received the standard services from HBC but did not participate in the FGDM meeting process.

A long-time service provider in Detroit, Michigan, HBC was created in 1969 by the United Way of Southeastern Michigan to address some of the factors that contributed to the 1967 civil rebellion in Detroit. The agency’s purpose was to address disproportionality by decreasing the number of African-American children in Detroit languishing in foster care, and to create opportunities for families by providing services to African-American families in Detroit. Since its inception, HBC has successfully provided adoption services to approximately 1,500 children of all ages, including sibling groups and children who have experienced significant exposure to drugs and/or alcohol in utero. In addition to adoption services, DHS contracts with HBC for family preservation and foster care services. Although the agency was initially developed to support African-American families and children, HBC currently provides services to families of all races and ethnicities, with approximately 80 percent of its clientele residing in the City of Detroit.

Need for Service

Building on past successes, HBC developed the Resiliency Project to address the disproportionate number of African-American children in Detroit’s child welfare system. They found that these families generally lack sufficient family income and resources, parenting and decision-making skills, and formal and informal supports; however, HBC noted there was also a lack of funding for culturally sensitive strategies/services to affect change. According to a stakeholder interviewed during the site visit, the State lacks prevention services to assist families before they enter the child welfare system.

HBC was selected by DHS in 2006 to pilot Family Team Decision-Making (FTDM) in the State. HBC realized that bringing families together to resolve their own issues by building on family strengths
resonated with the African-American community that HBC serves. Due to the lack of funding, HBC was unable to continue offering FTDM services after the pilot ended.

Reflecting on its FTDM experience, the possible cultural benefits of FGDM, the need for prevention services, and the desire to develop services specifically for the underserved, inner-city African-American community, HBC determined that developing and implementing the Resiliency Project was a good fit with its mission and its history.

SITE VISIT HIGHLIGHTS

The site visit occurred September 10 and 11, 2014, at the HBC office in Detroit. During the course of the site visit, interviews were conducted with the HBC project management team, project staff, key agency partners, a member of the project evaluation team, and program participants, including the following individuals:

- Jacquelynn Moffett – Project Principal Investigator
- Eugene Wilson – Project Supervisor
- Linda Lipscomb – Coordinator of Learning Resources
- Roger Christ – Michigan Department of Human Services District Manager
- Hattie Sanders – Family Life Coach
- Doris Alexander – Parent Club Facilitator/Family Life Coach
- Keith Campbell – Parent Club and Boys’ Group Facilitator
- Janet McDonald – Life Enrichment Coordinator
- Dana Hill-Belton – Parent Advocate/Mentor
- Bernadine Simmons – Parent Advocate/Mentor
- Valerie Smith – Parent Advocate/Mentor
- Jennifer Johnson – Parent Advocate/Mentor
- Constance Armstrong – Family Resiliency Coordinator
- CaSaundra Hendricks – Family Resiliency Coordinator
- Eloma Simpson Barnes – Family Resiliency Coordinator
- Adrienne – MOTHER Mentor/Former HBC Foster Mother
- Deborah Long – Evaluation Team
- Three project participants

The group interviews lasted approximately 1 hour 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

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2 The primary difference between FGDM and FTDM involves the purposes of the meetings. An FGDM meeting may be held for many different reasons, as long as the goal of the meeting is to develop a plan to support the long-term safety, permanency, and well-being of children. In FTDM, the goal is to plan for the immediate placement or safety of children following an emergency removal from the home. (The Village Family Service Center (n.d.). FGDM FAQ. Retrieved from [https://www.thevillagefamily.org/fgdm/familygroup/fgdmfaq](https://www.thevillagefamily.org/fgdm/familygroup/fgdmfaq).

3 To maintain confidentiality, the names of the project participants are not included in this report.
The evaluation process
The sustainability of the project

Additional information to inform the site visit report was obtained from the project’s semiannual 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 documents provided to the site visitor during the site visit.

PROJECT HIGHLIGHTS

Through the Resiliency Project, HBC offers a continuum of services and activities developed to assist families in strengthening child protective factors and decreasing stressors. It provides emotional and concrete supports, parent education, and assistance in creating/improving supportive social and familial connections. The project aims to meet families where they are and assist them in improving communication, strengthening relationships, and moving toward self-sufficiency.

All families referred to the Resiliency Project are assigned to a family resiliency coordinator (FRC) and a parent advocate/mentor (PA) and are offered the standard services provided by HBC (described below). Families in the treatment group also participate in the FGDM process. The assigned FRC contacts the referring DHS caseworker to gather additional information about the family, the reason for DHS involvement, and DHS’s desired outcome. When possible, the FRC, DHS caseworker, and PA make a joint home visit to the family to discuss the services the project can provide and the reason for the referral. If the DHS caseworker is not available, the FRC and PA contact the family and schedule a visit to the family’s home. During the visit, the FRC and PA provide an overview of the project, the services available through the project, the desired outcomes for the family, and explain that the primary objective of the project is for families to participate in the FGDM process. Project staff explain to the family that their participation in the Resiliency Project is voluntary. If the family chooses not to participate in the project, they may receive the standard services provided by HBC, which include all the services described in the following sections except the FGDM meeting. If the family chooses to participate in the project, staff immediately begin the assessment and service provision process. Project staff and the family work together to complete several assessments used to determine the best interventions and to help measure the results of the project. The assessments include:

- Family Needs Scale – identifies the expressed needs of the family
- Parenting Stress Index – assesses the level of stress in parent-child systems
- Protective Factors Survey – measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development

To maintain fidelity to the project model, project staff received training on the assessments/surveys and were provided scripts on how to present the surveys to the families.

If possible, planning for the FGDM meeting begins at the initial meeting. However, project staff realized that in some instances, other issues (e.g., housing, domestic violence) had to be addressed/resolved before an FGDM meeting could be planned and conducted. In these cases, project staff and the family immediately develop a Family Resiliency Plan based on the findings of

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4 The standard services provided are described in the following sections.
the assessments, family interviews, and family input to help resolve the immediate concerns and issues of the family.

The project worked to improve child and family well-being through the use of four core strategies (described in detail below), which support and build on the family's strengths:

- FGDM
- Solution-based family counseling
- Parent advocates/mentors
- Family well-being cluster

**FGDM**

If a family chooses to participate in the FGDM component of the project, planning, when appropriate, begins during the first meeting. The family, with guidance from the FRC and PA, determines who will be invited to the FGDM meeting. The FRC contacts the invitees, explains the FGDM process, and asks the invitees to share information and concerns about the family.

At the onset of the meeting, the guidelines and rules for the meeting are established. The issues are discussed with the meeting participants, and then the FRC and PA leave the family alone to establish their Family Resiliency Plan. Once the family develops their goals, the FRC and PA return to the meeting and assist the family in establishing the action steps for the plan. Each participant is provided with a finalized copy of their Family Resiliency Plan.

The PA maintains contact with the family and assists the family in obtaining the resources and services needed to complete their Family Resiliency Plan. The PA locates the resources, but the families are responsible for making appointments and following up.

According to HBC staff and participants, family members appreciate participating in the planning for their families, stating they realize they are repairing themselves from within. FGDM makes it the family's responsibility to establish goals, make decisions, and make the actual changes.

Once a family completes their Family Resiliency Plan successfully, and the family is ready to close their case, an after care case plan is established to ensure continued support and progress. Then the family completes post-survey/assessments, which are duplicates of those conducted at the onset of the family's involvement. The results are used by the evaluator to determine the progress of the family, as well as the outcomes of the project.

Some families return to HBC for further assistance if other problems/situations arise. HBC staff reported that they "work with the willing, as long as they are willing to work."

**Parent Advocate/Mentors**

The PAs play a significant role in program engagement and service delivery. They provide daily emotional support to participants and, through extensive research and networking, seek and generally find resources for families. Some of the resources meet basic needs, e.g., housing, food, utility assistance, bedding, and clothing, while other assistance the PAs provide is more focused, e.g., navigating the school application processes, assisting with the Social Security Administration, and helping reinstate public assistance. The PAs are available to families 24-hours a day, and, through social interactions between staff and parents, they are able to model appropriate life and parenting skills.
Family Well-Being Cluster
Project staff refer families to well-being services based on needs identified during the assessment or FGDM process. The family well-being cluster includes collaborative partners and providers committed to serving the families participating in the project:

- Wayne County Department of Human Services
- Detroit Public Schools
- TJ Adams Employment Service
- TEAM Mental Health Services (adult mental health)
- Children's Center (child and adolescent counseling and assessment center)
- National Council on Alcoholism and Drug Dependence of Greater Detroit
- R&R Domestic Services, Inc. (domestic violence)
- Casey Family Programs
- Benevolent, Inc. (community foundation)

In addition to these partners providing services to families, they also served as an advisory board to inform program design, project strategies and implementation, and project sustainability.

In addition to these partners, the well-being cluster component of the project includes services traditionally offered by HBC. These services, offered internally through HBC’s Life Enrichment program, offer cultural, educational, and recreational activities to children and their families. They are described in detail here because most families participated in at least some activities, and because staff and participants spoke with great enthusiasm about how the activities made an important contribution to better outcomes for families and children. Life enrichment activities and parenting education offered by HBC include the following:

- **Women’s Activities:**
  - **The Mentoring Others To Help Empower, Restore, and Strengthen Group (MOTHERS Group)** – This group meets biweekly and is comprised of the “Rosebuds,” young women who did not have sufficient maternal role models during their formative years; and “Full Blossoms,” their mentors, who are former foster mothers for HBC with proven parenting expertise. The older women nurture and mentor the younger women and provide guidance in managing children and households, as well as other life skills. A Rosebud and Full Blossom were interviewed during the site visit. Both reported that the experience enriched their lives. The Rosebud acknowledged the value of the guidance and support provided to her by the Full Blossom, including guidance in household management, budgeting, parenting, anger management, and grocery shopping.
  - **Spring Fling** – This was a substitute prom held for the young women involved in the project who missed their high school proms due to early parenting responsibilities. The goal of this activity was to fulfill a missed developmental opportunity. A local boutique and clothing agency donated the gowns, and professional stylists assisted with hair and make-up for the participants. The women were driven to a photo shoot and the event in a limousine. Refreshments and music for dancing were provided at the event. The participants interviewed for this report indicated that the event was wonderful.

- **Family Activities:**
  These activities give families the opportunity to participate in events and visit places that they may not otherwise experience. These activities, which are generally attended by participant families and by
HBC staff and their families, provide parents with opportunities to witness positive parenting and to spend time with other families in similar situations. HBC, by providing these opportunities, is trying to break the cycle of isolation and broaden the horizons of the children and the parents. Project staff reported that these outings help alleviate the feelings of isolation and depression often experienced by parents. Through these activities, HBC staff can see the progress and improvements that parents/families are making in the program by observing family interactions. Activities include visits to museums, historical sites, professional sporting events, and music festivals. Families also volunteer at Backpacking for Success, a program that provides free backpacks and school supplies to families in need.

The most interactive event for families is the **Family Camp**. The purpose of this weekend camp is to strengthen family relationships, make memories, and build life-long connections with other families and HBC staff. The camp site, which is owned and operated by the Detroit Public Schools, is located about 65 miles from Detroit on North Lake. Participants share cabins with other participants and HBC staff of the same gender. Participants reported making friends and participating in new activities, such as swimming, boating, fishing, and sitting around a campfire.

- **Parenting Club/Parent Education:**
  HBC offers the Parenting Club, a program of parent education classes on a variety of topics, which are held in some City of Detroit schools and the HBC office. The classes, according to staff and participants, build trust among the participants and HBC staff. Additionally, the education and knowledge gained through the Parenting Club builds self-esteem and confidence in the participants. According to project staff, if parents believe they can do better, they will transmit that to their children. Topics covered in Parenting Club include:
  - Self-esteem
  - Nutrition
  - Relationships
  - Age-appropriate discipline
  - Budgeting
  - Job-seeking skills
  - Domestic violence

In addition to parenting education, the Parenting Club also provides parents opportunities to participate in other special events, including, but not limited to, those under the family activities heading.

- **Children’s Activities**
  HBC offers various activities for children and adolescents, assisting them in developing friendships, interpersonal skills, and life skills. Participants in these programs/groups are exposed to various activities in a healthy environment. Project staff view these activities as self-esteem building, in that the youth become aware that they can be successful and do not have to depend on things being given to them.
  - Drummers for Peace – This drumming corps is comprised of foster and other community children performing in various venues to help increase their self-esteem and skills for coping with daily life.
  - Girls groups
    - Etiquette Group – This is a school-based group for middle school girls that teaches grooming and social skills. The girls who participate in the program receive school credit for their participation.
Girls Club – This is a weeklong event during the summer and meets the first Saturday of every month the remainder of the year. The groups are divided into two age groups – 4th through 6th grade and 7th through 12th grade. The club exposes them to various cultural activities, including museums, shopping, and concerts, and helps the girls develop life skills such as problem solving, leadership, budgeting, cooking and housekeeping, and self-esteem. A career day is held for the girls.

Boys Club – The Boys Club is a summer-long activity that teaches life skills, including social skills, leadership skills, budgeting, and cooking and grilling. The boys establish their own leadership and rules for the club, as well as the consequences for violating the rules. The boys hold each other accountable and form long-term friendships/relationships with each other and HBC staff during the summer. They frequently continue to participate in HBC activities throughout the remainder of the year. In addition, the boys attend sporting and other cultural events.

Solution-Based Family Counseling
This component of the project consists of individual and family counseling offered through HBC. This counseling engages family members in identifying successful coping skills and resources used in the past to help them resolve current challenges. Project staff reported that participation in the solution-based counseling is very limited and that most project participants prefer to participate in the group activities offered in the well-being cluster.

CHALLENGES
Resiliency Project staff report the following challenges:

- **Getting families to “buy in” to the project.** In the beginning of their involvement, families were frequently hesitant to participate; however, once families understood the project, they often became more comfortable and vested in the project and the services offered by HBC. Additionally, some families had urgent needs that had to be addressed before they could commit to the project. Project staff were usually able to help families resolve these issues by locating resources or contacting agencies for assistance. Although it often took time, project staff gained the trust of the families and the families benefited from the project.

- **Collecting surveys from program participants.** Some families were concerned about how the information in the surveys would be used. Additionally, the formatting and language used in the surveys were confusing to some staff and families. To address these issues, the evaluator revised the surveys for the project and provided training and a script for project staff on how to present the surveys to families, which allowed the project staff to become more comfortable with the assessment tools.

OUTCOMES

Evaluation

The Resiliency Project is being evaluated by comparing the outcomes of the treatment group families who participated in the FGDM process and received HBC standard services with families in the comparison group who received only HBC standard services. All participants are asked to complete the three surveys (PSI, FNS, and the Protective Factors Survey) at three points during their involvement with the project—at the beginning of services (baseline), 6 months after the baseline, and at 12 months. The results of the
surveys are evaluated to determine whether outcomes for the families in the treatment group have improved during project involvement relative to outcomes for families in the comparison group. In addition to the evaluation of survey data, the evaluation process includes structured field observations of program activities and committee meetings, administrative record reviews, parent interviews, and reviews of DHS data to determine if project participants in both groups had DHS involvement after project participation.

Additionally, the evaluators are conducting a cost analysis of the project to provide information comparing costs of the treatment and comparison interventions, costs of resources involved in the project, and the cost of replicating the project.

Larry Gant, Ph.D., of the University of Michigan School of Social Work, is the lead evaluator for the Resiliency Project. Dr. Grant and his staff are currently conducting data analyses and looking closely at outcomes and fidelity measures. The findings were not available at the time of the site visit, but HBC anticipates they will be included in the Resiliency Project’s final report.

**Sustainability**

HBC is seeking funding from private foundations to sustain the Resiliency Project. If funding is not secured, they anticipate that the PA, FSC, and FGDM components of the project will cease; however, counseling and many of the life enrichment activities offered by HBC and other members of the family well-being cluster will continue.

The final report for this grant project is available through the Child Welfare Information Gateway library at [http://tinyurl.com/pdtnp5u](http://tinyurl.com/pdtnp5u).

**Attachments:**

Project information/Public Relations:
- Homes for Black Children Newsletter
- Project at a Glance Booklet
- Resiliency Project Brochure
- Resiliency Poster Presentation