PARTNERSHIP FOR
STRONG
FAMILIES

Partner. *Foster.* *Adopt.*

Engaging Families Through Family Team Conferencing

Replication Manual

Children's Bureau *Family Connections Grant*
2009-2012: Family Team Conference Project

5950 NW 1st Place, Suite A
Gainesville, FL 32607
352-244-1500
pfsf.org

We would like to thank the Department of Health and Human Services, Administration for Children and Families, Children's Bureau for funding this project. Without their support and guidance, the work outlined in the following pages would not be possible. Also, we would like to thank the Florida Department of Children and Families, the staff of our contracted Case Management Agencies and our numerous service providers and private practitioners. Finally, a special thanks to Dr. Robin Perry of the Institute for Child and Family Services Research, Dr. Jane Yoo of Clarus Research, Mona Gil de Gibaja of United Way of North Central Florida and the grant-funded staff members who participated in this project for their hard work and dedication to this project.

PSF's Grant Team - From Left to Right:
Cherie Watters - FTC Facilitator; Cynthia Reneke - FTC Coordinator; Patricia Murphy - FTC Coordinator; Toni Spoliansky - Project Director; Gillian Nassau - FTC Facilitator; Rhonda Abercrombie - FTC Facilitator

Abstract:

In September 2009, Partnership for Strong Families (PSF) was awarded a $1.8 million grant from the Children's Bureau to conduct an evaluation of Family Team Conferencing (FTC). The purpose of this research project was to test different approaches of FTC. FTC was already an established part of services provided by PSF, however different models of FTC are practiced and researched elsewhere, and PSF wanted to learn more about these different models and how they could benefit clients within their system of care. The project tested the FTC approach utilized at Partnership for Strong Families prior to receipt of the grant with two alternative models to see if each produced different results or were perceived and valued differently by all participants, especially the family.

The results that were of interest to the study included: increasing child and family safety at home, reducing time frames to achieve permanent homes for children, improving child and family well-being, greater family involvement in case planning and decision making and other service goals and outcomes deemed of value by families working with service providers. In order to test these different models, an experiment had to be conducted. The results of this study were of major importance in helping Partnership for Strong Families evaluate the value of FTC in achieving desired outcomes and improving services with children and families.

Table of Contents:

PSF-Partnership for Strong Families * FTC-Family Team Conference * FCC-Family Care Counselor * CPI-Child Protective Investigator
EE-Early Engagement * GAL-Guardian ad Litem * FSF-Family Service Facilitator * DCF-Department of Children and Families

Section 1: Introduction

Florida's Child Welfare System:

Florida's provision of child protective services is unlike any other system in the nation. In 1998, the Florida legislature made the bold decision to move toward privatization of most child welfare functions, handing them over to nonprofit organizations in local communities. This transformation was completed in 2003. Today, 19 Community-Based Care agencies across the state are responsible for the provision of services ranging from child abuse prevention and protective supervision all the way to foster care and adoption. The Department of Children and Families still maintains the oversight, contract management, abuse hotline and initial investigations of abuse.

Privatization has enabled Florida to go from being of the worst performing in the nation in terms of child welfare outcomes to being one of the top performers whom other systems are trying to emulate. It has also opened the door for innovation, both at a community and a state level. Perhaps one of the best examples has been the increased ability for Community-Based Care agencies like Partnership for Strong Families to obtain grants such as the one funding this project, where best practice models can be developed and implemented. Systemic change in the last decade has been dramatic, but there is still work to do.

Project Overview:

The Family Connections Grant, titled Engaging Families through Family Team Conferencing, was awarded to Partnership for Strong Families September 28, 2009, by the Federal Government (Administration of Children and Families). Federal funding provided $1.2 million over a 3 year period (with a $600,000 agency match). The project's purpose was designed to evaluate Family Team Conferencing elements leading to a nationwide model. The project focused on a random sample of over 700 families from the 13 counties comprising our catchment area who are receiving case management services. PSF's catchment consists of Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Levy, Lafayette, Madison, Suwannee, Taylor and Union Counties (please insert map of catchment area within Florida). All In-home Supervision and Shelter Cases were considered for inclusion in the study.

Two experimental models were compared to a control model of Family Team Conferencing. The control model, FTC as usual, left the responsibility of planning and facilitating the FTC to the Family Care Counselor. This is the manner in which FTCs were conducted prior to the receipt of the Grant. The first experimental model, FTC- New, provided designated, trained staff to plan and facilitate the FTC. The second experimental model also provided the specialized staff and added a component of Family Alone Time to the FTC. Please see the chart on next page for a better detailed comparison of the three FTC models, as well as what the structure of an FTC looks like.

What is Family Alone Time?

Family Alone Time is a part of the second experimental FTC model, where the core members of the family are given as much time as they need to meet, without professional involvement, to discuss case planning activities during the FTC. This practice is based on the Family Group Decision Making (FGDM) model. Family alone time can include non-blood relatives if the other members of the group agree to their inclusion.

PSF-Partnership for Strong Families * FTC-Family Team Conference * FCC-Family Care Counselor * CPI-Child Protective Investigator
EE-Early Engagement * GAL-Guardian ad Litem * FSF-Family Service Facilitator * DCF-Department of Children and Families

Structure for Family Team Conferencing

Welcome
- Purpose of meeting
- Introductions
- Confidentiality document is signed

Groundrules
- Establish rules to be kept during the FTC
- Examples: no interrupting, no foul language, be honest, etc...

Desired Outcomes
- Discuss goals for the FTC
- Ensure family identifies desired outcomes

Family's Story/ ID strengths
- Allow family to tell their story
- Give family members opportunity to ID strengths of the family
- Support may then ID strengths of the family.

Identification of needs
- Allow family to identifiy areas in which they need assistance.
- Empower family members by allowing them to identify their own needs, rather than supports or other participants identifying the needs.

Family Alone Time
- This will only occur on FTC's assigned as "**FTC New + Family alone Time**
- Family will have alone time to develope their plan
- Plan will be implemented as long as it addresses safety concerns

Develop Plan and assign responsibilities
- Details of who, what, when...
- Discuss any safety concerns not addressed in the family plan
- What could go wrong?- Develope contingency/ back-up plans
- Trouble shoot potential barriers

Closing appreications
- Take time to thank Family and support for participation
- Closing ritual (if family desires)

FTC-As Usual

- Occur within 14 days of CTS
- Facilitated by FCC, not outside facilitator
- Service providers may or may not be in attendance
- No Family alone time

FTC- New

- Occur within 5 business days of VPS/ Early Engagement visit or within 10 business days of the shelter hearing
- FCC and FSF will work together with the family to invite all participants to the FTC through face to face contact, phone calls, letters or email.
- Providers who are currently working with the family may be invited to participate
- FTC is scheduled at a time and location convenient to the family
- FSF will facilitate the FTC
- No family alone time
- Cases will have follow up FTC's at 4, 7 and 10 months; and/or prior to an adoption/ permanency staffing.

FTC- New +Family Time

- Includes all components of the 'FTC-New' model plus family alone time
- Family is given alone time to develop their plan
- Plan is approved by FCC, family and attorneys as long as all safety concerns have been addressed.

PSF-Partnership for Strong Families * FTC-Family Team Conference * FCC-Family Care Counselor * CPI-Child Protective Investigator
EE-Early Engagement * GAL-Guardian ad Litem * FSF-Family Service Facilitator * DCF-Department of Children and Families

Project Goals and Objectives:

Goal:
To respectfully engage families in decision-making and case planning through a strength-based, family-centered, culturally appropriate system of care that includes initial and ongoing Family Team Conferences for every new in-home supervision and shelter (removal) case.

Objectives:

1. Hire and train four full-time Family Service Facilitators (FSF) who will serve as the facilitators for all initial and ongoing FTCs for a random sample of new in-home supervision and shelter cases. Hire two full-time Family Team Conference Coordinators to help coordinate all of the planning and logistics for the FTCs.
2. Ensure meaningful participation in case planning and decision-making of families participating in an initial and ongoing FTC.
3. Increase participation of children and extended family members in initial and ongoing FTCs for families with new in-home supervision or shelter cases.
4. Increase participation of service providers at initial and ongoing FTCs who can meet the immediate and ongoing needs of families with new in-home supervision or shelter cases.
5. Ensure expedited services are provided to all of the families who participate in initial FTCs.
6. Improve Goal Attainment Scale score for the families who participate in an initial and ongoing FTC (measured by completing and monitoring the Goal Attainment Scale).
7. Increase protective factors for the families who participate in an initial and ongoing FTC (measured by administering the Protective Factors Survey).
8. Reduce re-referral rates among families who have received an initial and ongoing FTC.

Section 2: Implementation

Staff Roles and Responsibilities:

Project Director:

- Provides day-to-day management of operations related to the project
- Receives notification of case assignment from designated point of contact for each service site
- Enters case information into data management system for tracking of assignments and due dates
- Through random assignment, determines which type of FTC will be designated to the case
- Assigns FTC to Coordinator and Facilitator staff
- Manages and cleans data to be provided to evaluation team
- Manages quality assurance and project fidelity
- Ongoing communication and collaboration with IT and Finance departments
- Participates in Grant Operations Team
- Troubleshoots any barriers
- Mentors FTC staff for purposes of training and certification
- Provides ongoing support and training to FTC staff

FTC Facilitator:

- Reviews available case information upon assignment of an FTC
- Communicates with FTC coordinator regarding participants and attendance confirmations
- Facilitates Family Team Conferences to engage the family and assist in the development of an appropriate family plan
- Maintains integrity of the Family Team Conference process
- Ensures Family Plan is completed
- Addresses any safety concerns
- Ensures all participants have signed plan
- Assists families in completing some of the grant-required evaluation tools (Goal Attainment Scale, Protective Factors Survey and the Strengths and Difficulties Questionnaire)
- Recommends services for family based on needs identified during FTC
- Maintains information regarding the services available in the family's area
- Authorizes service allocation and coordinates service delivery with providers and community resources
- Oversees the authorization and utilization of services to ensure resources are maximized
- Fosters relationships with service providers, hospitals, courts, education system, Domestic Violence and Substance Abuse & Mental Health agencies
- Participates in staff meeting and coordinates activities between various stakeholders within the System of Care

FTC Coordinator:

- Responsible for all logistical planning of FTC, including:
- Coordinate date and time of FTC
- Engage and invite all attendees to participate in FTC
- Consider the need for professional staff to be in attendance
- Coordinate the schedules of all FTC attendees
- Reserve a location for the conference that is safe and allows for open dialogue
- Address need for and arrange daycare services, in the situation in which the children of the family are not able to attend the FTC
- Organize the research materials and appropriate forms to be completed at each FTC
- Input data associated with FTC in the appropriate PSF data management systems (P-Kids, FSFN)
- Export data from data management systems for tracking and performance measures
- Ensure evaluation materials are stocked, organized, and well maintained
- Participate in staff meetings to address any concerns associated with the project
- Link with professional staff to ensure appropriate attendance by domestic violence, substance abuse and mental health experts as needed

Training Strategies

Ongoing training was offered to PSF and partner agency staff throughout the entire grant period. Trainings occurred with new case management staff on a semi-annual basis and as requested by management staff. Nearly 20 formal trainings, in addition to informal discussions, took place during the three year grant period. Each case manager who completed the training was provided with an 'FTC Grant' binder, which contained helpful hints, necessary paperwork and procedural information.

Implementation Timeline:

Task/Activity	Completion Date
Hire Staff	
Post positions for 2 Family Team Conference Coordinators	10/16/09
Post positions for 4 Family Service Facilitators for FTCs	10/16/09
Hire 2 FTC Coordinators	11/15/09
Hire 4 Family Service Facilitators for FTCs	11/15/09
Roles and Responsibilities	
Establish FTC Implementation Team and set up meeting schedule	10/16/09
Establish FTC Operations Team & set up meeting schedule	10/26/09
Finalize roles and responsibilities for FTC Coordinators, Family Service Facilitators, DCF and PSF staff and community partners in FTC process	11/20/09
Protocols and Processes	
Finalize FTC protocol and schedule for initial and follow-up FTCs	11/15/09
Finalize and organize process for administering all research materials	1/30/10
Goal Attainment Scale (GAS)	1/30/10
Protective Factors Survey (PFS)	1/30/10
Strengths and Difficulties Questionnaire (SDQ)	11/30/09
Finalize detailed budget and quarterly reporting process for expenditures	12/1/09
Finalize IT & data entry process for all research tools and collection and reporting of other data needed	12/15/09
Finalize data tracking and reporting schedule and process	1/1/10
Training and Outreach	
In-Service Training for all direct staff (FSFs, FCCs and FTC Coordinators) on roles and responsibilities and FTC process, protocol and research tools	11/30/09-12/15/09
In-Service Training for all appropriate DCF (including CLS and SAMH) and PSF staff on roles and responsibilities and FTC process, protocol and research tools	12/15/09
In-Service training for all key community partners (i.e.: DV & SAMH)	12/20/09
Community Outreach/Education to key stakeholders & potential partners	11/1/09-12/31/09
Data Collection and Research	
Application submission to Western Institutional Review Board (WIRB)	10/31/2009
Approval from WIRB	5/6/2010
Commencement of Data Collection	5/24/2010

PSF-Partnership for Strong Families * FTC-Family Team Conference * FCC-Family Care Counselor * CPI-Child Protective Investigator
EE-Early Engagement * GAL-Guardian ad Litem * FSF-Family Service Facilitator * DCF-Department of Children and Families

Section 3: Procedures

FTC Intake and Case Assignment Process:

1. Child Protective Investigator (CPI) commences investigation
2. CPI staffs case with Decision Team Consultant at a decision team staffing or appropriate team meeting and determines if ongoing case management is necessary. Case progresses to either:
   a) In-home supervision
   b) Shelter
3. CPI sends e-mail to 'intake@pfsf.org' with the following information:
   a) Name of the case
   b) Tentative Early Engagement (EE) date for in-home supervision cases or shelter date for court cases
   c) Abuse report number
   d) City and County of location
4. Project Director inputs information into P-Kids
   a) P-Kids randomly assigns which FTC path the case will receive
   b) Project Director assigns FTC to facilitator and coordinator
5. Case Management Program Director assigns case to unit supervisor and Family Care Counselor (FCC) and notifies Project Director of assignment
6. Guardian Ad Litem (GAL) program assigns staff or volunteer guardian and notifies FCC and assigned FTC coordinator

Note: Steps 4, 5 and 6 occur simultaneously in this process

7. Case Management Program Director, GAL staff member and Project Director communicate with each other (via e-mail) which staff have been assigned to the case
8. Project Director sends e-mail to assigned FTC Facilitator and Coordinator, notifying them of the case assignments. Copied on this e-mail notification are:
   a) Family Care Counselor assigned to manage the case
   b) Case Management Program Director and FCC Supervisor
   c) Child Protective Investigator involved on the case
   d) GAL assigned or Senior AA of the GAL program if guardian is not yet assigned
9. Initial staffing occurs for shelter cases (these staffing notes along with DTC notes should be obtained)
10. Joint Early Engagement visit occurs for in-home supervision cases
11. FTC coordinator, facilitator and FCC begin communication regarding the case info, participants involved and FTC elements
12. FTC coordinator begins the scheduling process and notifies both the FCC, GAL and Facilitator of any barriers

13. Finalized conference time and location is sent by Coordinator to all involved in the case and clearly denotes who has been invited to the conference
14. FCC and/or FTC Facilitator complete Strength and Difficulties Questionnaire (SDQ) and Protective Factors Survey (PFS) with family prior to initial FTC (can be done at the location of

PSF-Partnership for Strong Families * FTC-Family Team Conference * FCC-Family Care Counselor * CPI-Child Protective Investigator
EE-Early Engagement * GAL-Guardian ad Litem * FSF-Family Service Facilitator * DCF-Department of Children and Families

the FTC prior to the start of the FTC)

15. FTC occurs with FCC and Facilitator (and all other individuals invited by the family). The GAL program is discussed at FTC if assigned GAL is not present. The FTC occurs:
    a) Within 5 business days of initial joint visit (in-home supervision cases)
    b) Within 10 business days of shelter hearing (shelter cases)
16. FCC and/or FTC Facilitator complete Goal Attainment Scale (GAS) that aligns with family plan
17. Two week follow-up staffing occurs with Quality Operations Manager
18. FTC Facilitator completes two week follow-up call with family to address barriers and engagement
    *No formal data collection for grant in this step
19. FCC completes first progress update of Goal Attainment Scale (GAS), which is completed within 30 days of Initial FTC

Family Information Tool (FIT):

FTC Coordinators used the Family Information Tool (FIT) to help organize case information when planning an FTC. The FTC Facilitators used this completed form to assist with their preparation for the FTC. The FIT included case participants, demographic and contact information, as well as pertinent case information such as abuse/neglect allegations, prior reports and safety concerns. Special considerations regarding transportation, child care and visitation were also noted on the FIT. Additionally, family and individual needs, as identified in previous staffing, were also outlined on the FIT. A full copy of the FIT document can be found in the Appendix section of the manual.

Informed Consent and Data Collection:

Prior to the beginning of an initial FTC, clients are asked whether or not they would like to participate in the FTC research study. The FCC and/or FTC Facilitator explains the informed consent document, explaining to the family that their participation is voluntary and that they will have access to an FTC and services regardless of whether or not they consent. The family is also informed that there is no monetary reward for participation as well as no foreseeable risk in participating. Families are given the opportunity to review the entire document, which is written at a 4th grade reading level, before making their choice to consent or not. Regardless of their choice, the FTC is completed. If the family consents, the Protective Factors Survey, Strengths and Difficulties Questionnaire, Goal Attainment Scale and Questionnaire for Family Members and Participants are administered before and after the FTC. If the family declines participation in the research study, these instruments are not administered. Copies of these instruments can be found in the Appendix section of this manual.

Quality Assurance Process for Informed Consents and Data Collection:

1. Informed Consent is obtained prior to the Family Team Conference (FTC) and reviewed by the assigned FTC Facilitator/Family Care Counselor (FCC) to ensure it is signed appropriately
2. Prior to the dissemination of any instruments, the FTC Facilitator/FCC will verify based on completed Informed Consent documents who is to receive which instrument(s)

3. Upon completion of the FTC, assigned FTC Facilitator and/or FCC verifies that all research instruments have been completed by the client as appropriate
   a) This verification is to occur prior to all parties leaving the FTC
   b) If the research instruments are incomplete, the FTC Facilitator and/or FCC will ensure that all necessary corrections are made
4. Assigned FTC Facilitator and/or FCC submit the signed Informed Consents and completed research instruments to the assigned FTC Coordinator for data entry
5. Assigned FTC Coordinator reviews the Informed Consents and research instruments to verify they are complete and appropriately signed
   a) If they are not complete or appropriately signed, the FTC Coordinator notifies the assigned FTC Facilitator/FCC of the error
   b) The assigned FTC Facilitator, FCC and FTC Coordinator work together to contact the client, as necessary, to obtain missing signatures/missing information
   c) If missing signature on the Informed Consent is unable to be collected, the associated client will not be counted as part of the research pool
6. Upon verification that the Informed Consent and research materials are complete, the FTC Coordinator inputs the data into P-Kids and scans the Informed Consent and research material packet into PSF's secure electronic record keeping system
7. Monthly, the Project Director and FTC Coordinators review documents in the secure electronic record keeping system to ensure that data entered into P-Kids matches information electronically filed in the record system
8. If information in P-Kids does not match what is filed in the secure electronic record keeping system, steps will be taken to ensure data in P-Kids is corrected
9. Documentation of all changes is kept in a data cleaning log

Family Plans:

The Family Plan is the document produced as a result of the FTC. The Family Plan includes a list of the family's strengths as well as individual and family level needs that are identified at the FTC. The Family Plan also outlines steps to be taken and person(s) responsible to address the identified needs. Participants sign the Family Plan, acknowledging their identified responsibilities and agreeing to confidentiality. The Family Care Counselor uses the Family Plan as a basis for writing the court approved Case Plan (for cases with court involvement). For in-home supervision cases, the Family Plan is used as the Case Plan. A copy of the Family Plan can be found in the Appendix section of this manual.

FTC Exemptions:

It is the policy of Partnership for Strong Families for Family Team Conferencing to occur with all families receiving supervision and case management services from PSF. Only under extreme circumstances should a family be determined not appropriate for the FTC process. Such circumstances would include situations in which conducting an FTC would be detrimental or harmful to the child, family member, Family Care Counselor or another member of the FTC team. Research indicates that

children benefit from Family Team Conferencing even if their parents are not willing to participate and/or are deemed to be exempt from the FTC process. Children can be empowered by others in their lives to assist them in meeting their goals and permanency plans. Foster parents, relatives, school teachers, Guardians ad Litem, siblings and others can assist the children through the FTC process. A copy of the FTC Exemption form can be found in the Appendix section of this manual.

Determination of Family Team Conferencing Exemptions:

1. Designated FTC staff, the Family Care Counselor Supervisor and the Case Management Program Director, in conjunction with the Family Care Counselor, is responsible for ensuring the Family Team Conference Exemption Form is completed, documenting the reason the case is not appropriate for FTC. This form must be signed and dated by the staff person documenting the information.
2. Once complete, the Family Team Conference Exemption Form must be reviewed and signed by the assigned Family Care Counselor Supervisor and Case Management Program Director. The exemption form is then submitted to the FTC Project Director or another approved administrative staff for final approval.
   a) If form is complete and presents adequate reason for exemption, it will be signed for approval.
   b) If form is incomplete or is lacking adequate reason for approval, it will be returned to the submitting staff member for revision.
   c) The designated FTC staff member will sign and approve completed and appropriate Family Team Conference Exemption Forms within 72 business hours of submission.
3. Once approved, the designated staff member will ensure the Family Team Conference Exemption Form is sent to Data Management.
4. The data manager will scan the form into the PSF database and will place the document in the client's file.

Section 4: What We Discovered

The evaluation of the Family Connections grant was multi-faceted. A variety of methods and sources of data were used as part of a comprehensive process and outcome evaluation.

Process Evaluation:

The process evaluation examined the extent to which the FTC models were implemented with fidelity, the strengths and limitations of each model (in the eyes of all participants) and the perceived value and utility of each model in light of practice realities. The process evaluation involved a variety of activities, including independent observations of randomly selected FTCs (across all Pathways), focus groups with participant families and service providers, surveys of community partners, structured interviews

with FCCs and FTC facilitators and standard surveys given to participants after the completion of each FTC.

Outcome Evaluation:

The outcome evaluation examined the impact of each FTC on a number of indicators of child and family well-being and service effectiveness. Standardized measures, service utilization data, examination of service goal accomplishment, as well as other data were used to measure the extent to which there was a meaningful/statistically significant change for participant children and families (across each Pathway) as such relates to:

1. A reduction of emotional, conduct, hyperactivity and peer problems of children and youth (measured via the Strengths and Difficulties Questionnaire - SDQ)
2. An improvement in positive social behaviors of children and youth (measured via the SDQ)
3. Improvements in a variety of protective factors with the family, including measures of family functioning/resiliency, social supports, concrete supports, levels of nurturing and attachments and parental knowledge of child development and parenting skills (measured via the Protective Factors Survey)
4. Attainment of family service and plan of care goals (using the Goal Attainment Scales)
5. Attainment of service outcomes linked to select statewide performance measures associated with reunification, child safety and permanency indicators.

Discussion and Results:

Through the end of the study, a total of 1894 FTCs (initial and follow-up) were scheduled with 1156 individual families, of whom 623 (53.9%) agreed to participate (in whole or part) in the formal study/ evaluation.

Select findings (see the forthcoming final report for all findings and recommendations) from the process evaluation are revealing. The focus groups with parents and service providers and the FCC and FTC Facilitator interviews reveal similar strengths and promises associated with FTCs.

> *"Everything I've expressed concerns about, they've brought in resources to help. They are really good."*
>
> - A Parent and FTC Participant

Specifically, FTCs are generally well received, and there is strong support for FTCs with respect to the philosophy and approach. The FTC Facilitators also are praised for their skilled work, and the independent observations and responses to process questions following each FTC affirm the fidelity to which FTC Facilitators are implementing the FTC models. Among FCCs and FTC Facilitators, the FTC – regardless of the Pathway – was perceived to be an integral part of managing both in-home supervision and shelter cases. Among those interviewed, both FCCs and FTC Facilitators unanimously believed that the FTC engaged families in decision-making and linked families to services that families themselves identified as potentially helpful.

> *"With FTC, I can speak my mind and they [FTC Facilitators] don't turn around what I say. They took what I said and then said 'This is what I can do to help you.' Every time, the facilitator repeats back what I say so that I am clear that she is hearing me. She makes sure she understands what I am saying."*
>
> - A Parent and FTC Participant

There was a strong preference among FCCs for Pathway 2 FTCs, which involves the FCC and FTC Facilitator as co-facilitators. This FTC model utilizes the skills of FTC Facilitators to facilitate FTCs with families and promotes direct and immediate linkage of services through the FTC Facilitators. The FTC Facilitators were perceived to play an important supportive role for the FCC. Pathway 3 is identical to Pathway 2 with respect to the FTC Facilitator roles, but the FCCs supported Pathway 2 over Pathway 3. They believed that families under utilize family alone time and that family alone time is redundant to the FTC itself.

It should be noted that FTCs are not perfect in practice overall. The parents in the focus group responded positively to FTCs, as did the service providers from both Judicial Circuits covered by the agency, but glitches identified in how, when and by whom FTCs are implemented suggest that a number of improvements could be made. For example, the interviews, observations and focus groups all suggest that families are not inviting their family members and supports to participate in the FTCs. Therefore, there could be better communication with families about this goal, as well as a concerted effort to work with families in inviting their supports (including professionals) to the FTCs. Some service providers highlighted they are challenged by the logistics of scheduling and participating in FTCs. As to the impact of FTCs, select service providers are uncertain as to whether FTCs truly give decision-making power to families when they are typically outnumbered by professionals during the FTCs. Also, they highlighted barriers to service linkages (e.g., lack of transportation, limited availability of certain services and low family motivation) that potentially undermine the goal of FTCs to better connect families to services.

> *"Before we became FTC focused, we just went in and said 'This is what we want you to do - no ifs, ands or buts.' [An FTC] allows the families more freedom to communicate and not just for us to take the information in."*
>
> - A Family Care Counselor

A larger-scale and longer-term area of improvement is the idea of "culture change" that was raised in the focus groups and feedback from select professionals. Despite promising features of the FTC models that have been identified from various sources, there is the bigger challenge of culture change (among FCCs and others to put into practice the philosophy and approach of FTCs) that is necessary for FTCs to be successful and sustainable. All in all, the information collected to date that provides insights into this challenge suggests that culture change is attainable and that current practices through FTCs and other means are evidence of culture change.

> *"I got the help I need. I had all eyes focused on me, and everyone listened."*
>
> - A Parent and FTC Participant

Yet despite these concerns, the majority of respondents/ participants believe in FTCs and feel strongly that FTCs should continue. It is rare that changes in practice are instituted quickly and without big challenges. Therefore,

the pace of acceptance by service providers and others to the FTCs model is expected to be steady if not slow at times. The results of the process evaluation show the expected mixed reactions to implementing a new practice model. However, overriding these mixed reactions has been a generally positive sentiment about FTCs and the potential of Family Team Conferencing to have a positive and meaningful impact on families.

> *"I am a firm believer in FTC… Having families take a look at who they are and where they were before the problems started. Usually people have some strengths. I see the FTC as being the catalyst for acknowledging the family's strengths. Once you get people to look at their power then you can get them to look at changes that are needed."*
>
> - A Family Care Counselor

With respect to the outcome evaluation, analyses suggest that there is a significant disproportion in the likelihood that those families originally assigned to Pathway 1 (20.7%) will participate in the study than those originally assigned to experimental Pathway 2 (40.1%) or Pathway 3 (39.2%) groups. This disproportion in participation rate limits the extent to which Pathway 1 may be a legitimate comparison/control group for which select results from Pathway 2 and Pathway 3 cases can be compared.

Using data through December 31, 2011, among the 1,375 goals established for 506 separate Goal Attainment Scales with 332 separate (non-duplicate) families (or 97.4% of all study cases at that time), those issues of most prominence included mental health needs (23.8% of all goals), case planning issues/needs (23.1%), substance abuse issues (12.8%), domestic violence issues (8.4%) and housing needs (8.3%). Other goals focused on employment (5.7%), education (4.6%), daycare (3.3%), visitation (3.3%), dental and medical needs (3.1%) and safety planning (2.8%). Analysis of GAS scores over time with a panel of cases reveals there is no significant measured change in the rate of improvement for Pathway 1 cases; however, noteworthy and significant changes exist for families assigned to Pathway 2 FTCs and Pathway 3 FTCs. These preliminary findings suggest that Pathway 2 and Pathway 3 FTC models have a more distinctive effect on moving the family (in a favorable direction) toward agreed upon service goals.

> *"I've had quite a few FTCs with [one of the FTC Facilitators], and I was so impressed. Her level of organization is superb, but her ability to respect the client…I remember being astonished because one of the clients was being disrespectful and belligerent and not entirely honest. She was consistently respectful. It was an outstanding example of her continuing to say, 'Well, what more can we do?' She did the most remarkable job of meeting that person and respecting them and wanting to know what we could do to make them feel better. It brought a sense of everyone coming together and* ***a structure that gave me a sense of clarity regarding my part and what I am working on****. I felt it has made the clients feel more equal and respected. It's a more humble approach."*
>
> - A Service Provider

Findings from analyses of data (through the end of the study) from the Protective Factors Survey suggest that Pathway 2 FTCs have the most significant impact on protective factors for families.

PSF-Partnership for Strong Families * FTC-Family Team Conference * FCC-Family Care Counselor * CPI-Child Protective Investigator
EE-Early Engagement * GAL-Guardian ad Litem * FSF-Family Service Facilitator * DCF-Department of Children and Families

> *"The FTC is set up where we are listening to the family. We are asking them what they need and what they want to see happen. So the family feels that "they're really listening to me and they want to hear from me." It really helps to build that relationship between the family and the FCC because it feels like we're working together. We're not here to make decisions for you or tell you want you need. So I think the FTC is a great foundation for the relationship between the FCC and the family."*
>
> - A Family Care Counselor

Using data through December 31, 2011, cases in Pathway 2 demonstrated statistically significant improvement in family functioning and resiliency, nurturing and attachment and increasing parents' knowledge about "what to do as a parent." By the end of the study, significant improvement in family functioning was maintained for Pathway 2 cases with no significant changes/improvements in other protective factors across all Pathways.

Using data throughout the entire study, the observed aggregate counts (across all pathways at the start of service) of children assessed (via the Strengths and Difficulties Questionnaire) as "borderline" and "abnormal" for each symptom scale suggest the highest proportions (rank ordered) of concerns are associated with Conduct Problems (41.4% of children are score at borderline or abnormal), Peer Problems (35.3%), Hyperactivity (32.0%), Emotional Symptoms (22.8%) and Pro-Social Behaviors (i.e. absence thereof) (14.2%). When the Total Difficulties Scale scores are examined, 70.0% of all children and youth score at the "borderline" (18.5%) or "abnormal" (51.5%) level. Select analyses to date suggest there is no significant change or improvement over time for children in Pathway 1 FTCs that are assessed at the start of service as borderline or abnormal on each strength and difficulty. However, thus far, analyses suggest significant improvement on all SDQ measures for children involved in Pathway 2 FTCs. With respect to Pathway 3, select analyses suggest significant improvement with respect to conduct problems, hyperactivity, peer problems and total symptoms. These findings suggest that Pathway 2 and Pathway 3 FTCS are demonstrating a positive impact upon child behavior and difficulties as reported by caregivers and teen self-reports.

Preliminary analyses on data through the fall of 2011 found no significant differences on select permanency, family reunification and placement stability outcomes across FTC groups and in contrast with those families not receiving an FTC (pre-study cases and those exempt from FTCs). In sum, findings thus far suggest Pathway 2 and Pathway 3 (more so Pathway 2) have demonstrated a positive influence on plan of care and service goal attainment, select child well-being/behavior indicators and on family functioning. Findings generated from additional analyses on other outcomes will be presented in the final evaluation report.

> *"I feel like they ask my opinion and [the plan] is developed right as we are sitting there. I think everyone puts in their two cents and talks about what's been accomplished and what still needs to be done."*
>
> - A Parent and FTC Participant

PSF-Partnership for Strong Families * FTC-Family Team Conference * FCC-Family Care Counselor * CPI-Child Protective Investigator
EE-Early Engagement * GAL-Guardian ad Litem * FSF-Family Service Facilitator * DCF-Department of Children and Families

Success Story: FTC Provides Hope and a Plan to Overcome Addiction

Submitted by an FTC Facilitator

I recently met with a mother whose rights to her two children were terminated several years ago in another state; she then moved to Florida, gave birth to a third child, and the baby was sheltered as a result of the mother's ongoing substance abuse. At the initial FTC, the mother relayed that she had previously made several unsuccessful attempts at substance abuse treatment; she truly had the desire to be drug-free but never had a plan of action and didn't know who she could turn to for support. At the FTC, conversation focused not only on local treatment providers, but also about building a strong support system for the family, the importance of establishing a relapse plan and the need for ongoing after-care upon completion of a treatment program.

Eight months later, at a follow-up FTC, the mother proudly announced that she had been drug-free since the initial FTC. Additionally, she was able to share that she had utilized the resources discussed in the first FTC to acquire stable housing, part-time employment and was planning on returning to school. More than anything else, the mother was excited to celebrate having recently been granted unsupervised visitation with her child and told staff that those visits were going so well all parties anticipated that the family would be reunified at the next court hearing.

When asked, the mother noted that the clear outline of a plan of action, the development of a strong support system established at the beginning of the case and an overall tone of helping, teamwork, positive affirmations and celebrations of success as being essential components that were instrumental to her overall success. These interactions, she said, were in stark contrast to her previous involvements with the dependency system, during which she felt blamed, chastised and looked down upon.

Section 5: Dissemination Activities

Throughout the grant period, PSF took several steps to ensure that the evolution of the project was shared, both internally and externally, on a local, state and national level.

PSF's website, www.pfsf.org, had a special page, which contained information related to FTCs and the Grant.

This area of the website provided an overview of the study project, as well as staff information and monthly data reports. Success stories, as well as the current Friends of the Grant recognition recipients were also highlighted on the web page. The Friends of the Grant award was an acknowledgement, given quarterly, to thank a Family Care Counselor for going above and beyond to ensure a meaningful FTC process for their clients. This award's purpose was to serve as an incentive to motivate FCC staff to be more involved in the FTC and study project processes.

A brochure was created to introduce families to the concept of Family Team Conferencing and to provide an overview of the grant. These brochures were distributed to families at the inception of their case so that they had some understanding of what an FTC was before being contacted to schedule the conference. A full copy of the brochure can be found in the Appendix section of this manual.

Three national level presentations were made during the Grant period. In June 2011, Grant Management and Evaluator staff travelled to Las Vegas, NV to present at the American Humane Association's 2011 Family Group Decision Making Conference. In March 2012, evaluator Dr. Robin Perry provided a summary of the study design and processes at a Community of Child Welfare Scholars meeting at the University of Toronto. This meeting was hosted by Dr. Aron Shlonsky who is one of the lead authors in a systematic review of Family Group Decision Making sanctioned by the Campbell Collaboration Social Welfare Group. The project was invited to present final findings to this group upon conclusion of the study. Finally, in June 2012, PSF Grant Management staff gave a presentation regarding their dissemination activities at the 2012 National Grantees Conference in Washington, DC.

Additional dissemination activities included articles in PSF's newsletters, as well as highlights in the PSF E-Blast e-mail, which is distributed to more than 400 recipients, including 90 service providers, 200 employees and 129 community partners and PSF board members.

APPENDIX A: Family Information Tool

Family Information Tool

Date: _____

Case Name: _____ **Case Type**: Shelter **Pathway**: FTC - with Alone Time **DV Involved** ☐
Assignment Date: _____ **FTC Due Date:** _____

Coordinator: _____ **Facilitator:** _____ **FCC:** _____ **PI:** _____
Mother's Attorney: _____ **Father's Attorney:** _____

Parents	**DOB**	**SS**	**Relationship DV Role**
			Mother Choose One
			Father Choose One
Caregivers	**DOB**	**Relationship**	
Other Case Participants	**DOB**	**Relationship**	

(Please note any sexual offenders)

Child Names	**DOB**	**Over 10?**	**SS**	**Gender/Race**
		☐		
		☐		
		☐		
		☐		
		☐		
		☐		

FTC Core Person: _____
Phone(s): _____ _____
Home Address: _____
County: _____ City: _____

Placement Address, if different from above:
Placement Type: Non-Relative
Name: _____
Phone(s): _____ _____
Address: _____

County: _____ City: _____

Schedule

FCC Available Times: _____

Facilitator Available Times: _____

Family Available Times: _____

Possible Locations

Name	Address	Booked/Chosen
_____	_____	☐
_____	_____	☐
_____	_____	☐
_____	_____	☐

FTC Participants (Grandparents, cousins, aunts/uncles, neighbors, friends, teachers/coaches, church leaders)

Name	Relationship	Phone	Location	Invited	Not Invited
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

(Please note any sexual offenders)

Attendee Breakdown

Caregivers/Parents Supports Professionals **50% Rule Met** ☐

Childcare

Is child care needed? ☐ Yes ☐ No

Babysitter: _____

Notes: _____

Transportation

Are there transportation issues? ☐Yes ☐No

Notes: _____

Final FTC Arrangements

Date: _____ Time: _____

Location: _____

Child care arrangements: _____

If at Client's Home, please input reason: _____

Notes:

Current Allegations: Date of Intake: Intake Number:

Investigation/Assessment Implications

Signs of Present Danger

Child Vulnerability

Protective Capacities

Criminal History Summary and Implication for Child Safety

Prior Intakes/ Previous Agency Involvement

Safety Actions

Overall Safety Assessment

Visitation and Visitation Restrictions

No Contact Orders/Restrictions

Safety Plan and Safety Concerns

Services Recommended at DTC Staffing/Early Engagement/Shelter Hearing

Service Referrals Submitted/Services Commenced/Services Completed

FLOs

ILOs

Mother's Needs

Father's Needs

Children's Needs

Family Strengths

Potential Barriers

Notes:

Coordinator Notes:

APPENDIX B: PROTECTIVE FACTORS SURVEY

PROTECTIVE FACTORS SURVEY

Case Name _____ **Parent/Caregiver Name** _____
Date Completed _____ **(Completing Survey)**

Part I. Please ***circle*** the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

Part II. Please *circle* the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7

This survey was developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service through funding provided by the US Department of Health and Human Services.

PROTECTIVE FACTORS SURVEY

Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age _____ or DOB ____/____/____

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
13. I know how to help my child learn.	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	1	2	3	4	5	6	7

Part IV. Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	1	2	3	4	5	6	7
17. I am happy being with my child.	1	2	3	4	5	6	7
18. My child and I are very close to each other.	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

This survey was developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service through funding provided by the US Department of Health and Human Services.

APPENDIX C: STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

Case Name: **P or T[4-10]**

Date:

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Your Name: _____ Parent / Teacher / Other (Please specify): _____

Child's name: _____ Male/Female	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children, for example toys, treats, pencils	☐	☐	☐
Often loses temper	☐	☐	☐
Rather solitary, prefers to play alone	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often offers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets along better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees work through to the end	☐	☐	☐

Thank you very much for your help

PARTNERSHIP FOR STRONG FAMILIES

Goal Attainment Scale

Case Name: _____ Completed By: _____

Total score at initial: _____ Date of initial: _____

Total score at follow-up: _____ Date of follow-up: _____

Check whether or not scale has been mutually negotiated between client and PSF staff member	***Goal Headings and Goal Weights***				
	Yes ☐ *No* ☐	*Yes* ☐ *No* ☐	*Yes* ☐ *No* ☐	*Yes* ☐ *No* ☐	*Yes* ☐*No* ☐
Goal Attainment Levels	**Goal 1**	**Goal 2**	**Goal 3**	**Goal 4**	**Goal 5**
most unfavorable service/ intervention outcome thought likely (-2)					
less than expected success with service/intervention (-1)					
expected level of success with service/intervention (0)					
more than expected success with service/intervention (+1)					
best anticipated success with service/intervention (+2)					
Comments/ Score:					

PARTNERSHIP FOR STRONG FAMILIES
FAMILY TEAM CONFERENCE MEETING
QUESTIONNAIRE FOR FAMILY MEMBERS AND PROFESSIONALS

The following questions will be administered to all those that participated in a Family Team Conference. These questions will be administered by the Family Service Facilitator (FSF). These questions will be distributed via survey form, however may be administered via in-person or telephone interviews, or through focus group meetings with select groups or sub-groups of FTC participants. The venue for asking questions will be at the discretion and preferences of the FTC participants (as a means of enhancing response rates and involving/empowering their participation in the evaluation design).

Case Name: _____

Date: _____

1. In what way have you been involved in Family Team Conferences with Partnership for Strong Families (including member and affiliated agencies)? Sometimes people have been involved in more than one way; let us know about that too:

A. Circle your relationship to child(ren)/youth [Circle all that apply]

a) Mother
b) Stepmother
c) Maternal Grandparent
d) Maternal aunt/uncle
e) Mother's Domestic Partner

f) Father
g) Stepfather
h) Paternal Grandparent
i) Paternal Aunt/Uncle
j) Father's Domestic Partner

k) Foster Parent

l) Child or teen for whom meeting is being held
m) Sister
n) Stepsister
o) Brother
p) Stepbrother

q) Other biological family

r) Godparent

s) Representative of faith community
t) Friend of child/youth
u) Family friend/close support (e.g., relative, friend) for family
v) Neighbor
w) Guardian Ad Litem
x) Parents' lawyer
y) State Attorney's office
z) Magistrate
aa) Judge
bb) Family Service Facilitator (FSF)
cc) Family Care Counselor
dd) PSF Staff (other than above)
ee) Service provider [specify] _____
ff) Trainer
gg) Policy maker
hh) Evaluator
ii) Other [specify] _____

2. Gender: Male Female

3. Age (fill in): _____

4. I describe my ethnic background as… (Circle all that apply):
   a. White, Caucasian, Anglo, European American; not Hispanic
   b. Hispanic or Latino/a, including Mexican American, Central American, and others
   c. Black or African American
   d. Asian or Asian American, including Chinese, Japanese, and others
   e. American Indian/Native American
   f. Other (describe): _____ (e.g., Eastern/Indian Arabian, etc.)

5. Please answer Yes/No (circle one) to each question regarding your the Family Team Conference meeting.

   Was the conference conducted in a language (e.g., English, Spanish) you understand?

   Yes No

   If no to last question, was a translation provided?

   Yes No

6. After the part of the conference was completed with all parties, did the facilitator allow the family to meet alone as part of the formal process of the conference?

   Yes No

7. We want to ask you about the extent to which you agree or disagree with the following statements about Family Team Conferences. Rate your level of agreement on a scale of 1 (strongly disagree) up to 5 (strongly agree). If you don't know (DK) or the statement doesn't apply (NA), let us know that too.

Statement about Family Team Conference meeting	1 **Strongly Disagree**	2 **Disagree**	3 **Neutral**	4 **Agree**	5 **Strongly Agree**	DK	NA
1. Everyone at a meeting understands why it is being held.	1	2	3	4	5	DK	NA
2. Families are prepared for taking part in the meetings (e.g. the purpose of the conference was clearly explained and reason for attending understood, etc.).	1	2	3	4	5	DK	NA
3. Service providers are not well prepared for taking part in the meetings.	1	2	3	4	5	DK	NA
4. People who are family or feel like family are at the meetings.	1	2	3	4	5	DK	NA
5. Only one parent's side of the children's family takes part in the planning.	1	2	3	4	5	DK	NA
6. More service providers ("professionals") are at the meetings than family and their close supports.	1	2	3	4	5	DK	NA
7. The meetings are held in a place and at a time that was convenient for the family.	1	2	3	4	5	DK	NA
8. All the people that needed to be included attended the conference.	1	2	3	4	5	DK	NA
9. The meetings have enough supports and protections to make the participants feel safe and comfortable.	1	2	3	4	5	DK	NA
10. Coordinators organized the meeting well.	1	2	3	4	5	DK	NA
11. Facilitators run the meetings well.	1	2	3	4	5	DK	NA
12. Families have a real say in the planning.	1	2	3	4	5	DK	NA
13. Plans build on family's strengths or good qualities.	1	2	3	4	5	DK	NA
14. Plans can be revised when the family's needs change.	1	2	3	4	5	DK	NA
15. The plans include ways that relatives, friends, or other close supports will help out.	1	2	3	4	5	DK	NA
16. The plans include ways that community or neighborhood organizations will help out.	1	2	3	4	5	DK	NA
17. The plans include ways that Partnership for Strong Families' agencies and other agencies will help out.	1	2	3	4	5	DK	NA

Statement about Family Team Conference meeting	1 **Strongly Disagree**	2 **Disagree**	3 **Neutral**	4 **Agree**	5 **Strongly Agree**	DK	NA
18. The plans use local or neighborhood resources	1	2	3	4	5	DK	NA
19. The facilitators do not consistently follow up to see if the plans are being carried out.	1	2	3	4	5	DK	NA
20. I am aware of the resources available (in my community) to support the family.	1	2	3	4	5	DK	NA
21. There are adequate resources to meet the goals/objectives of the family plan.	1	2	3	4	5	DK	NA
22. The family's strengths were clearly described.	1	2	3	4	5	DK	NA
23. The family's needs were clearly identified.	1	2	3	4	5	DK	NA
24. My family traditions were respected.	1	2	3	4	5	DK	NA
25. I felt respected by the facilitator.	1	2	3	4	5	DK	NA
26. I felt respected by the Family Care Counselor (FCC).	1	2	3	4	5	DK	NA
27. I felt I had NO choice about participating.	1	2	3	4	5	DK	NA
28. The conference was well-organized.	1	2	3	4	5	DK	NA
29. The facilitator was knowledgeable and had a good understanding of family issues.	1	2	3	4	5	DK	NA
30. The facilitator was clear.	1	2	3	4	5	DK	NA
31. I feel I fully participated in the process.	1	2	3	4	5	DK	NA
32. I am satisfied with the placement of the child(ren).	1	2	3	4	5	DK	NA
33. I have a better understanding of how the family can ensure the safety of this/these child(ren).	1	2	3	4	5	DK	NA
33. The interests of the child(ren) was/were the primary focus of discussions and decisions made.	1	2	3	4	5	DK	NA
34. I am satisfied with the plan that was made and think the family plan goals are achievable.	1	2	3	4	5	DK	NA
35. I am clear about and accept my role within the plan that was made.	1	2	3	4	5	DK	NA
36. I felt I was able to say what was on my mind.	1	2	3	4	5	DK	NA
37. I feel supported by the DCF or PSF staff.	1	2	3	4	5	DK	NA
38. I am confident that the plan ensures the child(ren)'s safety.	1	2	3	4	5	DK	NA

Statement about Family Team Conference meeting	1 **Strongly Disagree**	2 **Disagree**	3 **Neutral**	4 **Agree**	5 **Strongly Agree**	DK	NA
39. Overall, I am satisfied with the Family Team Conference.	1	2	3	4	5	DK	NA
40. I was satisfied with the way the meeting was run.	1	2	3	4	5	DK	NA
41. I felt comfortable sharing my thoughts and concerns in this meeting.	1	2	3	4	5	DK	NA
42. I felt the group listened when I spoke.	1	2	3	4	5	DK	NA
43. I understand what will happen if the plan is not followed.	1	2	3	4	5	DK	NA

Thank you for participating in this survey!

PARTNERSHIP FOR STRONG FAMILIES

FAMILY PLAN

Case Name: _____ **Date of Family Team Conference:** _____ **Initial** ☐ **Follow up** ☐

Family Strengths: _____

_____

_____

Needs	*If new information regarding the case becomes available, actions outlined below may be amended.* *Action Steps*	*Person(s) Responsible*	*Target Date*	*Initial(s)*

Family Name: _____ Family Plan Date of Conference:_____

Confidentiality Agreement: ***All information presented and shared within the Family Team Conference must be kept confidential. I have been informed of the confidentiality guidelines for PSF Family Team Conferences, and hereby agree to hold all information regarding the children and families served confidential.***

If new information regarding the case becomes available, action steps outlined above may be amended.

Signature below denotes discussion and agreement to confidentiality. You will be asked to initial any above items that you are responsible for.

Name	*Role*	*Phone*	*Signature*	*Date*
	Family Care Counselor			
	FTC Facilitator			

Additional notes and Team Members to invite to follow-up Family Team Conference (include names and contact information):

_____

_____

_____

_____

PARTNERSHIP FOR STRONG FAMILIES

FAMILY TEAM CONFERENCE – EXEMPTION

Family Determined Non-Applicable for FTC: ☐ **Date of Determination:** _____ **Case Name:** _____

ADULT FAMILY MEMBERS: ***CHILDREN:***

Name	Relationship		Name	Custody Status	Permanency Goal

Shelter Case ☐ **Date of shelter:** **In-Home Supervision Case** ☐ **Date of initial joint visit:**

INITIAL INFORMATION RECEIVED INDICATES EXEMPTION FROM FTC IS WARRANTED? YES ☐ **NO**☐

PRESENTING CONDITIONS: What were the abuse allegations and issues resulting in DCF/ PSF involvement with the family? _____

EFFORTS MADE TO FACILITATE PARTICIPATION IN FAMILY TEAM CONFERENCE: Prior to a determination for exemption the following efforts were made to engage the family in the Family Team Conference process: _____

REASON FOR EXEMPTION TO FAMILY TEAM CONFERENCING: Specific reason(s) and circumstances which justify exemption from FTC:_____

Staff member making determination:_____

Agency: ☐PSF ☐CHS ☐Devereux ☐FPS ☐ Camelot
Unit:_____

_____
Signature Date

Reviewing FCC Supervisor: _____

_____
Signature Date

Reviewing Case Management Program Director:_____

_____
Signature Date

Approving UM Staff Member: _____

_____
Signature Date

Instructions: To be completed by the Family Care Counselor or by FTC Coordinator when and exemption from Family Team Conferencing has been determined to be appropriate. The specific reason(s) for the exemption must be recorded on the form. The form must be signed by the Family Care Supervisor and Program Director, prior to being submitted for Utilization Management approval. The signed and completed form is then sent to the FTC Project Manager or Director of Utilization Management for final approval and will then be logged into Pkids.

NOTE: *It is the Policy of the Partnership for Strong Families for Family Team Conferencing to occur with **all** families receiving supervision and case management services from PSF. Only under extreme circumstances should a family be determined non-applicable for a FTC. Such circumstances would include situations in which conducting a FTC would be detrimental or harmful to the child, family member, Family Care Counselor or another member of the FTC team. Please keep in mind children of age can benefit from Family Team Conferencing even if their parents are not willing to participate and/or are deemed to be exempt from the FTC process. Children can be empowered by others in their lives to assist them in meeting their goals and permanency plans. Foster Parents, relatives, school teachers, Guardians ad Litem, siblings and others can assist the children through the FTC process.*

PRINCIPLES OF THE CHILD AND FAMILY TEAM PROCESS

- The focus is on the needs rather than the symptoms.
- People are capable of change
- All people and families have strengths.
- A solution that a family generates with a team is more likely to fit that family.
- A family is more invested in a plan in which they believe.
- Family members and friends can identify solutions that no formal system would be able to generate.
- Family and friends provide love and caring in a way that no formal helping system can.
- When you bring together a number of caring people in the same room you obtain energy that fuels the engine of change.

Core Principles of Engaging Families and Family Team Conferencing include:

Respect

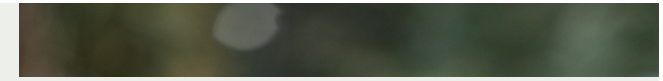
Authenticity/Genuineness

Empathy

Visit us at pfsf.org

PARTNERSHIP FOR STRONG FAMILIES

Headquarters . 5950 NW 1st Place, Suite A . Gainesville, FL 32607 . 352.244.1500



PARTNERSHIP FOR STRONG FAMILIES

Family Team Conferencing

APPENDIX H: FTC BROCHURE

THE FAMILY TEAM

Families need help in times of crisis, so they draw together people whom they trust and who can help in responding to the issues they face. Almost everyone can identify a time when they formed a team, sometimes involving professional helpers, to meet a specific need. Likewise, most people who have drawn a team around them are willing to become contributors to such a team or circle of friends. Family Team Conferencing is an activity all families receiving service at Partnership for Strong Families have an opportunity to participate in. It is a process in which participants:

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

STUDY ON FAMILY TEAM CONFERENCING

The Partnership for Study Families is conducting an evaluation of Family Team Conferencing (FTC). A summary of the Study and Purpose is detailed below. Please see the Informed Consent Form (provided with this brochure) for more details regarding the study and your possible participation. You will have an opportunity to talk with a Family Team Conference Coordinator (who will call you) about FTCs and the study and meet and discuss this study before signing any consent form.

SUMMARY

You and your family are being asked to participate in a research study on services provided by the Partnership for Strong Families (herein referred to as PSF). The independent evaluator/Principal Investigator for this study is Robin Perry, Ph.D. from the Institute for Child and Family Services Research. You were selected as a possible participant in this study because you are currently involved with the Florida State Department of Children and Families (DCF) in-home supervision or out-of-home care in Circuit 3 and 8.

PURPOSE OF THE STUDY

The purpose of the study is to test different approaches of Family Team Conferencing, a meeting that involves various participants. Participants can include, but are not limited to: parent(s), caregiver(s), their children, other family members, friends of the family and professionals from DCF, PSF and other community-based agencies.

The FTC is already an established part of services provided by PSF, although different models of FTC are practiced and researched elsewhere. The project plans to test the current model utilized by PSF with two alternative models:

- Will each model produce different results?
- Will participants, especially the family, perceive and value each model differently?

Results of interest to the study include:

- Increasing child and family safety at home
- Reducing timeliness to achieve permanent homes for children
- Improving child and family well-being
- Greater family involvement in case planning and decision making
- Other service goals and outcomes deemed of value by families working with service providers

The results of the study will be of major importance in helping PSF evaluate the value of FTC in achieving desired outcomes and improving service with children and families.

Please review the Informed Consent Form. If you have any questions regarding this study and your possible participation, please contact Dr. Perry at (850) 322-1901; Institute for Child and Family Services Research, 1400 Village Square Blvd., Suite 3-258, Tallahassee, FL 32312; or Robin_Perry_Phd@comcast.net.

Visit us at pfsf.org to learn more about the innovative ways we're changing child welfare!

PARTNERSHIP FOR
STRONG
FAMILIES

5950 NW 1st Place, Suite A
Gainesville, FL 32607
www.pfsf.org