Family Teaming: A Family Engagement Strategy for Improved Child Welfare Practice

The Milwaukee Child Welfare Philanthropy Group
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Family Teaming in Action

"It gives families an avenue that's not a litigation avenue to resolve some of their issues. The family team meeting has given us a forum for those things to be discussed and worked out in a way that doesn't have people starting out locked in their legal position."

Associate Court Judge

"The community partnership approach with family team meetings works because the families feel that they are a part of the meeting. It's their meeting. They feel that they're making decisions and have control over their families. It empowers families."

Worker, Division of Family Services

"I think the unique thing about our partnership is that we initially started looking at child safety and then realized that we couldn't keep children safe unless we could keep moms safe. And I think once we started working together and have seen the outcomes for families that we'll never go back to working in isolation."

Director of Community Agency

"The partnership to me is just a great networking system. You know, now I know the names of people who can provide these different services where before - well I think you can go here or there - by knowing these people personally through the partnership I cut out one step in the process, which a lot of times all those steps are what prevents people from getting help."

Community Partner

"The partnership made us re-visit the whole spectrum of how we relate to families. It has taught us that respect, that honesty, that trusting of the families to do the right thing for their kids is the way to go."

District Administrator, Department of Children and Families

"The old way that we used to do business where we really intruded on people's lives - laid out what we felt were the issues and demanded change - you don't end up getting change by doing that. So I think this whole concept recognized that all families have some positives and some strengths and gives us an opportunity all around the table to recognize that - it's really strength based."

Service Region Associate

-- Quotations from The Promise of Community Partnerships. Cedar Rapids version. West Road Productions. 2003

Contents

Acknowledgements

Family Teaming: A Family Engagement Strategy for Improved Child Welfare Practice is the second in a series of issue briefs developed by the Milwaukee Child Welfare Philanthropy Group for the purpose of encouraging systematic quality improvement in Wisconsin's child welfare system. The first paper, *A Vision and Plan for Improving Child Well Being and Strengthening Families in Wisconsin using Service Integration as the Path* (June 2003), is available from the publications section of the Donor's Forum of Wisconsin website at www.dfwonline.org.

The Milwaukee Child Welfare Philanthropy Group is a consortium of foundation leaders and private funders who have been working together for over three years to education themselves about the child welfare system, consider more effective approaches to providing ongoing support to that system, and encourage greater public understanding of both the child welfare system and its responsibilities.

For the past year the Child Welfare Philanthropy Group has been working in partnership with the Wisconsin Association of Family and Children's Agencies (WAFCA) on the Wisconsin portion of Fostering Results, a national nonpartisan project to raise awareness of issues facing children in foster care. Fostering Results is supported by a grant from the Pew Charitable Trusts to the Children and Family Research Center at the School of Social Work, University of Illinois at Urbana-Champaign. The opinions expressed in this policy brief, which is underwritten by Fostering Results, are those of the Wisconsin Association of Family and Children's Agencies and do not necessarily reflect the views of either Fostering Results or the Pew Charitable Trusts.

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Executive Highlights

Family Teaming as a best practice approach, if widely adopted, could improve the effectiveness and efficiency of Wisconsin's child welfare system. This report examines the seeds of family teaming that exist in Wisconsin and what it would take to grow, sustain and fund this approach to more families throughout the state.

Promising Practices in Wisconsin

Throughout the state of Wisconsin, professionals work collaboratively with other systems to serve some clients. For example, Coordinated Services Teams (CSTs) and Integrated Services Programs (ISPs) that serve severely emotional disturbed youth, have moved toward a more family-focused, cooperative model of professionals, providers, and parents working together to create family service plans.

Many programs around the state have also adopted elements of coordinated case planning approaches, but the percentage of families involved in these programs is quite small and families usually qualify for the programs because at least one member of the family suffers severe mental illness. To the extent that children with severe emotional disturbance and substance abusing parents are represented in child welfare families, these efforts have moved child welfare practice forward.

National Best Practices

The Family Team Meeting (FTM) model implemented in Cedar Rapids, Iowa, is especially important because of the demonstrated success of its family plans, its quality improvement strategy, and the systematic approach Iowa has developed to standardize the use of the various family team meeting models across the state.

The FTM approach integrates systems providers and empowers families to be active participants in defining their needs and identifying their strengths. FTMs are structured and facilitated meetings that bring together the family, relatives, friends, service providers, community resources and others to create and develop an individualized Family Plan and a support system for the family. Having all of the service providers and support systems present at one time contributes to a better understanding of the family's needs, as well as, greater accountability by all parties working with the family.

Other family teaming models of interest are found in Washington, DC, which is developing an approach that uses government-based facilitators in collaboration with community organizations who prepare the family meetings and Jacksonville, Florida which brings together a Circle of Friends for youth transitioning from foster care to independence as young adults.

Growing the Practice

Adopting family teaming more broadly in Wisconsin would increase collaborative efforts among systems and providers and improve outcomes for children. More families could also be targeted for these efforts, including families in the Wisconsin Works program, the Corrections system, with domestic violence issues, with developmentally delayed children, and youth transitioning from foster care to adulthood.

Sustaining the Practice

Ideally, the change in families stimulated by family teaming would be mirrored in the child welfare, other governmental and service sectors. Substantive system culture change requires a deep commitment to broad-based implementation, ongoing training of facilitators, quality improvement related to the facilitation process, and financial support for the new practice. Quality improvement, including process and outcome evaluation, is also essential.

Measuring the Practice Improvement

Measuring practice improvement is crucial to sustaining the practice improvement. Indicators of initial practice improvement might include:

- √ increased family engagement;
- √ increased informal supports;
- √ improved efficiency of public service delivery;
- √ increased job satisfaction by Child Welfare and W-2 workforces; and
- √ more involved private agency partners.

The Qualitative Service Review (QSR) is used in many states for measuring such outcomes and child welfare system performance. QSR measures family and child status and the child welfare system's performance in responding to families and their needs.

Funding the Practice Improvement

For the most part, the funding for practice improvement should be available through existing and redirected public dollars at the federal, state and local levels. Barriers that prevent families from receiving programmatic and financial support must be acknowledged and removed. At the same time, flexible funds must be identified to meet the unique needs identified by families in their individualized plans.

Federal foster care maintenance and prevention funds should be used for training, quality improvement and service costs to the extent possible. Unfortunately, federal funds typically cover services only to children deep in poverty who have been removed from their families. The federal child welfare formula must be changed to financially support services for families that prevent neglect and abuse.

Milwaukee Journal Sentinel Editorial: Better Way to Child Welfare
May 18, 2004

The child-welfare safety net is supposed to catch kids in harm's way at home. In truth, many children fall through gaping holes in that net in Wisconsin and around the country. A national report, released Tuesday after a year of intensive study, suggests how policy-makers could restring parts of the net to eliminate several holes.

The document, put out by the Pew Commission on Children in Foster Care, is compelling, and its recommendations, or proposals like them, merit adoption. Every kid deserves a safe, stable, nurturing home. Besides, when kids go without that cocoon, society pays many times over - in crime and other social ills. Working with Pew in southeastern Wisconsin was the Child Welfare Philanthropy Group, a consortium of 12 foundations brought together by a member of the Greater Milwaukee Foundation.

The protection of abused and neglected children does pose tricky issues. Caseworkers must not pause to pull children out of homes where they are in imminent danger, but must pause where the danger is not so near and could fade altogether if the parents got help. Once removed, children shouldn't stay too long in foster homes - temporary arrangements, after all. They should return to their original homes or get new, permanent homes. Right now, unfortunately, the system is making too many wrong calls on both sides of these issues.

The Pew report focuses on two aspects of the child-welfare system: federal financing and state courts. The report recommends restructuring federal aid to better support adoption of foster kids and to better enable relatives or others to become permanent guardians of children. It also urges that states get money to help develop a full continuum of child-welfare services. And it recommends elimination of the financial incentive states now have to place kids in foster homes when a better course is to keep them in their own homes and help their parents.

The commission would strengthen children's courts, which rule on the fate of kids suspected of being abused or neglected, by requiring courts to track their caseloads and thereby to identify trends and problem areas and by establishing protocols for more effective collaboration between courts and child welfare agencies. Other strengthening measures would include assigning to the chief justice of the state's top court the duty of organizing the court system to better serve kids, training children's court judges and promoting standards for children's courts.

Christopher Foley, chief judge at Milwaukee County's Children's Court, says the courts here have made some improvements called for in the report. Good. Now, federal and state policy-makers ought to adopt this sensible report's recommendations.

Although existing public funding should be adequate to fund most of the practice improvement costs, some financial investment in training caseworkers and systems partners, including community volunteers will be required. Foundations and other philanthropic leaders might be approached for funding associated with facilitator training, implementation of facilitators' quality improvement activities, flexible funds for individualized family needs, and evaluations to measure program improvement.

Professionals and communities working more collaboratively with families will lead to a more effective and efficient child welfare system with increased safety and better futures for children.

Introduction

From a growth perspective, America's Child Protection and Child Welfare System is an impressive achievement. Since its national initiation just over 30 years ago, federal, state and local government agencies have committed billions of dollars in staff and program resources to create a standardized system designed to respond to and investigate millions of child abuse and neglect reports. While this commitment reflects unprecedented progress in protecting children from abuse and neglect, there is broad acknowledgement that many, many, children still are not safe. In urban areas where poverty, substance abuse, and neighborhood deterioration create tremendous pressure on families, and in rural areas where employment options and support services are limited, Child Welfare systems are routinely overwhelmed by demand. This pressure is increasing as the weak economy and declining government financial support for social services in general and children's services in particular make their dual marks. Under-funded systems can address only the most severe cases of neglect with fewer families receiving the support they need to create and maintain a safe environment for their children.

Throughout the nation, communities and state agencies are experimenting with new ways to improve the well being of children in their communities and the systems they use to keep them safe. Local and state governments are realizing that broader community and family involvement in child well being is critical to creating the type of safety net that really works to protect children. Creating a less stigmatized, more permeable system of services and supports that families can

Children in Need of Protection

Thousands of Wisconsin Children, many living in poverty, are impacted by child abuse and neglect annually. Over 40,000 children were reported abused or neglected in Wisconsin in 2001.[1] Almost 10,000 of those reports were substantiated child abuse and neglect cases. Of the total reports 38 percent were neglect, 30 percent involved physical abuse, 20 percent were for alleged sexual abuse. The remainder involved emotional abuse and abuse considered likely to occur.[2] A substantial body of research recognizes the correlation between poverty and neglect. In 2002, 13.5 percent of Wisconsin's children were living in poverty. Families dealing with substance abuse, disability, family violence, mental illness, and poverty are under extraordinary stress and in need of additional resources.

In Milwaukee County, 21 percent of children lived in poverty in 2000.[3] Of the over 6,000 children in the child welfare system in 2001 an estimated 80 percent were eligible for W-2, indicating that their incomes are well below the federal poverty level.[4] Nearly 100,000 or 80 percent of students in the Milwaukee Public School system are eligible for free or reduced lunch.[5] These youth live in families that earn 150 percent or less of the federal poverty level, which in 2004 equals wages of $28,275 for a family of four for the year or $9.06 per hour. Approximately 10,000 students live in public housing and estimates of students classified as homeless range from 7,000 to over 13,000.[6] For many children, in Milwaukee, poverty, homelessness and lack of health care coverage are often compounded by illness, physical disabilities or family violence. Many also have parents who struggle with mental illness and substance abuse.

consult as needed is the goal of many of these reform efforts. An important step for most systems is to increase collaboration by traditional government child welfare agencies and community-based organizations. But, to be effective, these system representatives must work together in partnership with the families themselves on one plan. When families take the lead in this process, the plan is more likely to reflect what they really need, are invested in, and motivated to work on.

Historically, families in the Child Welfare System have been regarded as problems to be solved by professional intervention. These professionals have been charged with prescribing what will fix each broken family. A family's success in this system is too often based, then, on compliance with an approach that undervalues the greatest possible resource in making a family work--the parents and their support system. It ignores the simple fact that the greatest single factor in child neglect, and to a lesser extent abuse, is poverty itself.

In recent years, the Child Welfare field has become more modest. It has realized that the state, no matter how well intentioned, makes a very poor parent indeed. It has realized that the bonds between parent and child are stronger and longer lasting than most professional interventions. It has had to admit that the cultural biases of systems and their employees have led to children of color being removed from their families at disproportionate rates. Finally, the Child Welfare field has come to realize that by working with families and their kin, by listening to their own assessments of their needs, by following the family's lead and investing in their strong points, more children can live safely in their own homes.

Our Child Welfare Challenges

"The urgent need for reform in child welfare is documented monthly, weekly and, all too often, daily in headline news……..Millions of families are at risk….and they need, but do not receive, support and attention. The fact that their needs are not being met is not for lack of caring; dedicated workers and administrators seek daily to protect and help vulnerable children and families. But child welfare systems are severely hampered by high turnover, poor training, low pay, unmanageable caseloads and inadequate resources….The tragedies that have already occurred - and those that are waiting to happen - have heightened the need for deep and urgent scrutiny….Responsibility for the welfare of vulnerable children and families is a joint enterprise, shared across the federal and state levels….(and) across the public and private sectors…the traditional one-size-fits-all model of responding to reports of child abuse and neglect through investigation and substantiation is not consistently ensuring …. child safety…"

The Child Welfare Summit - Center for the Study of Social Policy, April 2003

Child neglect -- the failure to provide adequate shelter, food and supervision -- is the most frequent charge made against the parents of children who enter the child welfare system. Although physical and sexual abuse charges get more attention in newspaper headlines about child welfare, neglect stemming from poverty and poor parenting practices are, in fact, the larger social issues. Failure to parent appropriately is often related to the parents' mental illness or substance abuse problems. Sometimes a parent's mental illness is debilitating depression related to the inability to provide adequately for their children and themselves. Other parents are unable to protect themselves or their children from their violent partner. Also, while adults bring difficulties to the parenting situation, so do many children. It is not unusual for children who are neglected to have their own significant physical and mental illnesses, problems that would create parenting challenges for the most capable of parents.

Families, caseworkers, child protection agencies, service providers and community organizations can work together better to keep our children safe, especially in environments that lead to child neglect. Before examining Family Teaming as a best practice approach to improved collaboration, the significant challenges faced by each of these entities need to be considered.

The Family Perspective

Families already challenged by unemployment, substandard housing and mental illness are admitted into a system that requires them to appear in court, then follow instructions from a judge, child welfare caseworker and numerous service providers. By the time they enter the child welfare system, they probably already have had a Wisconsin Works (W-2) case manager and a Medicaid case manager. Other systems involved often include domestic violence, substance abuse and mental health. Their children may have Individual Education Plans with a school-based case manager to address special needs for school success. The directives of the various case managers and official plans may conflict or include duplicate services. The test for these parents becomes not how successful they are in advancing their family's actual functioning, but how complacently and predictably they follow an overwhelming set of externally imposed obligations. A well-functioning, financially solid family would be challenged to manage all the professionals and their directives. When examined from the viewpoint of a parent compromised by poverty, food insecurity, poor housing, depression and challenging behaviors from children, there is too much unfocused activity required of the parent. Prescriptive and coercive plans that fail to incorporate the family's perspective, priority needs, knowledge, and resources are likely to be met with resistance and only the appearance of compliance.

The test for these parents becomes not how successful they are in advancing their family's actual functioning, but how complacently and predictably they follow an overwhelming set of externally imposed obligations.

Families often end up with multiple plans that miss the mark because caseworkers often serve program rules rather than the families' needs and strengths. When caseworkers do work collaboratively with other systems and providers to develop one case plan that bridges all programs, they often fail to interact with the family in a way that achieves real family engagement that results in the creation of a plan that the family is motivated to work on. When good plans are developed the family is typically not appropriately supported in its efforts to achieve the plan goals. For example, professionals may fail to perform their designated duties under the plan or to produce the flexible funds necessary to buy a unique service identified in the family plan. Other times the plan is well developed and manageable, but as soon as the public child welfare agency case is closed, essential supports are withdrawn and the family's ability to remain strong is severely compromised.

Families need plans that have a limited number of manageable goals and action steps. They need plans that allow them to experience success on their own pathway to improving their capacity to provide for their families and keep their children safe. They need plans and a team of people that will be there for them when their child welfare case is closed or when critical economic supports are terminated.

The Caseworker Perspective

It is not only the families that struggle. Most caseworkers have entered the field with some expectation that they will be able to help children, but then find themselves working with families from different cultures whose economic security, mental health, and basic needs are overwhelming. The resources available to caseworkers are inadequate to meet family needs in any kind of comprehensive and lasting way. Communication between families and caseworkers is also problematic. Families are often suspicious of caseworkers and less than forthcoming in sharing information, or may be unwilling or unable to meet the requirements placed upon them. Caseworkers are not adequately trained and supported in the development of skills that fully engage families and lead to open, honest and productive communications. When they turn to their supervisors for assistance, they frequently find them overworked and unavailable to provide guidance.

By engaging families, focusing their efforts on fewer tasks, and increasing the number of individuals and organizations offering them support, caseworkers' ability to work successfully with families would improve. This might well lead to increased job satisfaction for caseworkers and perhaps to reduced caseworker turnover. Job satisfaction is significant, because national research has shown that the well-being of foster care children is better when their caseworkers are more positive about their agencies and their work. Increased job satisfaction and reduced turnover could lead to more experienced caseworkers who would be more capable of supporting each other, contributing to the guidance of new caseworkers, and collaborating with families in skillful ways.

The CPS Agency Perspective

Caseworker turnover is a common problem in every Child Protective Services (CPS) system in Wisconsin. High turnover often leads to these positions being filled by young, inexperienced workers who may initially be enthusiastic about the work, but are soon overwhelmed by the complex decisions they must address each day with only minimal preparation.

In addition to problems cited previously, caseworker turnover occurs because CPS agencies are typically viewed negatively. They are considered either too willing to remove children from their families or give parents too many chances to reform. When a child is injured or dies, lawmakers and the public demand punitive action. All too often the punishment is meted out to an individual caseworker.

The public does not fully understand the daily dilemmas CPS agencies face, and there is little recognition that caseworkers are trauma workers required to make life-altering decisions for children under chaotic situations. Child protective services work needs to be organized in ways that support individual workers in difficult situations and encourage their maturity and expertise in their position.

CPS usually functions within a larger human services system that inadequately funds prevention and early intervention services. Families who enter the child welfare system are often known to W-2 workers and county human services workers long before charges of abuse or neglect are substantiated. These multiply challenged families typically first become apparent to the public system when they seek housing, food, economic assistance, health care, and support in caring for difficult children. County workers, school counselors and local law enforcement officials know the families need help to provide for their families and keep their children safe. Too often, little or no help is available. Early preventive support and respite services are typically unavailable, because funding is only provided for court-involved families with more serious issues. Simply put, the system waits to help the child until severe damage is already done.

Wisconsin's Child Welfare System

Child protective services in Wisconsin are primarily administered through the counties using public employees as investigators and case managers. Services are generally purchased from private providers. In Milwaukee County, the child welfare program is administered through the state operated Bureau of Milwaukee Child Welfare (BMCW) and private child welfare agencies, whose services are contracted for by the state. BMCW conducts investigations and refers substantiated cases to the child welfare agencies that are contracted either to provide Safety Services, that is, services provided to strengthen families and keep children safely in the home or Ongoing Case Management services for families whose children have been removed. These agencies create family plans and provide case coordination services. Additional services required by families are typically purchased from other private providers.

Public and private social service agencies, like the families they serve, often face the challenges of having multiple needs and limited resources. Their staff are often young and new to the field. After a couple of years of making life altering decisions concerning children's lives, they leave for less demanding jobs. Turnover rates among child welfare workers nationwide are high, often as high as 45 percent. According to the Bureau of Milwaukee Child Welfare's March 2004 report, calender year 2003 case worker turnover in Milwaukee County in its five child welfare sites ranged from 24.6 percent to 35.5 percent.

Although counties have steadily increased their funding of services to families in need, state and federal funding has declined over the last decade. In recent years, the slow economy, the

increase in part-time jobs, and the replacement of Aid to Families with Dependent Children (AFDC) with Wisconsin Works (W-2), has led to increased numbers of families in need of emergency assistance. While some families have been able to receive support from W-2, many parents' health or mental health conditions render them incapable of meeting the W-2 work requirements. Others participate in W-2, but have their payments reduced due to sanctions for failure to meet vairous program requirements. With minimal or no income, already challenged parents who cannot provide for their children often become depressed or more severely depressed. Because depression is correlated with child abuse, children with no economic security are at risk for both neglect and abuse.

When the number of families in these circumstances increases, local CPS agencies need increased financial support from federal and state governments to reduce the strain on these families and the CPS system. Without additional financial resources, CPS agencies must be aggressive and creative in using the financial and other resources at their disposal.

Service Provider and Community Organization Perspective

County governments that administer child protective services systems routinely rely on private service providers to furnish the support and mental health services that families need. Typically they contract for these services from local agencies and individual providers. Each year as counties face declining public funds to pay for these services, they ask providers to serve more families for the same amount of money. In many cases, providers agree to do more with less. Usually this means agencies experience program losses or increase donations from their supporters to cover the deficits.

Community organizations are also routinely asked to bridge the gaps left by public under-funding of services to at-risk families. Sometimes these organizations can do so through forgoing inflationary wage increases for staff or increasing donations and volunteer help from their community. Sometimes the gaps are not filled, leaving the safety net for these families more threadbare.

In some cases, what providers and communities have to offer duplicates what government is offering or simply doesn't address the gaps left by government programs. Frequently, communities offer programs and services they have always provided instead of what families currently need, either because they don't understand what families need to keep their children safe, or because they don't have the resources to provide what is really needed.

Promising Practices in Wisconsin

As resources for prevention and early intervention services continue to decline, Child Protective Services systems struggle to provide for children. Highly effective, non-duplicative services and truly engaging services must become the norm if communities are to address the multifaceted and growing needs of families at-risk of neglect and abuse. Communities must become more creative and innovative in offering services that engage families, support them, move them forward and improve the well being of their children.

Throughout the state of Wisconsin, many professionals have been working with other systems to serve some clients. For example, Coordinated Services Teams (CSTs) and Integrated Services Programs (ISPs) that serve severely emotional disturbed youth have moved toward a more family-focused, cooperative model of professionals and providers working together to create family service plans.

In Milwaukee County, the Single Coordinated Case Plan (SCCP) program has adopted an integrated services approach with a specific population, that is, substance abusing women and their families. The 2003 consumer survey conducted by SCCP showed that the majority of program clients agreed

Cost of Neglect and Abuse

Child abuse and neglect costs the State of Wisconsin an estimated $789 million dollars annually in direct and indirect costs.[7] The Wisconsin Children's Trust Fund estimates that child maltreatment alone costs Wisconsin more than $500 million a year in direct costs, that is, child welfare services, health care, mental health care, and judicial and law enforcement expenditures. In addition, the indirect costs of child abuse and neglect have been estimated at close to $288 million annually. Indirect costs incurred include long-term mental health and health care, juvenile delinquency, adult criminality, special education and lost productivity to society. The effects of child abuse and neglect have long-term implications that can be felt in many areas of a child's life and in society. The amount of money Wisconsin spends annually to address child abuse and neglect after it has occurred is estimated by the Children's Trust Fund to be 98 times more than it spends to prevent abuse and neglect.

Milwaukee County alone spends over $110 million annually on the 3,000 families, with 5,400 children, involved in its child welfare system. This amount represents only the public funding for child welfare services. It does not reflect the indirect costs to the community or these children's lives.

Financial resources for human services come from federal, state, and county funds. Financial assistance for human services in Wisconsin is distributed to counties through the Community Aids program, which consists of state and federal funds. Community Aids expenditures have not changed much over the past decade. Community Aids distributed $295 million to counties in 1991 and $302 million in 2001. In 2002, approximately $262 million was distributed statewide. In addition to the 9.89 percent match counties are required to supply, they also provide overmatch funds in order to pay for the services they must deliver. Statewide, county expenditures over the required match have increased from $93.7 million in 1991 to $251.8 million in 2001.[8] Additionally, counties and the providers they contract with are increasingly relying on grants and donations to augment the public funds available.

that their case plans reflected their goals and allowed them a voice in the plan. The survey also showed that most women were achieving their plan goals

In February, 2003, the Milwaukee Children's Court judges began ordering child welfare ongoing case managers to present plans at the initial hearing that were developed in coordination with the family, service providers, legal representatives and others. Others who may attend include W-2 workers, Probation and Parole Officers, service providers, and other family members. To develop these plans, caseworkers hold a meeting at the child welfare office that generally follows the wraparound format. The goal is to develop a service plan for the family that can be implemented immediately. The Court's expectation is that services will have begun by day fourteen of the child protective services case. Regular coordinated services team meetings are then held throughout the life of the case to assess progress, support the family and respond to new concerns.

Numerous other programs around the state have also adopted elements of these coordinated case planning approaches in their work with families. In a 15 county area in the eastern portion of the state, the Family Partnership Initiative provides wraparound services to emotionally disturbed youth. In a 13 county area in the western part of the state, Youth Enterprise Success (YESis a similar program for youth with emotional disturbance or cognitive disabilities. In other parts of the state Integrated Services Programs provide similar services. Each program uses some techniques garnered from the strengths-based, family focused approach in its work with families with complex needs.

These collaborative approaches are used for families with at least one family member with mental illness. Similar approaches are beginning to be adopted by other systems that work with families. For example, the Department of Workforce Development is preparing to train its W-2 agencies statewide in collaborating with other systems and community partners to integrate services for families with income security needs. The regional Bridges to Collaboration seminars will invite a variety of local stakeholders to come together and consider how they can work more effectively and efficiently on behalf of families in their community.

Thus, many professionals are now at some level working cooperatively with each other and with families. To the extent that children with severe emotional disturbance, substance abusing mothers, and W-2 eligible families are child welfare families, these efforts have moved child welfare practice forward. Yet, the increasing severity of need and the continually declining public funding, increases the imperative to work as efficiently and effectively as possible. National models and proven best practices from other states must be examined and adopted to further improve our practice here. Government and paid professionals must coordinate efforts across program boundaries and prepare families to continue on when government is no longer involved in their lives and publicly funded services are no longer available.

National Best Practices

Many communities and child welfare systems throughout the nation have adopted a family teaming approach as standard procedure for creating service plans for child welfare families and at-risk families. Among the models in use are Family Group Conferencing, Family Unity Meetings and Family-to-Family. The models are similar in many ways, but each has one or more distinguishing features.[9]

Rather than review all the models, this paper will focus on the Family Team Meeting (FTM) model implemented in Cedar Rapids, Iowa, because of the demonstrated success of the family plans that have emerged from these team meetings and the systematic approach Iowa has developed to standardize the use of the various family team meeting models in use throughout the state.

> *Government and paid professionals must coordinate efforts across program boundaries and prepare families to continue on when government is no longer involved in their lives and publicly funded services are no longer available.*

Two additional national models offer approaches worth examining. Washington, DC, a jurisdiction that was sued for failure to protect its child welfare children, is developing a family team meeting model that is a hybrid employing elements of the Family Group Conferencing and Family Team Conferencing. It uses government-based facilitators in collaboration with community organizations who prepare the family meetings. Jacksonville, Florida, another Community Partnerships for Protecting Children project has developed a teaming approach for a subset of the child welfare population, youth transitioning from foster care to independence as young adults. For these youth, a Circle of Friends, is convened to assist them in creating short and long-term life goals.

Family Team Meetings
Cedar Rapids, Iowa

Family Team Meeting Practices

Family team meetings as the routine method for engaging and working with families in need of support began with the collaboration by several service organizations that founded the Partnership for Safe Families. This partnership, partially funded by the Edna McConnell Clark Foundation's Community Partnerships for Protecting Children project, began in 1996. The group which had previously worked together to secure a federal grant to provide services to families in the community decided to forge its collaborative efforts in a longer lasting way by creating the Partnership for Safe Families. The individual groups continue their services and maintain their own identities, but they contribute to the Partnership and often join forces to write grant applications, designating as lead organization whichever organization they believe most likely to be favored by the reviewers and thus win the grant.

The Cedar Rapids partnership adopted the Family Team Conferencing approach promoted by the Edna McConnell Clark Foundation. They refer to their approach with families as Family Team Meetings (FTM). The FTM approach incorporates principles that are well known among strength-based providers in Wisconsin:

- ✓ *Strength-based, family-focused meetings create better family plans;*
- ✓ *Multiple systems are represented, including principal service providers;*
- ✓ *Team meeting facilitators receive training in meeting facilitation;*
- ✓ *Families invite family members to attend; and*
- ✓ *Children and youth participate in meetings as appropriate.*

While these principles help families improve their ability to provide for the safety and success of their children, the Cedar Rapids FTM approach moves beyond this list in a number of different ways:

- ✓ *Meetings are family driven with the family consistently identifying, to the extent possible, the items to be addressed;*
- ✓ *Families are routinely encouraged to invite multiple family members and to schedule meetings for maximum participation by family members;*
- ✓ *Professionals from service systems that families are involved with are consistently represented;*
- ✓ *Professionals, volunteers from community organizations, and representatives of faith-based organizations attend regularly;*
- ✓ *Case plans which are developed at the meeting are always written in the family's words, include only three to four goals and are recognized by the state as* the *case plan;*
- ✓ *Plans are highly tailored or individualized and look different from family to family; and*

✓ *Team members' concerns are addressed and incorporated into the plan.*

The Family Team Meeting (FTM) approach works to integrate systems providers and empower families to be active participants in defining their needs and identifying their strengths. FTMs are structured and facilitated meetings that bring together the family, relatives, friends, service providers, community resources and others to create and develop an individualized Family Plan and a support system for the family.

The Family Plan identifies the goals agreed upon at the meeting, determines what action is required to meet the goals and specifies who is responsible for that action. The basic components that are central to implementing the Family Plan are: engaging the family, assessing strengths and needs, developing and implementing the plan, tracking progress and responding to new concerns, and sustaining the change.

Family Team Meetings occur throughout the case and at critical times when family goals and needs must be reassessed. Having all of the service providers and support systems present at one time contributes to a better understanding of the family's needs, as well as, greater accountability by all parties working with the family. Each will be aware of the plan, understand their role and actively confirm the Family Plan. They will also understand what others' roles are and begin to see the larger picture of the family's situation.

Family Team Meetings are structured and facilitated meetings that bring together the family, relatives, friends, service providers, community resources and others to create and develop an individualized Family Plan and a support system for the family.

The FTM provides the setting for family-led case planning, coordination and accountability. The whole team is involved in coordinating, organizing and working towards change. The team pools their resources and strengths to examine the family's strengths, learn what the family's goals are, assess needs as well as work towards solutions and develop support systems to help the family succeed.

Family Team Meeting: Preparation, Facilitation, Agenda and Plan Development

Referral and Family Decision to Convene a Meeting

Families can be referred to the FTM process through multiple avenues. A child welfare caseworker can refer a family, but so can a Temporary Assistance to Needy Families (TANF)[10] or income support worker; parole officer; family court judge; or a friend who has had a successful team meeting. The success of the FTM process depends heavily on the family's commitment and motivation. It should be the family's decision to convene a meeting.

Once the family agrees to participate, a facilitator or social worker who is trained in family team meeting facilitation is identified. In some cases, families choose the facilitator. In other cases, the caseworker has an idea about which facilitator will work well with the family and, then, suggests that facilitator. For families with a history of domestic violence, meetings are facilitated by individuals with additional training around the dynamics of domestic violence. The safety of children and family members is always paramount.

Facilitator's Skills and Role

The FTM facilitator performs, perhaps, the most critical role in preparing for and managing the family meeting. The FTM facilitator is a specially trained individual who is skilled in leading discussions that may be rife with emotional issues and conflict among the meeting participants. A good facilitator is skilled at encouraging each team member to participate fully in the discussion and offer their opinions and suggestions as appropriate. To be an expert facilitator typically requires an individual with training, maturity and a passion for working with a variety of individuals on complex problem solving. Experience in working with the type of families in the child welfare system is helpful. Knowledge about services and supports that are available in the community is also useful since the facilitator often plays a formative role in suggesting solutions for the group to consider.

Facilitator's Role

- ✓ Prepare the Meeting
- ✓ Build the Team
- ✓ Direct the Process
- ✓ Encourage Open, Positive, Solution-focused Discussion
- ✓ Resolve Differences along with the Team's Assistance
- ✓ Build Consensus along with the Team's Assistance
- ✓ Guide the Team to formation of a Family Plan that will Work

In Cedar Rapids, about one-third of facilitators are Department of Human Services' employees who are former child welfare caseworkers or who hold other non-caseworker positions in the Department. Another third of the facilitators are employees of private agency service providers. The final third are employees or volunteers from community-based organizations, including advocacy, housing assistance and faith-based groups.

The family's child welfare case manager is typically not the facilitator. There are several reasons for this approach. Among the reasons are that case managers are often new to the field and younger than the parents in their caseloads. The job of case manager is ususally an entry level position that allows a first exposure to the field. Many case managers are newly graduated social workers who will quickly learn that they are interested in other positions or in changing fields altogether. The maturity and interest required for facilitation in a child welfare matter is just not present for most case managers. For some caseworkers, there is an interest in child welfare work, but no interest in developing the interpersonal communication skills required to prepare for and lead an FTM.

Perhaps the most important reason for the facilitator being someone other than the case manager is the unavoidable power dynamic that exists between a case manager and the families in their caseload. A case manager is responsible for reporting to the court on the family's status, verifying compliance with court orders, and approving expenditures for services. In this regard, they are in a position of authority over a family. This role prevents the case manager from playing the impartial, convener role that a facilitator must assume. Ideally the case manager develops a rapport with families so that they communicate openly and honestly, however, the case manager's important role in determining whether children will be removed from families and their authority to approve or deny support services, are likely to create fear and reserved communication on the part of families.

To be an expert facilitator typically requires an individual with training, maturity and a passion for working with a variety of individuals on complex problem solving.

Creative case plans - the goal of good team meetings - require full discussion of all the problems that a family faces and all the possible solutions. An independent facilitator who understands families, communication among individuals in a group and the child welfare system is better positioned to foster the type of balanced, highly interactive session that is conducive to the development of quality family plans. A good facilitator will be skilled at promoting a complete, productive discussion among group members and encouraging the group to move forward in creating a case plan that is responsive to the families' needs, strengths, and wishes.

While case manager as facilitator is not recommended, case managers should be encouraged and expected to develop their own engagement and assessment skills with families. In Cedar Rapids, young caseworkers have often benefited from working side-by-side with the facilitator in preparing families and in co-facilitating meetings. Encouraging development of these skills and offering opportunities to practice them improves case managers' ability to work successfully with families, a foundation of real system reform.

Preparing for the Meeting

Preparing the family and team members for the FTM is as important as the meeting itself. The facilitator meets with the family to get to know them and hear their story. The facilitator also becomes familiar with the neglect or abuse report. The facilitator explains to the family the FTM process and asks them what they would like to accomplish with their FTM. Subsequently, the facilitator assists the family in identifying and inviting all family and community members who can help assess and support the family. Also in consultation with the family, the facilitator will draft

Identifying Potential Team Members

Facilitators working with families to prepare for a family meeting can ask several questions to help families think about who is in their support network and who they go to for help solving problems.

- ✓ Who do you spend holidays with?
- ✓ Who do you talk with on the telephone?
- ✓ Who attends your children's birthday parties?
- ✓ Who do you borrow money from?
- ✓ Wha are some of the foster parents and casemanagers from your past?
- ✓ Who cares about what happens to your family?
- ✓ Who is the person in your family everyone goes to when they need help?
- ✓ Who calls you when they are in trouble and need help?

Answers to these questions can assist parent in identifying good team members and their broader "family." Team members will change as the family's needs change.

Source: Handbook for Family Team Conferencing: Promoting Safe and Stable Families in Community Partnerships for Child Protection, The Child Welfare Policy and Practice Group, July 2001

a list of critical questions and issues to be addressed at the meeting. The facilitator will ask what the family would like to have happen as a result of the meeting and what their preferred outcomes are for the matters to be raised. Although there may be other issues the facilitator would like addressed at the meeting, the ultimate decision rests with the family.

To the extent possible, family control over the meeting agenda and the plan's goals are crucial to family engagement and to the success of the entire process. Evaluation of the Cedar Rapids program has shown that, when families' perceived needs are addressed in the plan there is usually improvement in that area for the family. This is important because families' needs often include depression. Since parental depression is correlated with abuse, improvement on this measure can be very important to children's safety. When the needs identified are more basic such as housing or transportation, addressing those needs can lead to more openness for the parents to address higher level needs in the next team meeting, whether those are depression, other forms of mental illness, substance abuse or parenting skills. Family Plans developed in Cedar Rapids usually do address families' needs, a confirmation that their FTM process is working well.

After the conversation with the family, the facilitator speaks to the other individuals invited to the FTM and explains the family's agenda for the meeting. The facilitator must determine whether any team meeting members have non-negotiable issues, such as court orders that require supervised visits. Then, the facilitator can prepare for potential conflicts or problems by having additional conversations with selected participants, by collecting information to address issues that will be raised in the meeting, or by considering how seating arrangements and conflict resolution techniques can be used to work through anticipated differences among the meeting members.

When well prepared for a meeting, the skilled facilitator will then be able to create an atmosphere of openness and full participation by everyone at the meeting. These elements are important to support creative problem solving, resolution of communication problems, discussion of all critical issues, and creation of a manageable family plan that is responsive to the families' needs and provides for the safety of the children. Professionals from systems such as Child Welfare and Corrections must be assured that the essential requirements of their programs will be addressed as the family follows the course laid out in its plan.

Family Team Meeting Agenda

1. Welcome and Introductions
2. Ground Rules
3. Family Goals for the Meeting
4. Family Story
5. Family Strengths
6. Family Needs / Concerns
7. Brainstorm Strategies – Develop Plan of Action
8. Problem Solve (What could go Wrong?)
9. Agreement – Follow Up
10. Thank you!

Moving Through the Agenda

The process for moving through the agenda is as important as creating an open atmosphere. The Cedar Rapids FTM agenda begins with a welcome and introductions then a discussion of the ground rules. A standard set of rules are offered for the group to accept or modify as they wish. Then the family's goals for the meeting are identified. Next the family is given an opportunity to tell their story. Taking time to listen to the family's story is critical because caseworkers and other "helpers" often fail to take the time to really listen to the family's perspective about what has happened to them. In nearly every instance, the family story yields important information that team members were not aware of. This is followed by a discussion of family strengths. Usually, the facilitator will write these on newsprint and then display them around the room for reference throughout the meeting. For many families, the listing of strengths is an important moment. It may be the first time they have heard about their strengths from others. Displaying the strengths list offers them an opportunity to review the positive comments that have been made about them. Also, the family strengths are assets to draw on in developing the case plan.

The Family Plan

The listing of family strengths is followed by a discussion of family needs and concerns. Then the group brainstorms strategies for addressing the concerns and develops a plan of action. After the plan is developed, everyone has an opportunity to indicate what they think could go wrong. Once the group has brainstormed strategies to address the potential problems raised, the group as a whole, by consensus, agrees to the plan and their roles in accomplishing specific actions. Following the meeting, the facilitator or another primary person, chosen during the meeting, distributes the plan to all team members and follows-up with them to review assignments and later to assess progress. If the primary person determines that the action steps are not being accomplished or that progress toward goals is insufficient, she must reconvene the team to address the problem areas.

Family plans reached through this process are more likely to address the concerns about the family with straightforward action steps that the family is motivated to work on and capable of achieving. A quality family plan should:

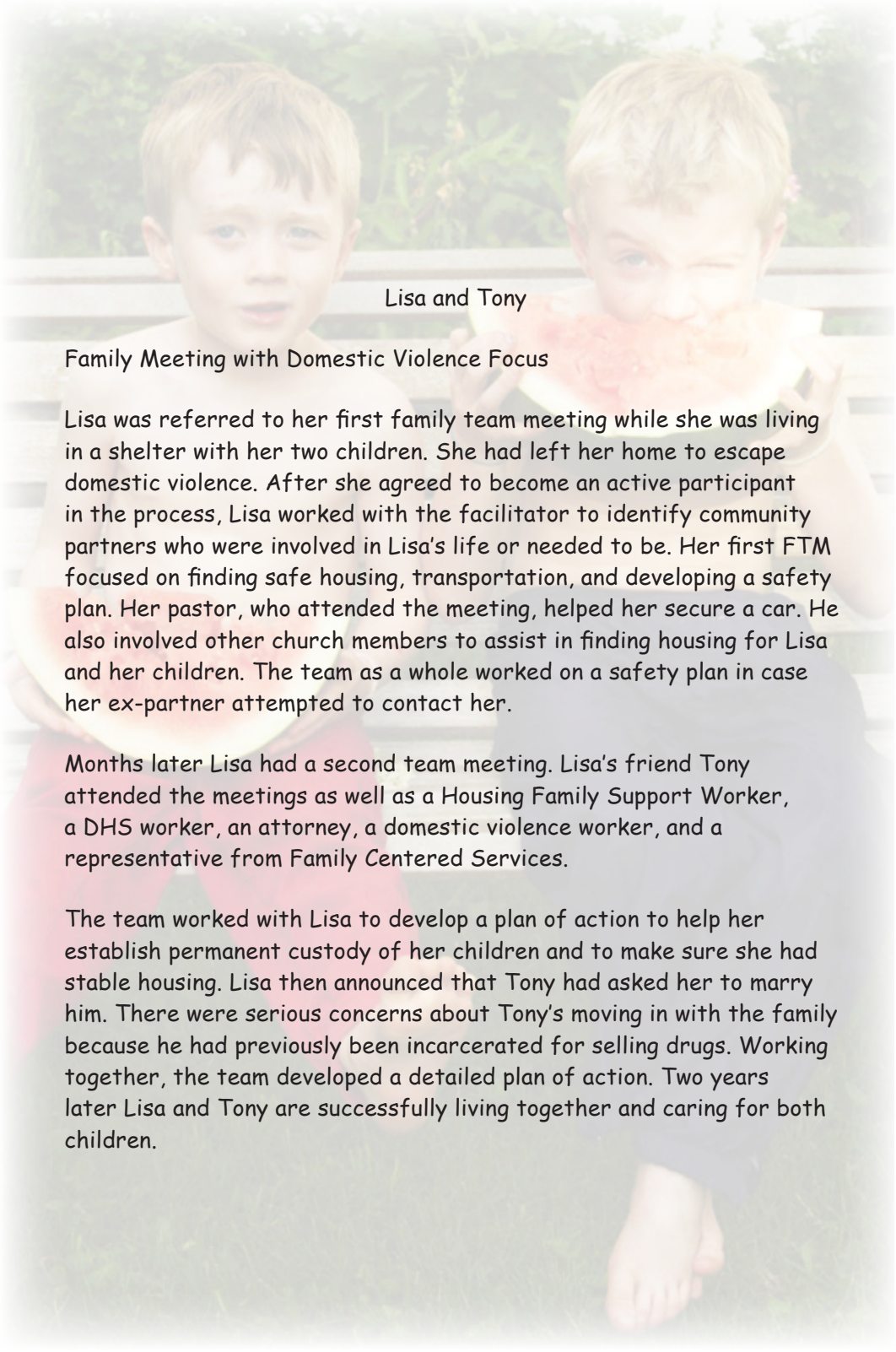
- ✓ *address perceived problems;*
- ✓ *be focused and have a few manageable goals;*
- ✓ *have goals that the family is motivated to achieve;*
- ✓ *address the safety and well-being of the children;*
- ✓ *be written in the family's own words; and*
- ✓ *identify who will do what and provide timeframes.*

When families are empowered to decide what they want to work on to improve their self-sufficiency and create safe living situations for their children, the action plan is often different from that which a caseworker would create. The plan is less likely to be a list of standard services ordered from a government program manual. Instead, caseworkers and providers are called on to assist families in very specific tasks they identify to help them accomplish their agenda and work on steps in the order the family prefers. Sometimes families will not be able to address change in one area until they are secure about another issue. For example, a mother who uses excessive corporal punishment to discipline a daughter caught with drugs at school may not be ready to adopt alternative disciplinary approaches until she is assured that her daughter is safe from behavior that will hurt her. Professionals should be collaborators who support parents by bringing expertise to the change process, not by being the directors of change.

Action Steps

- ✓ **Insure that steps are small, measurable, have time limits, and are matched to needs.**
- ✓ **Identify who what and when to accomplish steps.**
- ✓ **Design some steps that are to be short-term to permit early success.**
- ✓ **Review steps.**
- ✓ **Identify what could go wrong and what the response should be.**
- ✓ **Decide whether separate ciris plan should be developed.**

Source: Handbook for Family Team Conference: Promoting Safe and Stable Families in Community Partnerships for Child Protection



Lisa and Tony

Family Meeting with Domestic Violence Focus

Lisa was referred to her first family team meeting while she was living in a shelter with her two children. She had left her home to escape domestic violence. After she agreed to become an active participant in the process, Lisa worked with the facilitator to identify community partners who were involved in Lisa's life or needed to be. Her first FTM focused on finding safe housing, transportation, and developing a safety plan. Her pastor, who attended the meeting, helped her secure a car. He also involved other church members to assist in finding housing for Lisa and her children. The team as a whole worked on a safety plan in case her ex-partner attempted to contact her.

Months later Lisa had a second team meeting. Lisa's friend Tony attended the meetings as well as a Housing Family Support Worker, a DHS worker, an attorney, a domestic violence worker, and a representative from Family Centered Services.

The team worked with Lisa to develop a plan of action to help her establish permanent custody of her children and to make sure she had stable housing. Lisa then announced that Tony had asked her to marry him. There were serious concerns about Tony's moving in with the family because he had previously been incarcerated for selling drugs. Working together, the team developed a detailed plan of action. Two years later Lisa and Tony are successfully living together and caring for both children.

Lisa and Tony's Family Plan

Plan of Action	Who?	By When ?
Establishing permanent custody of the kids		
Step 1: Lisa needs to contact her attorney and find how out much he charges.	Lisa	ASAP
Step 2: Ann (Housing Family Support Worker) will assist Lisa with a referral to legal services if attorney's fees are not affordable.	Lisa/Ann	After Lisa follows up with attorney
Step 3: If everything goes well with the case Jennifer (DHS) will recommend concurrent jurisdiction	Jennifer	When appropriate
Housing		
Step 1: Lisa will check in weekly with Maria and let her know her move plan status. When Lisa gets her move date she will notify Maria of her plan in order to waive the 30 day notice	Lisa	Weekly/ as applicable
Step 2: Lisa will call John (Family Centered Services) when she knows her exact move date. John will e-mail Jennifer to notify her of this.	Lisa/John	When appropriate
Jennifer needs information re: Tony		
Step 1: Jennifer will call Mike at corrections regarding Tony. (releases were signed at the meeting)	Jennifer	ASAP
Continued Support		
Step 1: Tony will get Lisa a calendar to assist with scheduling appointments.	Tony/Lisa	ASAP
Step 2: Lisa will talk with Ann about continuing with Family Support services after leaving the housing program.	Lisa	When appropriate

Thank you for all your valuable input and participation in helping to develop this plan. As you know we all rely on the support of others to succeed in meeting our goals; thank you for all your commitment to helping Lisa in meeting hers. If anyone has any questions or concerns please feel free to contact me at 555-1234.

Tina Smith

Family Team Meeting Facilitator

Maintaining Process Quality

To maintain the quality of the FTM process, the Cedar Rapids partnership holds regular meetings of its facilitators to encourage the sharing of successful strategies, to identify barriers to formulating good family plans, and to create opportunities for facilitators to recommend modifications to the process. At the state level, Iowa child welfare leaders in collaboration with others around the state have developed family meeting standards that provide direction in how to work with families and develop plans no matter which model of team facilitation is used. The Iowa Family Team Meeting Model Commonalities document emphasizes the principles of family teaming and family engagement that the state considers best practice and expects to find in all family work.

Measures of the Difference in Cedar Rapids

In Cedar Rapids, Iowa, one of the four Community Partnership sites, family team meetings have become standard practice. Nearly 50% of families with an open Department of Human Services case are referred for a family team meeting. The Family Plan generated by the team meeting is now accepted by the state as the permanency plan.

Evaluation of the Cedar Rapids approach demonstrated that families' perceived needs were usually addressed in the plan if so the family usually indicated that they had notice improvement in that area.[12] When the needs identified were more basic such as housing or transportation, addressing those needs generally led to a greater likelihood that the parents would address higher level needs in the next team meeting.

Enthusiasm among child welfare workers, especially those working with large numbers of families in Cedar Rapids' most depressed neighborhood also demonstrates the success of FTMs. Caseworkers obviously feel empowered to successfully work with families on keeping their children at home and safe.

Facilitated Family Team Meetings – Teaming with Collaborative Agencies to Prepare Meetings
Washington, DC

The child welfare system in our nation's capitol, like Milwaukee County's system, was sued for its inability to protect its children. In response to that lawsuit, Washington, DC (DC) reorganized many aspects of its system. DC increased its collaboration with community-based organizations and service providers thus improving its ability to address the safety needs of children. These improvements were directed at working more effectively with both birth and foster families. Currently, as it looks to further improve its effectiveness, the DC system is embarking on a family team meeting approach to engaging with families and developing safety plans for children.

The DC system is training newly hired team meeting facilitators in its own brand of family case plan meetings. Its leaders believe that departmental employees trained in child welfare law and program requirements will be best able to guide the formation of family plans that meet the legal

requirements of the Adoption and Safe Families Act. These DC Department of Human Services employees will be trained in the District's own "facilitated family team meeting" approach. The model blends elements of family group conferencing into the family team meetings approach used by Cedar Rapids. The facilitators will chair the family meetings, while preparation work with the family, contacting of meeting participants, scheduling of the meeting, and arranging for space and refreshments will be handled by the community collaborative agencies.

Having considerable investment in its collaborative agencies that have been serving an important sustaining role for at-risk families, the Department of Human Services (DHS) decided to build upon their community presence, familiarity with families and community connections to enhance the family plan process, as well as, the ongoing relationship that these community organizations can offer to child welfare families.

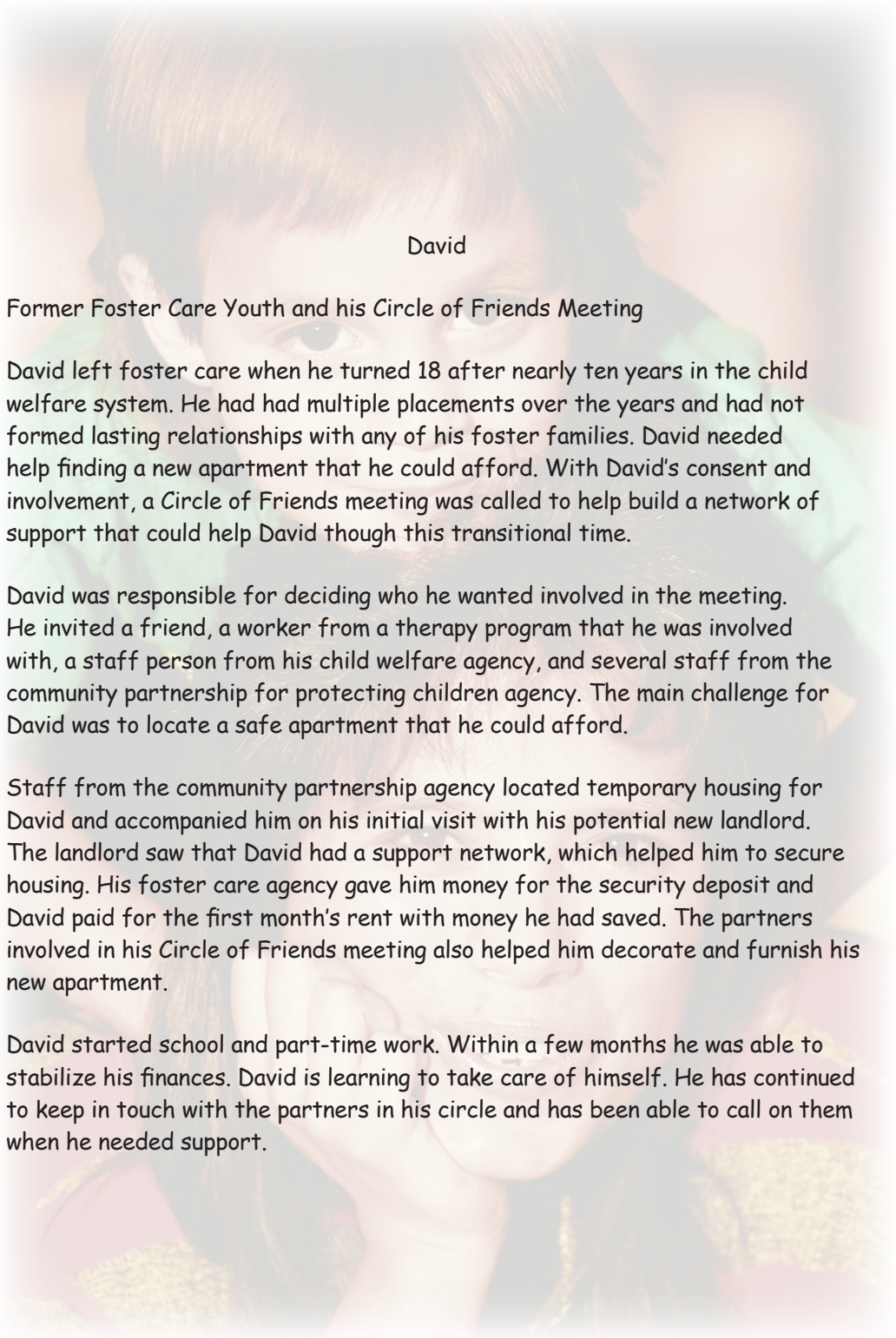
DC plans to offer overview training on its facilitated family team meetings approach to children's court judges, district attorneys, public defenders, guardians ad litem, corrections officials, selected law enforcements officials, school counselors, income support workers and DHS personnel who are not directly involved in child welfare. Believing that familiarity with the process and its goals will improve the success of family meetings and the system change they anticipate, child welfare system leaders are planning to train these individuals from the outset.

When the facilitators are trained and the program is operational, DC expects to have facilitated family team meetings for all families with a child who is about to be placed outside the home and for all families entering the child welfare system. The goal is to have each of these meetings within 72 hours of the decision to open the case or place a child. DC believes that its community collaboratives' locations, facilities, and familiarity with families and communities make this goal attainable. The collaboratives will be trained in facilitated family team meetings in order to understand their role in the new system.

In Washington, DC the goal is a new partnership between families, government, and community organizations in the planning for, and following-up after, family team meetings. This partnership will launch a new child welfare model, building on family group conferencing, family team meetings, and community-based child welfare.

Circle of Friends – Friends Assist Youth Leaving Foster Care Jacksonville, Florida

Circle of Friends for youth transitioning from foster care to adult independence is a facilitated team meeting approach being used in Jacksonville, Florida. The Community Partnerships for Protecting Children project there solicited input from foster care youth on how they could support the young people as they approach adulthood. Many youth appreciated the value of team meetings, but felt that they had no family to convene. The youth recognized that they could use support from various professionals, community members and friends. Soon, the youth began calling their team meetings a Circle of Friends.



David

Former Foster Care Youth and his Circle of Friends Meeting

David left foster care when he turned 18 after nearly ten years in the child welfare system. He had had multiple placements over the years and had not formed lasting relationships with any of his foster families. David needed help finding a new apartment that he could afford. With David's consent and involvement, a Circle of Friends meeting was called to help build a network of support that could help David though this transitional time.

David was responsible for deciding who he wanted involved in the meeting. He invited a friend, a worker from a therapy program that he was involved with, a staff person from his child welfare agency, and several staff from the community partnership for protecting children agency. The main challenge for David was to locate a safe apartment that he could afford.

Staff from the community partnership agency located temporary housing for David and accompanied him on his initial visit with his potential new landlord. The landlord saw that David had a support network, which helped him to secure housing. His foster care agency gave him money for the security deposit and David paid for the first month's rent with money he had saved. The partners involved in his Circle of Friends meeting also helped him decorate and furnish his new apartment.

David started school and part-time work. Within a few months he was able to stabilize his finances. David is learning to take care of himself. He has continued to keep in touch with the partners in his circle and has been able to call on them when he needed support.

Using the same principles as family team meetings in Cedar Rapids, the Jacksonville project convenes meetings of teams that come together to support an individual youth approaching emancipation from the child welfare or foster care system and through their first few years on their own.

A similar approach has been used by some organizations working with Wisconsin youth moving from residential treatment back to their home communities. Many professionals working with youth in independent living acknowledge that these youth could benefit from ongoing support by a group of people committed to offering guidance in the sort of everyday living issues that all young adults face. When parents are unavailable or incapable of providing this support, the group can offer its guidance.

Reformulating family meetings into a Circle of Friends responds to a long standing need for former foster care youth, especially those who have been in the system for years. Supporting them in achieving their goals is critical to their success and their ability to move forward on a path to healthy, self-sufficiency.

Circles of Friends and Family Team Meetings represent an approach, culture, style, and attitude as much as specific models for conducting meetings. The ways in which families are engaged in discussion are as important as the tasks accomplished during the meeting, because it is also in the convening and conducting of meetings that families learn skills that will serve them in the future.

While families and youth learn skills during these meetings, professionals can also learn techniques and strategies for engaging families and facilitating discussions. By placing families' goals at the center of the process, by creating a more comprehensive connection between workers and families, and by strengthening the mutual accountabilities in the process, family teaming offers a more effective approach to working with families in creating plans and a greater likelihood of success for the families and youth involved.

Family Team Meeting Benefits

A Family Team Meeting gathers family members, friends, community specialists, and other interested people to strengthen a family and provide a protection and care plan for the family's children. Among the benefits of bringing a team together are:

✓ Increasing the variety of solutions to address family needs;

✓ Preventing the removal of children from their family;

✓ Identifying kinship placement opportunities;

✓ Increasing the likelihood of identifying and matching families to the best available services;

✓ Increasing the capacity for overcoming program, financial, and other barriers; and

✓ Creating a system of supports that will sustain the family over time.

Family Team Meetings offer a solution-focused method of addressing family needs and children's safety that builds on the family's history of solving problems, their skills and their motivation to solve problems. It encourages a family to develop its own vision for a preferred future. Then professionals and family members support the family in realizing the change necessary to make their vision a reality. Family teaming can strengthen families in ways that promote immediate solutions to current needs and long-term solutions for issues related to safety, permanence, and well-being.

Source: Handbook for Family Team Conferencing: Promoting Safe and Stable Families in Community Partnerships for Child Protection, The Child Welfare Policy and Practice Group, July 2001.

Growing the Practice

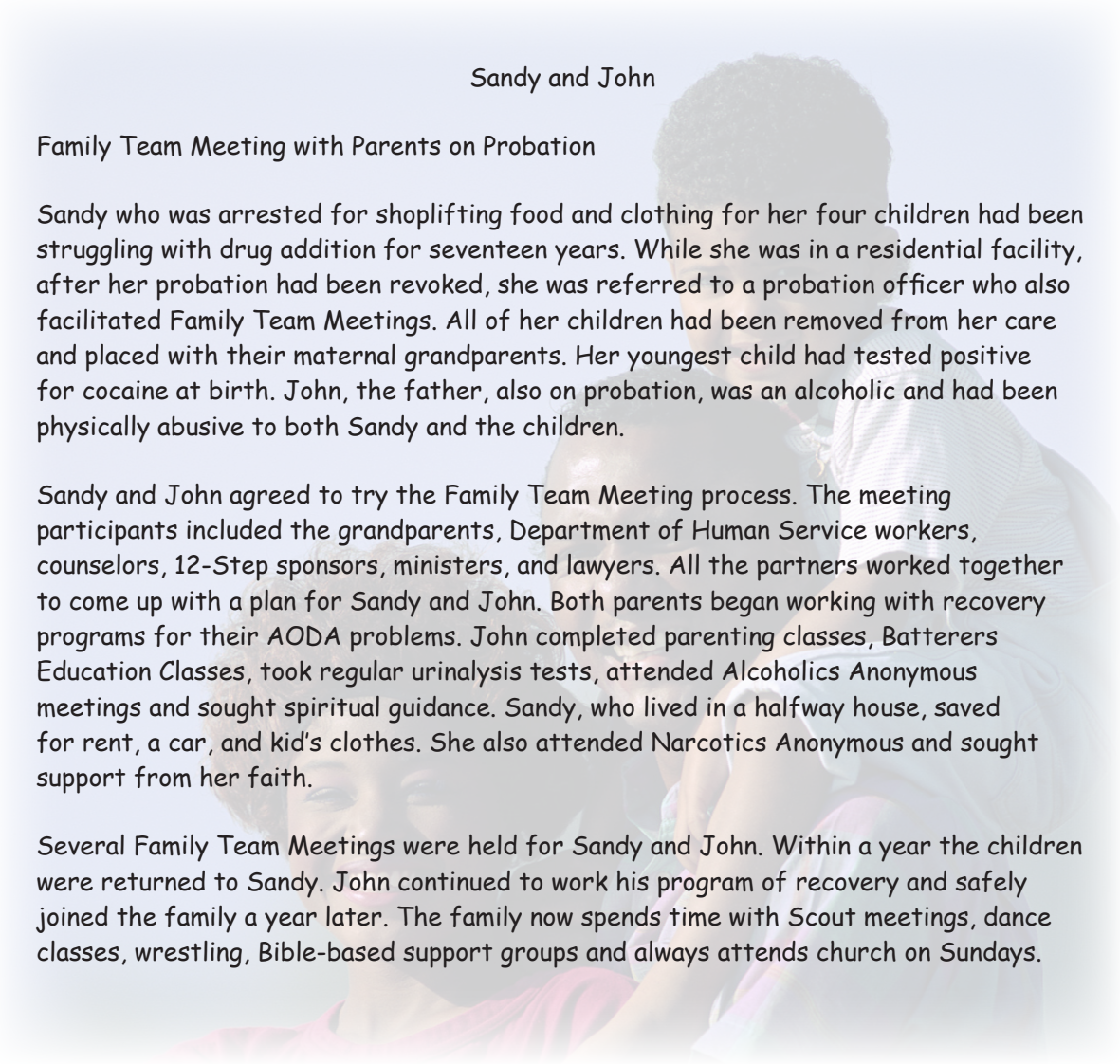
Adopting the family team meeting approach with a majority of families in the child welfare system and families with at-risk children would lead to major changes in our service delivery systems and how professionals work with families to help them grow.

In Cedar Rapids, nearly one-half of families with whom their Department of Human Services is involved are using family team meetings to create family plans. Nearly all public and private providers participate regularly in team meetings, bringing their resources and expertise to the table and, then leaving the table with specific assignments that will help the family address action items in their plan. Repeatedly meeting with families and professional counterparts in this collaborative mode has changed how government, private agencies and professionals do business. It has changed how they view their work with, and for, families. It has changed how they organize services for families. At first, professionals routinely complained that they did not have time, and were not paid, to attend family meetings. Now, both public and private agency professionals are more willing to attend, realizing that important decisions in a family's life are made at the family team meeting table and that they need to be there to raise, and work through, concerns. The meetings also offer a place to celebrate a family's success with others who care about the family and know the obstacles they have overcome. Attending family team meetings has also become an important way for professionals to identify other professionals and community representatives they might want to collaborate with other families in the community.

The meetings also offer a place to celebrate a family's success with others who care about the family and know the obstacles they have overcome.

Target Populations

Initially, family team meetings were used in Cedar Rapids only with child welfare system families who had been charged in court with neglect or abuse, yet were not compromised by significant substance abuse and domestic violence problems. Gradually, as professionals and families witnessed the success with these families, they began to request family meetings for more complex families. Workers realized that engaging extended family members was helpful in keeping children safe especially where there were parental substance abuse problems. Workers in the domestic violence field began developing ways to include in team meetings family members who were perpetrators of domestic violence. They developed strategies to keep family members safe before, during, and after the meetings. As professionals worked with severely compromised families, they often found that confronting these difficult issues with everyone at the table led to more self-disclosure of problems which



Sandy and John

Family Team Meeting with Parents on Probation

Sandy who was arrested for shoplifting food and clothing for her four children had been struggling with drug addition for seventeen years. While she was in a residential facility, after her probation had been revoked, she was referred to a probation officer who also facilitated Family Team Meetings. All of her children had been removed from her care and placed with their maternal grandparents. Her youngest child had tested positive for cocaine at birth. John, the father, also on probation, was an alcoholic and had been physically abusive to both Sandy and the children.

Sandy and John agreed to try the Family Team Meeting process. The meeting participants included the grandparents, Department of Human Service workers, counselors, 12-Step sponsors, ministers, and lawyers. All the partners worked together to come up with a plan for Sandy and John. Both parents began working with recovery programs for their AODA problems. John completed parenting classes, Batterers Education Classes, took regular urinalysis tests, attended Alcoholics Anonymous meetings and sought spiritual guidance. Sandy, who lived in a halfway house, saved for rent, a car, and kid's clothes. She also attended Narcotics Anonymous and sought support from her faith.

Several Family Team Meetings were held for Sandy and John. Within a year the children were returned to Sandy. John continued to work his program of recovery and safely joined the family a year later. The family now spends time with Scout meetings, dance classes, wrestling, Bible-based support groups and always attends church on Sundays.

then allowed families and professionals more opportunities to support and work with those family members towards self-improvement. Many of their strategies have become nationally recognized as best practice for families experiencing domestic violence.

Over time, the FTM practice has expanded to nearly half of all families who have some DHS involvement. TANF families experiencing difficulties or significant transitions in their lives are now encouraged to have a family team meeting to help them plan for a smooth transition off TANF, to a new job or to a new home. Successful navigation of these transitions can be the difference between self-sufficiency and entry into the child welfare system under charges of neglect. Among W-2 families, those that appear to be headed toward the child welfare system are given priority for family meeting facilitation. More recently, families with developmentally delayed children participating in Birth to Three programs have been added to the family team meeting effort. Parenting support and respite can be critical to helping these families remain intact. Assembling a team of professionals

Beth and Emma

Family Meeting with Birth to Three Focus

When Beth gave birth to Emma, she reported a history of illegal drug use as well as late and inconsistent prenatal care. Emma tested positive for cocaine so the hospital filed a report with the Department of Human Services. DHS did not immediately put Emma into foster care, but decided to monitor the situation and give Beth time to address her issues.

The hospital also made referrals to a home health service, Early ACCESS (an early childhood developmental program), and a local task force that monitors and assures services for drug-exposed newborns. The Early ACCESS service coordinator suggested a Family Team Meeting for Beth, who agreed. The coordinator of the task force was also an FTM facilitator and agreed to facilitate Beth's meeting. The facilitator worked with Beth to identify both her challenges and her goals. Her challenges included; cocaine use, no substance abuse treatment, poor housing, unemployment, mental health concerns, a violent relationship with the baby's father, Joe, and Emma's health and developmental concerns.

Beth invited her mother, new boyfriend, a friend that provided daycare for Emma, the DHS worker, the visiting nurse, the Early ACCESS coordinator and a DHS in-home provider to the Family Team Meeting. Under the suggestion of the facilitator she also invited the guardian ad litem and her own lawyer. Her goal for the meeting was to develop a plan to keep Emma safe and to get DHS out of her life. The team was able to come up with a plan that would help Beth get a job, go to substance abuse treatment and keep safe and stable housing. The team also helped get Beth a Domestic Violence Family Support worker which helped her deal with past domestic violence issues and other daily activities, like getting her medication for depression.

Since the FTM, Beth has been receiving substance abuse treatment and has continued to test negative for illegal drugs. The Domestic Violence Family Support Worker helped Beth get a no contact order for Joe. The Early ACCESS Service coordinator also provided service for Emily and her developmental delay is gone. A couple follow-up FTMs have occurred to keep the team updated and help Beth stay on track with her goals. Emma will stay in Beth's care and DHS plans to close the case in 3 months, if everything continues to go well. An FTM will be scheduled before DHS closes their case to ensure safe case closure.

and community members can help families find solutions and assistance in the routine and complex tasks associated with providing for a developmentally delayed child. Supporting families early on can increase their success at parenting and providing for their children, preparing them for school, and working with the children on tasks and therapies that will improve their chances of overcoming some developmental delays.

In Wisconsin, several family team type case planning approaches including Coordinated Services Team, Single Coordinated Care Plan, Service Implementation Hearing preparations and Wraparound meetings involve perhaps ten percent of families who are served by county human services agencies. In some counties the percentage is well under ten percent.[11] The people who participate in these meetings come with a collaborative spirit, but since the approach is used with such a small percentage of children and families its outcomes are less effective. When the approach is not deeply imbedded in the broader system, institutional barriers between government, service delivery systems and community-based efforts are often insurmountable. The people who are working collaboratively see the value of this approach, but are continually confronted by systems and individuals who respond with financial and programmatic obstacles. Increasing the number of collaborative team meeting efforts with families would create fundamental changes in service design and governmental programs, while increasing a creative problem-solving attitude.

In addition to the families currently being served by CST meetings, several additional groups could be added. In the child welfare arena, there are at-risk families with unsubstantiated neglect or abuse complaints that CPS investigators know they will see again because they are struggling with unemployment and substandard housing. Many W-2 families could benefit from the problem-solving activity and support that a family team meeting can provide. In addition to income security and housing, depression and substance abuse are very common among W-2 clients. As individuals move through the training and supported employment components of the W-2 program, they often need support to cope with employer demands, special childcare needs, and health and mental health care needs. Families who are unable to surmount these challenges slide deeper into poverty and later are often charged with neglect, because they are unable to feed, clothe and shelter their children.

The product of a family team meeting can include a variety of professional and community individuals supporting a family with government program support, informal supports and voluntary services.

Other families with substance abuse and domestic violence can be assisted by a process that enlists extended family members in supporting safety for the children and change for the parents. Often relatives have stopped helping these families, because their problems are too numerous and complex. When part of a team of professional and community people, many extended family members are willing to provide a service or portion of the support needed. It is much easier to provide transportation to appointments and supervision of visits with children, than it is to house, financially support and raise several children while the parent continues in a lifestyle that is not moving towards health and self-sufficiency.

Teen mothers are another group that could benefit from family team meetings. Teen mothers, although often unprepared or financially unable to support their babies, often are motivated to be good mothers. Typically, the burden of support falls on the teen's own mother. With a team of family and community people supported by professional services and advice as necessary, the likelihood of creating a stable life for the baby increases. Augmenting family teaming with BabyFAST could create an even stronger combination for teen mothers. BabyFAST, modeled after Families and Schools Together (FAST), is a program that brings teen moms and their families together to understand their common problems, increase their parenting skills, and improve the teen's relationship with her parents. The latter effort typically involves overcoming the anger and frustration the parents feel about their teen and their increased responsibility for an infant The birth of a new baby usually leads parents and grandparents to think about the infant's future. In that moment, many grandparents and family members are quite willing to offer support if asked in specific ways to assume manageable tasks.

Another group that could benefit from the support of a family teaming strategy are youth who have spent considerable time in foster care, group home or residential treatment and are about to reach an age that makes them ineligible for services or support from the system. Youth transitioning to independence from the system typically do not have family members to support them when they need help finding employment, establishing themselves as full-time workers rather than students, securing housing or managing personal finances. Some youth are fortunate to have foster parents or relatives willing to support them in these tasks. Others are less fortunate. As previously noted with the Florida experience, family team meetings or circles of support could be used to support these youth and create a plan for navigating all the tasks and transitions necessary to become an independent, responsible adult. A support team could make the difference between self-sufficiency and repetition of the missteps made by the youth's parents.

The list of those who could be helped by family teaming is extensive. The target groups mentioned in this section represent only the beginning of that list.

Facilitators

Iowa and national experts advise that the way to grow this family teaming approach is to promote the approach with people who want to work with families in a supportive, empowering manner. Then, select from that group a few individuals who also have skills and an interest in helping families

discuss and create solutions to their problems. These individuals should then observe and be trained in family team meeting facilitation. As other professional and community members participate in these meetings, more individuals will see the success of the approach and be interested in using it with additional families. Some will want to become trained in facilitation; others will simply promote the approach with other professionals and families who could benefit from it.

In Cedar Rapids, the pool of trained facilitators is comprised of Department of Human Services (including Child Protection Services) employees, professionals from other governmental units and provider agencies, and volunteers in faith-based and community-based organizations. The variety of experience adds considerably to the process. First, a family selecting a facilitator for its team meeting has many options in terms of the experience and style of individual they choose.

Department of Human Services (including Child Protection Services) employees, professionals from other governmental units and provider agencies, and volunteers in faith-based and community-based organizations each comprise one-third of the facilitator pool in Cedar Rapids, Iowa.

Facilitators with experience beyond the DHS system can promote more expansive thinking and increase problem-solving creativity with team meeting participants. When people from various organizations and systems learn the approach, they can then promote the approach within their systems. For example, school social workers are often well aware of children and families in need of support. Once trained in this approach and knowing other professionals and community members willing to collaborate with families and systems in this manner could lead to earlier intervention with troubled families in a less intrusive way that leads to stronger self-sufficiency. Increasing the number of professional and volunteer facilitators can increase a community's ability to team with families in an early intervention way that can prevent serious problems and deficiencies from emerging. Reducing the number and intensity of services needed by families, means more families can be supported, which is better for families and could lead to fewer public expenditures.

Acquainting judges, district attorneys, public defenders, probation officers and others who are involved with families in the legal system with family teaming approach can increase their understanding of options for engaging with families and preventing their return to court. Judges, in particular, are generally in a position of responding to an illegal, dangerous act committed by an individual. They have a limited list of options and governmental services available to them. Typically, they order from that list based on their best assessment of the situation. In Cedar Rapids, judges now routinely order an FTM to be used in developing a case plan – a plan from which judges

design court orders. The product of a family team meeting can include a variety of professional and community individuals supporting a family with government program support, informal supports and voluntary services. Members of that team may be available to provide ongoing supervision and support that the judge could never uncover or order. The teaming approach offers more strategies and longer-term, community-based support to help families realize success.

Believing that the family teaming approach is central to engaging families and creating the system culture change they expect to realize, the State of Iowa is investing in training all supervisors in family team facilitation. The intent is not to have supervisors facilitating the meetings of families on their CPS workers' caseloads, but to offer them the opportunity to work with families in this collaborative manner and understand the dynamics of this approach, so they can be more helpful and supportive of their caseworkers. For example, supervisors gain new insights into families needs and the institutional and attitudinal barriers to offering families what they need when they participate in the problem-solving activities that occur in a family meeting.

Well-trained, expert facilitators are crucial to growing the practice improvement offered by family teaming. Investing in training for facilitators and those who will participate in family meetings is the beginning of that growth process.

Sustaining the Practice

Family teaming is a practice improvement that offers new options for engaging with families and supporting them in positive change. Ideally, the change in families will be mirrored in the child welfare, other governmental and service sectors. Substantive system culture change requires a deep commitment to broad-based implementation, ongoing training, and financial support for the new practice. Quality improvement, including process and outcome evaluation, is also essential.

After initial training in the family team meeting approach, facilitators, in particular, need time to reflect on their experience and practice with the methodology. In Cedar Rapids, facilitators meet regularly to talk about their experiences and discuss strategies for improving the process. Cedar Rapids facilitators, as well as their official program evaluator consider the feedback and problem-solving that goes on in this quality improvement loop critical to their ability to work effectively with families and to assist them in formulating strong plans that address real issues. In these sessions, facilitators share strategies for guiding sessions, resolving conflicts, and brainstorming solutions. Together they identify system barriers, whether program, policy or funding barriers that are impeding the development of strong family plans.

These learning sessions result in recommendations to facilitators' trainers on additions and modifications to the facilitator curriculum as well as program and policy recommendations for DHS and the other systems involved in families' lives.

Of course, some facilitators will move on to new positions or retire. Thus, ongoing facilitator training is essential. Also, as new caseworkers, judges, school personnel and others enter the field, they must be trained in the principles and strategies of the family team meeting approach.

An important aspect to sustaining the practice is flexible funding for the support and services that families need to successfully meet their plan goals. Inevitably, needs will be identified that are not addressed by any existing program, facilitators and caseworkers must have access to some flexible funding to pay for these items. Often it is the unusual transportation, childcare, health or dental health care need that leads to a series of unfortunate instances and the undoing of the best designed family plans. Workers need to have flexible resources available to meet these critical needs.

Finally, evaluation is important to determine whether the family team approach is working effectively. Periodic review can determine whether facilitators and teams are using the best techniques to accomplish their tasks effectively and efficiently. Evaluation is critical to both understanding and measuring practice improvement and, then, to sustaining the improvement.

Michelle, Mark, Jesse, Ryan

Family Team Meeting with a W-2 Focus

Michelle and Mark had been reaching out to community resources for family support services and help in learning the skills to parent children with special needs. However, they were unsuccessful in finding what they needed to address their children's problem behaviors. Michelle had cerebral palsy and was wheelchair bound. Mark, a former drug user who had been out of prison for two years, was now experiencing hearing loss and struggling with mental health issues. Ryan, age 4, had several diagnoses including Oppositional Defiant Disorder (ODD), Obsessive-Compulsive Disorder (OCD), and Attention Deficit Hyperactivity Disorder (ADHD). He was also considered developmentally delayed by approximately two years. Jesse, age 10, was also diagnosed with ADHD, ODD, reactive attachment disorder and night terrors. Ryan had become so aggressive that the safety of the family was a concern. He had recently been kicked-out of three pre-schools and was just beginning a fourth. Income for the family was primarily Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI). Michelle and Mark again reached out for community support in hopes of avoiding out-of-home placement. They were referred to the family team meeting process by their family support program.

A family team meeting was planned to work on coordinating services to meet their behavioral and mental health needs and to develop positive supports for Jesse, who was becoming more withdrawn as the focus of the family increasingly turned towards Ryan. Attendees included a teacher from Ryan's new school, the family pediatrician, a family friend, Dave from church, a family support worker, a TANF worker, and a social service agency representative. A psychiatrist was also invited. He could not attend but did send a report and recommendations.

The needs the family and team identified included respite for the parents, childcare, play therapy, parenting help, and centrally located housing. After identifying the family's needs, the team members began to address them. DHS added Jesse to their caseload so he could begin receiving services. Parenting classes and respite were found for Michelle and Mark. They would continue to use the family support center for crises and increase their church involvement to build on the support they found there. Dave agreed to look for mentors from the congregation.

The family has had two follow-up team meetings to check on their situation and to develop new goals. Michelle and Mark continue to keep everyone informed of the family's progress and challenges. Childcare has allowed Mark to attend job training required by the TANF program. Ryan is now considered six months delayed instead of two years. Now, he has only occasional outbursts. The parents stay connected with school personnel and they meet Jesse for lunch at school to make sure they have structured, individual time with him.

Mark and Michelle are sure their children would have been removed from their home if they had not been connected to the resources they needed. Though they had reached out many times, they were unsuccessful until they began the family team meeting process. Michelle and Mark have said that the family team meeting helped them to feel less alone. With the new resources and support, they have gained confidence in their parenting skills and feel that they will continue to move forward

Measuring the Practice Improvement

Measuring practice improvement is crucial not only to sustaining the practice improvement, but also to creating new strategies to further improve the practice. Indicators of initial practice improvement include:

- ✓ *Increased family engagement and leadership in developing their own family plan is the norm.*
- ✓ *Improved efficiency of public service delivery. Government agencies (child welfare, W-2, courts, corrections and schools) are working together as a team to support families.*
- ✓ *Involved private agency partners who, in addition to their paid service work with families, are actively involved in the family teaming effort.*
- ✓ *Increased informal supports (family members, faith-based and other community members) are actively involved in the majority family plans and they are supported in their critical role.*
- ✓ *Increased job satisfaction by Child Welfare and W-2 workforces may lead to more stable workforces with reduced turnover because families are more successful and workers are enthusiastic about supporting them. Instead of making stressful, life-altering decisions about children's lives on their own, workers collaborate with families and are empowered by the process.*
- ✓ *Increased numbers of families are actively working on the goals in their family plan, taking full advantage of services that meet their needs and moving towards greater strength and independence in providing for their children and keeping them safe.*

As improvement is measured on each of these performance indicators, new goals for increased effectiveness can be developed and measured.

A systematic methodology for measuring such outcomes and child welfare system performance is Qualitative Service Review (QSR). QSR is a quality assurance system that measures the status of child welfare children and families and the system's performance in responding to the families' needs and goals rather than attainment of paperwork and process measures. The measures of system performance reflect the core components of individualized practice: engagement, assessment, planning, implementation, and results. Each QSR measures the degree to which individualized and participatory practice is occurring with families.

Qualitative Service Review

QSR was the model for the federal child welfare Child and Family Service Review recently conducted in each state. The federal review model, however, is less intensive and offers a more limited view of how a system is performing. Child welfare systems currently using the Qualitative Service Review system, including those that have experienced lawsuits, scored higher than other states on the Child and Family Service Review, especially on measures of engaging families in change.

Quality Service Review Categories

CHILD AND FAMILY STATUS	OVERALL CHILD AND FAMILY STATUS
Child Safety	Child/Family Engagement
Safety of the Caregiver	Service Team Functioning
Stability	Functional Assessment
Appropriateness of Placement	Resource Availability
Health/Physical Well-being	Long-term View
Emotional/Behavioral Well-being	Service Plan
Permanence	Plan Implementation
Learning and Development	Family Support Network
Responsible Behavior (Child)	Service Coordination
Caregiver Functioning	Successful Transitions
Family Progress Toward Independence	Tracking and Adaptation
Child's Functional Progress	Effective Results

Each category receives a percentage score. Scores are then compared to those in similar jurisdictions and to previous performance to asses whether practice has improved.

Source: The Qualitative Service Review Process

Funding the Practice Improvement

Engaging families through family teaming and increased collaboration among public agencies and private service providers will require some financial investment in training caseworkers and systems partners, including community volunteers. Implementing and sustaining a quality improvement process for team meeting facilitators will also require some additional staff time and financial resources to supply that staff time. Financial resources are critical to cementing the system culture change that will begin to emerge with the increased use of family teaming.

The additional time that private providers and public agency representatives spend at family meetings will present some increased staff cost, however, the increased effectiveness of working with families in this manner, especially when multiple members of a family are serviced by an agency, should mitigate the initial investment. Over time the budgeting of staff resources may be modified to reflect a different way of doing business and providing for families.

With all public agencies and private providers at the family table, the resources available to each system should be made available for the family, thereby, reducing the costs for any individual system. Existing program funding, including Medicaid, Medicaid case management, W-2 and Community Aids dollars should continue to be used. Public agencies, in particular, must acknowledge and remove unnecessary barriers that prevent families from receiving programmatic and financial support from these programs. They must create flexible funds to meet the unique needs identified by families in their individualized plans. With more coordinated use of these dollars, government funds begin to be spent more wisely with the possibility that child abuse and neglect costs will decrease over time.

To the extent possible, federal foster care maintenance and prevention funds should be used for the training, quality improvement and service costs necessary. Unfortunately, federal funds typically cover services only to children deep in poverty who have been removed from their homes. The state needs a larger share of its funding available for supports and services that engage families and help them increase their ability to parent their children and keep them safe. Although the federal government, especially through its Child and Family Service Review process, demands family engagement and improved system performance, it funds the efforts only by *not* assessing financial penalties for failure to meet these new federal standards. The existing federal formula for financing child welfare must be changed to financially support services for families that prevent neglect and abuse rather than children's removal from their families. Increased support for prevention and intervention would lead to the type of system improvement and child protection that the federal government now looks for in its evaluation process.

Obviously sustainable funding requires public dollars at the federal, state and local levels. However, initiatives planning to implement this improved practice might approach foundations, especially local community foundations, for funding associated with training and implementation of facilitators' quality improvement activities. These sources might also be approached

about supplying flexible funds while public and private partners work to dismantle current programmatic barriers to funding of families' needs. Finally, foundations may be an appropriate funding source for evaluations to measure the quality improvement offered by the family teaming approach.

Conclusion

Family teaming offers a practice improvement that will increase engagement with families whose children are at risk. Family teaming gathers parents, extended family members, friends, community specialists, providers, and professionals together to support a family in developing their own plan to provide for their children and keep them safe. Increased collaboration among caseworkers, CPS systems, providers and other professionals will allow child welfare and related systems to more efficiently use their limited resources in strengthening families. Stronger more capable families will lead to brighter futures for children.

Endnotes

[1] Department of Health and Family Services. *Annual Report to the Governor and Legislature on Wisconsin Child Abuse and Neglect: 2000 and 2001.*

[2] Ongoing Case Managers in Milwaukee County found issues of neglect in 60% of their cases and sexual abuse in only 5% of cases in the 2003 sample of cases studied by Mark Courtney and Steve McMurtry for *An Evaluation of Ongoing Services in Milwaukee County: Profiles and Outcomes of Newly Opened Cases, Chapin Hall Center for Children at the University of Chicago, February, 2004.*

[3] Hall L., Grace J. Wisconsin Association of Family and Children's Agencies. June 2003. *A Vision and Plan for Improving Child Well Being and Strengthening Families in Wisconsin using Service Integration as the Path.*

[4] *Ibid.*

[5] Milwaukee Journal Sentinel - November 21, 2003 *"7,000 MPS Students Reported Homeless."* www.jsonline.com/news/metro/nov03/187074.asp. (July 13, 2004).

[6] *Ibid*

[7] Wisconsin Children's Trust Fund. Biennial Report 2001-03. http://wctf.state.wi.us.

[8] Wisconsin Legislative Fiscal Bureau. January 2003. Community Aids (Financial Assistance to Counties for Human Services). Informational Paper 47.

[9] For a comprehensive comparison of six common models see Bringing the Family to the Table: A Comparative Guide to Family Meetings in Child Welfare http://www.cssp.org/uploadFiles/Bringing_Families.PDF.

[10] The Temporary Assistance to Needy Families program is known in Wisconsin as Wisconsin Works or W-2.

[11] Estimated using data from Coordinated Services Teams Annual Report, 2002.

[12] Based on conversations with Community Partnerships for Protecting Children initiative program evaluator Stephen Budde, Chapin Hall Center for Children at the University of Chicago, March, 2004.

Appendices

Appendix I

Best Practice Questions on Case Planning and Family Engagement in the Planning and Treatment Process

The Planning Meeting

- √ Do you use a Family Team Meeting approach that brings all public agency personnel (child welfare, W-2, school, juvenile justice), providers and legal representatives together at one meeting?
- √ Is the family prepared for the Family Team Meeting, including a review of the process and how the meeting will proceed?
- √ Does the family have the leading role in inviting people to the table?
- √ How many family members attend the meeting? What is the average number of family members and what is the range?
- √ Does the family have the leading role in setting the agenda for the meeting?
- √ Do you use a strengths-based approach? An approach that begins with discussing the family's strengths, rather than a case review or a review of the family's problems?

The Family Plan

- √ Is the plan written in the family's own words?
- √ Does the plan include a limited number of action steps the family is motivated to work on?
- √ Does the plan include who is responsible for completing each item and/or assisting the family in accomplishing its tasks?

Facilitators and Facilitator Training

- √ Is the facilitator trained in facilitating meetings and comfortable with that role?
- √ Do you use independent facilitators, that is, facilitators other than the the case manager or child protection services worker assigned to the family?
- √ Do independent facilitators include private sector, community-based individuals, and employees from public agencies other than the child welfare agency?
- √ Is the facilitator trained in child welfare system issues so that the resulting plan addresses child safety, ASFA and other court issues?
- √ What is the process for deciding which items will be added to the family plan?
- √ Do you have facilitators with special expertise, for example, in substance abuse or domestic violence?
- √ Is there ongoing training and continuous quality improvement for facilitators so that they learn from their own experience and that the collective knowledge gained from meeting facilitations is recycled back into training for facilitators?

Quantity of Meetings

- √ Do you use this approach with 50% of the families you work with? With 75%?
- √ Do you have a plan for increasing the number of families you work with in this way?
- √ Do you help families organize a team meeting each time their family or a family member is facing a major transition?

Related Documents and Projects' Web Links

Case Planning Approaches

Bringing Families to the Table: A Comparative Guide to Family Meetings in Child Welfare
http://www.cssp.org/uploadFiles/Bringing_Families.PDF

Coordinated Services Teams and Integrated Services Project,
2000-2002 Annual Reports
http://dhfs.wisconsin.gov/MH_BCMH/ISPReportsPage.htm

Single Coordinated Case Plan
http://www.tmg-wis.com/sccp_overview.asp

Iowa Efforts

Iowa Community Partnerships for Protecting Children
http://www.dhs.state.ia.us/cppc/

Iowa Family Team Meeting Toolkit
http://www.dhs.state.ia.us/cppc/family_02.htm

Iowa Family Team Meeting Model Commonalities
http://www.dhs.state.ia.us/cppc/family_01.htm

Handbook for Family Team Conferencing
http://www.cssp.org/uploadFiles/Family_Team_Conferencing_Handbook.pdf

National Initiatives

Beyond Collaboration to Results: Hard Choices in the Future of Services to Children and Families
http://www.cffutures.com/Children_Family_Policy/CPG/index.htm

Community Partnerships for Protecting Children
http://www.cssp.org/center/index.html

NGA Service Integration for Vulnerable Children and Families Initiative
http://www.nga.org/center/topics/1,1188,D_6518,00.html

Qualitative Service Review
http://www.childwelfaregroup.org/qualitative.html

Wisconsin Initiatives

Governor Doyle's KidsFirst Initiative
http://www.wisgov.state.wi.us/docs/kidsfirst.pdf

Wisconsin Service Integration Initiative in Eight Community Demonstration Sites
http::://www.wisgov..state.wi.us/journal_media_detail.asp?prid=802