Objectives

• Understand Kids Central’s “Family Group Decision Making: Engaging, Encouraging, and Empowering Families to Succeed” Grant Award
• Define Family Group Decision Making
• Determine that Family Centered Practice is key to Family Group Decision Making
• Understand the Family Meeting Process
• Discuss the 5 Protective Factors to reduce risk, enhance safety and create optimal outcomes for children, youth and families
Goals of the FGDM-EEE Grant

• Three year Federal Grant Award
• Offering FGDM to all families receiving diversion services
• Engaging pertinent service providers and informal support networks in family team meetings
• Utilizing the protective factors framework to enhance parental capacity
• Providing families with follow up assistance
• Partnership with Devereux

To reduce number of children entering the formal child dependency system and achieve measured reduction of recidivism through measurable improvements in safety, permanency, and well-being outcomes
Family Group Decision Making

A decision making process in which members of the family group are invited and joined by members of their informal network, community groups, and the child welfare agency that has become involved in the families life.
Core Principles of Family Group Decision Making

• The family is viewed as the expert and drives the process
• The process is strength-based and solution focused
• Focus is on addressing underlying needs and conditions versus symptoms of a problem
• The family identifies its informal support team and support networks are developed and strengthened over time
Core Principles (cont.)

• Families tend to generate more creative solutions and provide long term support
• Families are more invested in plan when they are full partners in the decision making
• Belief that all families have strengths and are capable of change
Family Meeting Process

Facilitators:
Educate families on protective factors to aid in development of Individual Course of Action plans (ICA)
• Work with the family to identify and invite their extended family group, community supports, and/or friends.
• Create a non-threatening environment
• Are culturally competent to increase likelihood of family engagement and positive intervention
• Demonstrate respect, dignity, nondiscrimination, self-determination of all participants
• Understand unique needs of the family
• Engage the children, if age appropriate
Family Meeting: Engagement and Preparation

- Referrals are received from community based multidisciplinary staffing.

- Facilitators contact family within 48 hours to meet them and introduce the process.

- Solution focused engagement skills are used to interview the family and plan their family meeting.
Engagement and Preparation Continued

- Identifying strengths, challenges and supports
- Scheduling the meeting
- Contacting supports
Role of Facilitator

• Build the team
• Direct the process
• Help resolve any conflict/differences
• Document all work associated with the conference
Family Meeting Steps

• Welcome
• Introductions
• Desired Outcomes
• Confidentiality
• Ground Rules/Non-Negotiables
• Family Story
• Family Strengths/Family Needs
• Prioritize and Create the Individualized Case Action Plan
• Closure
Individualized Course of Action Plan

• Documents the Goal Statement
• Includes Targeted Objectives – Protective Factors
• Create Action Steps
• Assign Responsible Parties
• Establish Target Dates
• All Parties Sign/Acknowledge Commitment
5 Protective Factors

• Nurturing and Attachment
• Knowledge of Parenting and of Child and Youth Development
• Parental Resilience
• Social Connections
• Concrete Supports for Parents
Nurturing and Attachment

• The ability to nourish, educate and train and create a bond or connection with the child

• Children who receive affection, attention and nurturing from their parents have the best chance of becoming healthy and competent adults
Knowledge of Parenting/Child and Youth Development

• Understanding and using effective child management techniques and having age appropriate expectations for a child’s abilities

• Parents need the information and tools to be successful, such as learning the stages of child development and having realistic expectations
Parental Resilience

• Parent’s ability to cope with the stresses of everyday life as well as an occasional crisis

• Parents who can cope on their own, but also know how to seek help in times of need
Social Connections

• Parents having a network of emotionally supportive friends, family members, and neighbors they can call upon for help

• Informal supports (family, friends, neighbors) can help provide emotional support, assistance, and guidance

• Formal connections (child care providers, physicians, public support systems) can assist parents in seeking additional help when needed
Concrete Supports for Parents

• Accessible, affordable and available community resources to meet basic needs

• Working with parents to identify their most critical basic needs and locate concrete supports keeps the focus on family-driven solutions

• (Financial insecurity is associated with greater rates of child abuse and neglect)
Providing Individualized Supportive Case Coordination

The second part of the FGDM process consists of having a professional (Diversion Care Coordinator (DCC)) to offer case management.
Providing Individualized Supportive Case Coordination

- DCC’s are assigned to work with families by:
  - Helping them carry out the “plan” they have created at the Family Team Conference
  - Adding support and advocacy
  - Connecting and/or linking families to services and resources in their own communities, and working with these services and resources to make sure they are delivered timely and efficiently
Providing Individualized Supportive Case Coordination, continued

– Helping families to connect their progress of the plan to the increase in their protective factors
– Supporting families in creating and maintaining a safe environment for their children
Providing Individualized Supportive Case Coordination, continued

- The Diversion Care Coordinator will work with families over the course of 30 to 90 days. This case management service is provided by Devereux or the HOPE program.
Findings

• Fidelity to the FGDM Model
• Improved over the course of the grant periods:
  • March 2013: 86%
  • October 2013: 88%
  • March 2014: 91%
• 100% of participants completing FGDM would recommend the process to another family and report satisfaction with the process.
Lessons Learned

- Accurate timely dissemination of information regarding the project is essential for system of care buy in and collaborative operation; should begin long before project starts and continue throughout.

- Primary and secondary selection criteria may be needed to ensure appropriate case selection (clarify the population to be served and be realistic about timeframes)

- Awareness of changes within the system of care before and during implementation is essential for appropriate adjustments

- Cohesive streamlined processes must be established with all key players in the process early on and evaluated regularly

- Carefully select staff to provide services who have specialized skills in facilitation, engagement and embrace core principles of strength-based, solution focused practice. Ensure all staff are accountable to the same supervisor.
Lessons Learned (cont.)

- Tools for measuring success should not be subjective/self-report (e.g. Protective Factor survey)
Wrap up

Questions/Comments
Presenters

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