

Family Team Decision Making

What Is It?

Family Team Decision-Making (FTDM) is an intervention for children and families that have entered the child welfare system. In the United States, FTDM is an intervention that is being increasingly implemented by social service agencies.

FTDM is an intervention intended to more effectively deliver child welfare services, thereby increasing favorable outcomes for children and families.

More specifically, FTDM involves the supportive engagement and empowerment of families, community members, and service providers by child welfare workers in the decision-making process related to the placement of children.

Further, FTDM enables family members in collaboration with child welfare workers and service providers to develop and implement relevant plans of action. These plans serve as the road map for family members to build upon their strengths by acquiring the services and resources necessary to enhance their capacities to provide safe and healthy home environments for their children.

Throughout the FTDM process, child safety remains paramount to child welfare workers. That is, caseworkers may opt to remove children from their homes prior to or during the decision-making process if they determine that children are at significant risk of continued maltreatment. However, regardless of whether children are removed from their homes, FTDM may be an intervention utilized by caseworkers to improve child welfare service delivery and outcomes.

FTDM can be used to enhance child welfare service delivery and outcomes among children and families by maximizing the likelihood that family plans will be relevant and that families will comply with their plans.

Difference from current practice

Current Practice	Family Team Decision Making
Investigate to find facts	Assessment, including family strengths
Agency solely responsible for child safety	Shared responsibility for child safety
Agency identifies service needs for the family; prescriptive approach	Family team identifies service needs and participates in all decision making
Responsibility primarily on caseworker for outcomes	Decision through the lens of the long-term view
Caseworker informally links to different people involved with the family	Family creates the team composition
Do not manage to data; no identified outcomes	Manage to data; know what we are measured on
Lack consistent approach in engaging families and child welfare practice	Consistent family-centered approach and philosophy in practice
Risk assessment based on agency interpretation	Functional assessment is comprehensive and input sought from multiple people

Source: Indiana Department of Children Services



Results

Indiana is implementing this practice, and jurisdictions in the state using it have quickly seen a 16 percent drop in out-of-home placements, while other jurisdictions have seen a 14 percent increase during the same period. This practice has also worked in Alabama and Utah.¹

As a result of increased relevance and compliance by families, long-term favorable outcomes of FTDM may include:

- Reduced use of group or congregate care for children placed out-of-home;
- Reduced out-of-home placements without reoccurrence of maltreatment;
- Increased use of relative or kinship care in comparison to more restrictive types of out-of-home placements (e.g., non-relative foster care, congregate care and residential treatment);
- Increased proportion of children in the same out-of-home placements as their siblings;
- Decreased length of stay in out-of-home placements and reduced number of out-of-home placement moves;
- Increased reunification of children with their birth parents; and
- Increased adoption rate.

Team Meetings

The FTDM process occurs through team meetings. Team meetings may involve older children (typically ages 12 and older), birth parents, extended family members, foster parents, community members, caseworkers, attorneys, therapists, court appointed special advocates (CASAs), and other current or potential service providers.

Team meetings are organized, led and followed up by a facilitator who has received extensive training and coaching related to FTDM. The team meeting facilitator may either be the child welfare worker assigned to the given case or a separate staff member at the child welfare agency who primarily facilitates team meetings.

Team meetings typically follow a routine sequence of events throughout which all team members are equitably engaged. In essence, each team meeting is intended to identify both the strengths and needs of children and families. The result is that a plan of action can be developed, implemented and evaluated, ultimately guiding children and families towards positive life outcomes.

Team meetings may be convened at any point during a case; however, team meetings are usually initiated when children are at risk of removal from their homes or the first emergency removal has already occurred. Team meetings may be utilized with any type of child welfare case and may be utilized repeatedly as a vehicle for maintaining consistent family engagement and collaboration with child welfare workers and service providers.

Critical Components

Reasonable Caseloads. Building and maintaining family teams is time-consuming and extremely difficult if a caseworker has too many cases. Consequently, overburdened caseworkers may be forced to limit the amount of time and effort they devote to team meetings, reducing the efficacy of FTDM. Therefore, it is crucial that child welfare agencies attain sufficient funding and resources to maintain reasonable staffing levels, such that both casework and team meeting responsibilities can be adequately fulfilled within social service agencies.

Intensive Training and Supervision. Team meeting facilitators require comprehensive training and coaching by professionals that are experienced in FTDM. To ensure that FTDM is cohesively implemented within child welfare agencies, it is imperative that both child welfare workers and their supervisors, who may not facilitate but are still directly involved in team meetings, receive training regarding team meetings as well as their respective roles in implementation and evaluation processes. FTDM training must occur among all child welfare workers, regardless of experience level, prior to the implementation.

Quality Assurance. Child welfare workers require continuous feedback regarding their work performance to advance professionally. Performance evaluations related to team meetings should occur on an individual basis. Child welfare workers should be fully apprised of this evaluation process. At a programmatic level, case reviews

¹ Casey Strategic Consulting Group, *Maryland Child Welfare Assessment* (Dec. 21, 2007).

should be conducted annually, and the number of cases reviewed per local district office should follow the Child Welfare League of America's standards according to agency size. In addition, case reviews should utilize inclusive evaluation instruments that incorporate both quantitative and qualitative measures. The Quality Service Review model developed by Human Systems and Outcomes is one such quality assurance system.

Outcome Measurement. A readily accessible information technology system is integral to efficiently assessing the short-term impact and long-term outcomes of FTDM.

FTDM in Maryland

Maryland has said that, "family team decision-making meetings represent the foundation of Family-Centered Practice."²

The adoption of family-centered practice, which is based on the development, implementation and evaluation of FTDM by local offices, is part of a larger effort by Maryland's Department of Human Resources (DHR) to reform child welfare case practice using a family-centered practice model.

Currently, several local departments of social services, including Baltimore City, Baltimore, Anne Arundel and Cecil Counties, are implementing FTDM. According to the PIP 8th Quarterly report, these offices have received additional funding for the development and implementation of FTDM. These offices are reportedly using one to three triggers to decide whether to convene FTDM meetings. The three triggers are child removals, change of placement and change of permanency plan.

Although the Anne Arundel County Department of Social Services has been utilizing FTDM for more than eight years, Baltimore City, Baltimore County, and Cecil County have developed and begun implementing FTDM within the past two years.

Next Steps

1. All DHR child welfare caseworkers and supervisors must receive training related to Family Team Decision Making. Therefore, outside training consultants who directly train child welfare staff and also train local trainers and coaches, who will work with the rest of the DHR staff, must be funded and hired by DHR.
2. Local DSS offices will need to create budgets and receive increased state funding for the implementation of FTDM programs.
3. Local DSS offices will need to internally form strategic teams with members from all agency levels (e.g., caseworkers, supervisors and administrators) in order to develop strategic plans with guidance from experienced professionals for the successful implementation of FTDM. These strategic plans must emphasize the program rollout phases according to the types of cases or triggers that are determined to necessitate FTDM meetings.
4. DHR must establish a uniform information technology system that will accurately reflect the impact and outcomes of FTDM programs within and between Maryland jurisdictions.

Resources

Family Team Decision Making:

- <http://www.f2f.ca.gov/team.htm>
- http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Forms/Comm283.pdf

Quality Service Reviews:

- <http://www.state.tn.us/youth/desguide/qsr.doc>
- <http://www.tnchildren.org/pdfs/Intro%20to%20QSR%20for%20New%20Shadows.ppt>

²Department of Human Resources, *Maryland Child and Family Services Review Program Improvement Plan 8th Quarterly Report* (effective March 25, 2007).