

APPENDIX O

Minimum Standards for Family Team Decision Making

Introduction

Family Team Decision Making (FTDM) is both a philosophy and practice strategy for delivering child welfare services. The Department of Human Services [DHS] child welfare focus is on serving families with children at serious risk of harm from abuse and neglect. Building teams at the time of crisis to support families where there is a risk of serious harm to the child has been identified as a means to address the factors that threaten the child's safety, establish permanency for the child, and promote well being – central expectations in the provision of child welfare services.

FTDM can be used to enhance the core casework functions of family engagement, assessment, service planning, monitoring and coordination. When properly applied, FTDM supports a trust-based relationship, facilitates family engagement, and sustains the family's interest and involvement in a change process. Within the context of practice, family team meetings allow for regular monitoring of the case plan, ongoing evaluation of what is working and what is not working so that intervention strategies can be changed or modified as circumstances change.

FTDM promotes unity of effort and provides an opportunity for all helping professionals to develop a shared understanding of the family's situation – which are critical elements in attaining positive results. FTDM should be a proportional response to the needs of the child and family that is coordinated across systems involved with the family. DHS should join with other professionals in the community who may already be conducting good family meetings.

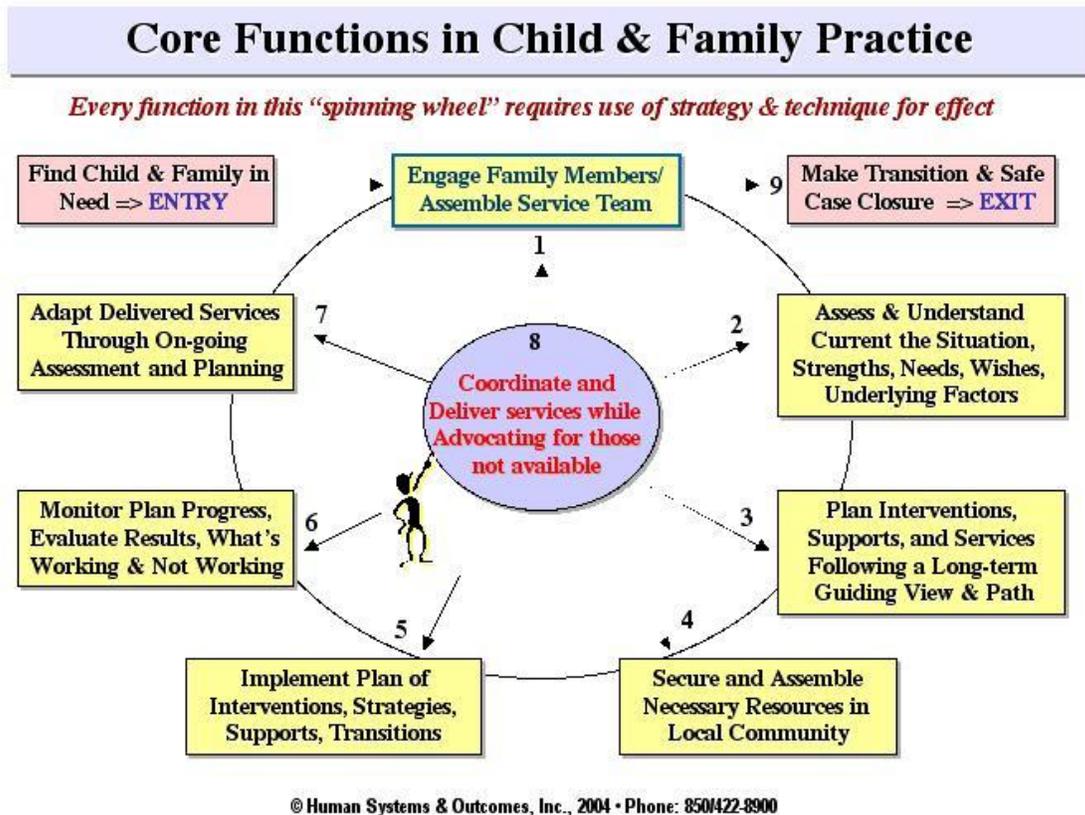
In order to achieve positive results associated with Family Team Decision Making, DHS is developing this set of standards to be used for Family Team Decision Making. Implementation will phase in this practice with a segment of cases with the goal of offering every family the opportunity to participate in family team decision-making. Iowa has developed policy that

allows flexibility in the practice of family team decision-making. As a result, a rich variety of family team meeting models are being utilized.

Both the *Better Results for Kids* redesign and the *CFSR PIP* place an emphasis on family team meetings as a critical practice change strategy.

Context for Family Team Meetings

It is important to recognize that FTDM is not a linear process of engagement, assessment, planning, and implementation. Rather it is a cyclical and dynamic process, which should grow and change over the life of a case. The following graphic defines typical case activities that are expected components of front-line practice.



Each core function is supported in the family team decision making process. In conducting a family team meeting:

- the family is further engaged [Step 1] through the facilitation of a meeting where the family's opinions are respectfully considered and their natural support system is included;
- the family team which includes informal as well as formal support persons provide further assessment and understanding [Step 2] of the family and their circumstances as strengths, needs, and underlying factors are considered and discussed;
- as the family plan [Steps 3, 4 & 5] is developed by the team, interventions, supports, and services are planned, resources are considered, and implementation of the plan begins;
- as the family team is reconvened to monitor progress [[Step 6], further assessment of what's working or not working is conducted, and services are adapted or changed; [Step 7] or, when planning for transition and safe case closure [Step 9].

Values and beliefs that help guide family teams include:

- Families have strengths and protective capacities.
- Families are experts on themselves and their situation.
- Families deserve to be treated with dignity and respect.
- Families can make well-informed decisions about keeping their children safe when they are supported in doing so.
- Families involved in decision-making and case planning are likely to have better outcomes than families who have decisions made for them.
- Families and friends can provide love and caring in a way that no formal helping system can.
- Families are capable of change. Most people are able to find solutions within themselves, especially when they are helped in a caring way to find that solution.
- A family team is more capable of high-quality decision-making than an individual caseworker acting alone.
- Solutions generated by the family within a team meeting are more likely to succeed because these solutions respond to the family's unique strengths, needs, and preferences.
- Cultural competence is key to understanding the family and the choices they make about change.

The following minimum standards are intended to guide daily practice in the use of FTDM.

FAMILY TEAM DECISION MAKING STANDARDS

Standard 1. Careful preparation of all participants is required for successful family team decision-making.

The initial phase of FTDM prepares the family to understand their role and to participate as decision makers in the process. Professionals and other team members should also be provided with an orientation to clarify their role and help them make a positive contribution.

The preparation phase can be used to initiate engagement and assessment activities and establish a climate of safety for the family. It is important that all participants are prepared for the family team meeting, agree to what will be accomplished, and understand the purpose of the meeting.

Successful preparation includes helping participants

- Set a positive, honest tone with a focus on strengths as well as needs
- Plan how they can manage emotions positively and contribute to the team

Standard 2. The Family is engaged throughout the family team decision-making process.

Family engagement is the ongoing process of developing and maintaining a mutually beneficial, trust-based relationship that empowers and respects the family and sustains their interest and participation in a necessary and time-limited change process. Diligent effort is made to join with the family and the family's natural supports to insure that needs are met and child safety and well-being are assured. Successful and productive relationships with families are earned over time through repeated, positive contacts that develop trust.

Successful family engagement strategies include the following:

- Approach the family from a position of respect, cooperation, and shared decision making.

- Engage the family around a shared concern for the safety of the child and well being of the family.
- Explain the agency's concern and reason for involvement clearly, directly, and honestly.
- Discuss issues of maltreatment (i.e., needs, conditions, and behaviors interfering with safety and well-being), consequences, timelines and the Department's ongoing responsibilities.
- Help the family achieve a clear understanding of the safety and risk issues for the child.
- Empower the family to identify and define what it can do for itself and where the family or individual members need help.
- Focus on family strengths (e.g., culture, traditions, values, and lifestyles) as building blocks for services and family needs as a catalyst for service delivery.
- Assist the family to develop natural supports that will enhance the family's capacity and build a circle of support that will see the family through difficult times.

The 'art' of practice within FTDM is a careful balance that includes a demonstrated respect for the family, the expectation that change will occur, and overseeing accountability for that change.

Standard 3. Relevant cultural issues of the child and family are identified and accommodated through adjustments in strategies, services and supports for the family in the family team decision making process.

Successful cultural competence includes:

- A basic understanding of the values and beliefs within the culture coupled with eliciting information from the child and family about traditions, cultural beliefs, behaviors, and functioning
- Demonstration of values and attitudes that promote mutual respect
- Communication styles that show sensitivity
- Accommodations in the physical environment including settings, materials, and resources that are culturally and linguistically responsive

The facilitator of a family team meeting should possess a reasonable level of competence and understanding of the culture in which the family has gained its understanding of child rearing practices. Families who speak languages other than English may require greater preparation in advance of meetings and cultural accommodations - such as the use of interpreters or co-facilitators who speak the language – to insure their full participation in a family team meeting.

Standard 4. Family teams include the family, supporters identified by the family, and others who sponsor or deliver plans of intervention for the family or any of its members.

A family team should include those persons who collectively possess knowledge of the family, have the technical skills necessary to engage the family in a change process, and who have access to resources and the authority necessary to provide effective services for the child and family. The child and family's role as team members is foundational.

For a family team meeting to be successful the child, the family, its informal supports, and all involved helping professionals must be viewed as full, participating team members. By having all services and supports present at team meetings, all contributors are aware of and in agreement with the plan, understand their role and how it relates to that of other contributors, and know what others expect of them. This mutual understanding helps to assure unity of effort and improves the effectiveness of team functioning. All team members should be present whenever major decisions are made. Periodic assessment of the team composition should be made to determine if the composition is adequate to meet the planning and resource needs of the family.

Accommodations should be made to meet the special needs of the child or family through the team formation. Examples of such circumstances include cases where the family does not speak English or is not part of the majority culture; situations involving sexual abuse, or domestic violence. Additional team members may be needed to provide support to a child or to help team members manage behaviors and make a positive contribution. When special circumstances exist it may be necessary to involve an individual who has specialized knowledge and skills (e.g. in

the area of domestic violence, or an individual who is a member of the family's culture or ethnic group) as a team member, co-facilitator, or as a support person for a team member.

Family dynamics or special circumstances may preclude the formation of a 'typical' family team. Examples of such circumstances may be court restraining orders; situations where a family team meeting would place the child or other team members in danger or significantly inhibit attainment of the child's permanency goal.

Standard 5. Family team meetings are facilitated by a person who has completed the DHS approved FTDM facilitator training and competent to conduct meetings that focus on child safety, permanency, and well being.

The facilitator may be a DHS staff member, case manager or supervisor, provider staff, community partnership staff, family support staff or others trained to facilitate family team meetings. Efforts must be made to maintain continuity of the facilitator in successive meetings.

It is important to select the most appropriate and effective facilitator for the family based on the presenting circumstances. The family members should participate in identification of the facilitator.

The competency of a facilitator is determined by demonstrated knowledge and skills. At a minimum, facilitators are approved by DHS when they have:

- Completed DHS approved Facilitator Training [minimum 18 hours],
- Completed a family team meeting as co-facilitator with an approved facilitator who has provided coaching and mentoring feedback; and
- Completed a family team meeting as lead-facilitator with an approved facilitator who has provided coaching and mentoring feedback.

Central Office will maintain a list of approved curriculums. The local DHS office will provide approval and maintain a list of approved facilitators. To be approved, experienced facilitators

and current practitioners must provide documentation of equivalent training and experience to the local office within six months of this standard going into effect.

Standard 6. Family team meetings are conducted at a mutually agreeable and accessible location that maximizes opportunities for family participation

First and foremost the family needs to be consulted and actively participate in the choice of the location. In some cases it is necessary to balance the preference of the family with the resources in your community and with the need to include a provider or other important contributor in a family team meeting.

This standard requires determination, with the family, of the best time, date, and place for convening the meeting. It also requires determination of what the family needs to fully participate in the family team meeting, such as transportation, childcare, a reminder call, an interpreter, a peer advocate or other related supports. The best place to hold a family team meeting is the most neutral, comfortable setting possible. The most important considerations for a meeting setting are the assurance of privacy, security and a place without interruptions.

Standard 7. The focus of Family Team meetings is case planning, coordination, communication, and accountability.

The focus of family team meetings is to enhance the core casework processes of family engagement, communication, functional assessment, service planning, monitoring, evaluation of results, and provide input into key decisions affecting child safety, permanency, well being, and sustainable family changes.

Family teams are formed, convened, and function to produce the family plan and/or the case permanency plan. Family teams are reconvened throughout the duration of the department's involvement with the family. The team needs to identify the conditions for safe case closure and plan for it early in the process.

Family team meetings provide an opportunity to regularly assess and monitor the effectiveness of services and interventions. If services or interventions are found to be unsuccessful – or unresponsive - the family team has an opportunity to modify the plan to meet the family’s changing needs. When progress is slow or the prognosis for reunification is declining, the family team can play an important role in helping families understand, accept, and participate in concurrent planning and the necessary permanency decisions.

The above strategies can help to build accountability while maintaining a balance between family-centered practice and the necessary protective authority of DHS in ensuring child safety, permanency, and well-being.

It should be noted that the family and age-appropriate child(ren) have the right to refuse services, unless refusal of services places the child in danger. While services may not always be delivered as requested by the family, services are to be delivered in a manner that reflects partnership between DHS and the family. When the family and child refuse or do not access services as agreed upon, the caseworker should assess the reasons for refusal and the team should consider new or modified services. If the family’s decision to refuse or not use services places the child in danger, the caseworker should notify the court.

Examples of when family team meeting occur include whenever protective or permanency decisions or plans are being made:

- The family requests a meeting.
- The family plan is being developed or changed.
- Progress is slow or the prognosis for reunification indicates a need for concurrent planning.
- Within 72-96 hours of a child’s voluntary or involuntary removal from the home for an emergency placement.
- Placement changes or permanency decisions are made, e.g. reunification, transition from foster care to adulthood, termination of parental rights.
- Before safe case closure to plan for sustainability.

Standard 8. Team members keep personal and private details of the family discussed in a

team meeting private.

All team members sign a confidentiality agreement before conducting team meetings and the facilitator explains the importance of privacy. Ensuring privacy and confidentiality is necessary for building family trust and demonstrating respect for the family. Trust is enhanced by informing all team members of the following exceptions to maintaining confidentiality which must be reported and are mandated by law:

- New allegations of suspected child abuse/neglect,
- A belief that the individual intends to harm himself or
- A belief that a person intends to bring harm to others.

Standard 9. The team assists the family to develop and use a network of informal supports that can help sustain the family over time.

If used effectively, informal supports can help sustain positive change for a family over time and permit the formal system to transition out of the family's life. These supports can also help the family deal with future challenges without the need for system intervention. The team helps the family identify, develop, and sustain informal supports. The process of recruiting and maintaining informal supports begins at the case onset, is ongoing, and should be reassessed periodically by the team.

Standard 10: The effectiveness of each family team meeting is assessed and adjustments are made to improve the ongoing process and the results for families.

Ongoing assessment of the effectiveness of family team meetings for engaging families, conducting assessment and planning activities and determining service interventions is part of ongoing practice. When problems are discovered, adjustments and adaptations should be made when needed to improve the process and results.

The indicators of family team meeting effectiveness include the following:

- Degree of engagement and sustained interest in working toward change shown by the family.
- Degree of involvement of family team members in the evaluation process and constructive use of the information gained.
- Effectiveness of the circle of support assembled for the family in addressing family issues.
- Satisfaction of team members with the process and results achieved to date.
- Quality and effectiveness of the family service plan produced in the family team meetings.
- Demonstrated degree of family acceptance of the service plan.
- Capacity for ongoing problem solving by the family.
- Degree to which the family plan was achieved.