Evidence-based practice in family group decision-making for Anglo, African American and Hispanic families

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ABSTRACT
This study addresses the need and gap in the literature on evidence-based practice in family group decision-making services by reporting on the Texas Department of Family and Protective Services' Family Group Decision-Making study, conducted between December 2003 and July 2005 with Anglo, African American and Hispanic families throughout Texas. These services are compared to standard practice by assessing satisfaction, child well-being and exits from care. Findings indicate that both parents and relatives are more satisfied with family group decision-making conferences than standard practice on a number of dimensions, with relatives reporting feeling more empowered than parents. Children are reported to be less anxious if their families participate in a conference, and may be more adjusted when they are placed with relatives following a conference. Finally, exits from care are faster if families participate in family group decision-making conferences, and exits to reunification are increased; this may be especially true of African American and Hispanic children.

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1. Introduction

With the new Federal Child and Family Service Reviews, child welfare systems have been directed to achieve the outcomes of safety, permanency, and well-being for the children in their care. The first step of this process has been to collect and describe baseline data on how agencies are performing on these outcomes. Some states and researchers have gone further to evaluate how children's outcomes may be affected by their race and ethnicity (e.g., Rivaux et al., 2008). The second step of the process is to improve services in ways that lead to better child outcomes. What makes this task challenging is a lack of agreement within the child welfare community as to which practices promote the best outcomes for children, either overall or for children as members of different races and ethnicities.

One solution to this dilemma has been the recommendation to make child welfare or social work practice evidence-based (Gilgun, 2005; Merkel-Holguin, 2005; Zlotnick, 2007). Evidence-based practice (EBP) has been defined as the incorporation of research-based knowledge, clinical expertise, and clients' values into practice (Sackett & Wells, 2000). Gambrill (2006) elaborates on the connections between these three when she states that EBP is the practice of being transparent with clients about what is, and is not, known about the effectiveness of services and involving clients as informed participants.

Another solution focuses on the need to improve outcomes for different family types with a more culturally sensitive social work practice (Hendricks & Fong, 2006). Cultural competence, as defined by Wells and Daniels (2007, pg 4), is “…the ability to work with people in the context of their own specific history, culture and environment to deliver services that are meaningful and responsive to their lived experience.” Taking a person’s culture into account should improve communication between worker and family, thus fostering a better fit between family needs and service provision.

An increasingly utilized approach to working with families involved in child welfare, family group decision-making (FGDM), incorporates the immediate and extended family directly in the case decision-making process. FGDM is an umbrella term used to characterize several practice models that recognize the importance of empowering families to work together to achieve safety and...
permanence for children who come to the attention of child welfare systems. For example, family group conferences (FGC), the practice model used in New Zealand, has four stages: introduction, the information-sharing stage, the family meeting, and the decision. Merkel-Holguin (2008) reiterates that the differences between the family group decision-making models are 1) private family time and 2) explicit consideration of family strengths. In Texas there are two practice models of FGDM used in the child welfare system: family team meeting and family group conference. Family team meetings are held during the pre-removal stage in order to strengthen the family and prevent removal. Family group conferences occur post removal with the goal of sharing the responsibility for the child’s safety and well-being with the family, community, and child protective services.

The shared philosophy behind the various practice models of FGDM is that families function in a broad-based cultural system that, when activated and informed, can better support and assist families than traditional agency-driven practices that focus only on the parents and children. These conferences are coordinated by trained staff who arrange a meeting at a time and place well suited to the family’s needs. The purpose is to develop a plan to move the case forward; thus, it can be utilized at various decision points in the case. At the conference, agency staff share their concerns for child safety but do not direct actions necessary to alleviate those concerns. It is the role of the conference facilitator, someone not responsible for the case, to assist the family and included friends in identifying and utilizing their strengths to develop a plan for protecting the children and family members. The process itself positions the family group to take an active role in decision making while the statutory authorities agree to support the family group plans that adequately address agency concerns.

Family group decision-making, due to its theoretical compatibility with both EBP and cultural competence practice approaches, deserves rigorous research attention as to its ability to improve child outcomes in child welfare systems. The model evaluated in this study is patterned after the family group conferencing model developed in New Zealand. It is employed within the first 30–45 days of a child coming into foster care due to abuse or neglect. The intent is to involve the extended family members in the development of a plan of service for presentation to child protective service staff. In this model, 1) “family” is interpreted broadly to include extended family members, friends, neighbors, and others identified by the family as potential sources of support, 2) family strengths and wishes for the child are reviewed during the conference, and 3) the family is afforded family “private time” to allow them to develop their proposed plan without the influence of state officials.

The FGDM’s acknowledgment that families are the individuals most knowledgeable about their situation and best able to craft a service plan that meets their unique needs makes the practice very compatible with EBP’s focus on having parents as informed participants in the provision of services. The FGDM practice of beginning each family group conference with something offered by the family like a prayer, song, or hug and empowering the family throughout the process to offer solutions has the likelihood of producing more culturally sensitive services as well. Very few studies, however, examine FGDM from an outcome perspective. Hence, more rigorous evaluations of FGDM would be beneficial in fully integrating it into the EBP repertoire.

Much of the FGDM literature focuses on the practice and the theoretical implications of family group conferences (Burford & Hanson, 2000). In Pennell and Burford’s research (2000) they argue that the fields of domestic violence and child welfare have not been linked because one works towards separating family members and the other towards reunitifying family members. The authors, however, report the use of FGDM to eliminate or reduce violence towards adult and child family members, thus linking domestic violence and child welfare. Other researchers have examined whether FGDM can improve the dynamics between workers and family members (Connolly, 2006b), utilize case plans to reflect differing goals and philosophies of FGDM (Thomas, Berzin, & Cohen, 2005) and generate an interface between a regulatory approach and a differential response (Pennell, 2004).

In some studies there were reviews of the use of private time (Walton, McKenzie, & Connolly, 2005) and an examination of cultural responsiveness in the conferences (Sandau-Beckler, Reza, & Terrazas, 2005). After 15 years of using family group conferencing in New Zealand Child Protective Services, research is still finding tensions between managing family support and implementing child protection functions of family group conferencing (Connolly, 2006a). However, high ratings for consumer satisfaction have been found consistently across studies (e.g., Connolly, 2006b; Crampton & Jackson, 2007; Marsh & Crow, 1998; Sandau-Beckler et al., 2005).

Follow-up data on child and family outcomes post-conferencing have been presented in only a few studies using comparatively small samples, short follow-up times, and typically lacking an appropriate control group. These studies paint a relatively promising picture of FGDM and have documented positive outcomes for family group conference cases such as lower re-referral rates, lower re-abuse rates, lower re-entry rates, decreased levels of domestic violence, higher rates of reunification with parents, and increases in relative placements (Crampton & Jackson, 2007; Marsh & Crow, 1998; Pennell & Burford, 2000; Shore, Wirth, Cahn, Yancey, & Gunderson, 2002). However, these findings must be viewed with caution due to the quality of the comparison groups utilized in these studies. A proper comparison group is essential to studies of this nature because it is likely that the characteristics of families who attend conferences are different from those who do not. Without taking these differences into account, evaluators cannot determine whether the outcomes achieved are attributable to features of the conference, characteristics of those who attend, or both.

One study has looked at long-term outcomes of family group conferencing in Sweden (Sundell & Vinnerjung, 2004). A three-year follow-up evaluation was conducted that did not support the effectiveness of the model compared to traditional models. It is also noteworthy that the evaluation design controlled for characteristics of families who did and did not attend the conferences. Children in this study whose families attended a conference experienced higher rates of re-referral to CPS compared to the group that had been processed in traditional investigations, though the reasons for this are unclear. The results of other findings in this study suggested that the impact of FGDM was minimal.

The current study adds to the literature by evaluating differences in child well-being and permanency outcome data between clients using FGDM and those using the standard practice. It also provides some preliminary data as to the effectiveness of the practice with African American and Hispanic populations.

2. Method

This study collected survey data from parents, relatives, and children’s caregivers as well as case demographic and outcome data from the Texas online case management system, IMPACT (Information Management Protecting Adults and Children through Technology). The cases included in this study were families whose child had been removed by child welfare authorities due to abuse or neglect. The Texas Department of Family and Protective Services has been in a multi-year process of implementing a variety of family group decision-making practices. The family group conference model was used after a child removal and was not available in all cities across the State. Where FGDM was not available, standard practice required the development of the family plan of service with parental input. This process was referred to as the Permanency Planning Team (PPT) meeting. While parents often attend PPT meetings, they are generally
out-numbered by agency staff and other professionals. The satisfaction data reflected the family's experience with development of the family's first plan of service presented to the court 45 days after the removal date. The data were collected and analyzed from three different phases of the FGDM project: satisfaction data during the implementation phase, child well-being data during the preliminary results phase, and outcome data after enough time had passed to assess exits from care.

Survey data on client satisfaction was collected from parents and relatives who participated in FGDM sometime between December 2003 and June 2005 as well as those who participated in a Permanency Planning Team (PPT) during May 2004. The sixteen client satisfaction items were broken into subscales concerning empowerment, clarity of expectations, and comprehensiveness of issues identified during the preparation of the family plan of service. They were measured on a 5-point Likert scale ranging from 1, “Strongly Disagree”, to 5, “Strongly Agree”. The specific questions indicating a sense of empowerment rated their comfort level regarding sharing information with others involved, asking professionals questions, having their opinions and decisions concerning safety treated with respect and having the ability to keep the child safe. Clarity of expectations measured participants' level of agreement that the purposes of the agency had been explained to them, as were the steps involved in the plan to keep the children safe and the sources of help available to them. They also indicated their degree of understanding as to what would happen if the plan was not followed. Satisfaction with the family plan of services was measured by the degree to which the needs of the family had been identified and their assurance that the plan ensured the safety of the children. Survey data from 200 FGDM conferences, which consisted of 303 parents and 636 relatives, is compared to survey data from 194 PPT meetings, which consisted of 121 parents and 50 relatives.

Measures of child well-being were also gathered on a subset of children from our initial sample. The children's caregivers (relatives or foster parents) were interviewed by telephone 3–6 months post conference or PPT using a seven item, 5-point Likert scale ranging from 1, ‘Not at All’, to 5, ‘A Great Deal’. Factor analysis using Varimax rotation was performed to parse the seven child well-being items into four components: Adjustment (fitting into family routines, getting along with others, happy and adjusted), Anxiety (worried about future, concerns of safety), Grades (grades improved) and Siblings (maintained contact with siblings). Overall child well-being is measured by summing and then averaging the items that are related to Adjustment, Anxiety, Grades and Siblings. A total of 83 caregivers were interviewed: 47 foster parents and 36 relative caregivers. The final child sample consisted of 46 children who had been part of a FGDM conference and 37 who had been provided a PPT.

Lastly, outcome data was collected through May 2006 on all cases experiencing a removal between November 2004 and July 2005. The treatment group (N=468) consisted of cases having a family conference within the first 180 days of removal. The control group (N=3598) consisted of cases having neither a conference nor being offered a conference. The outcomes include length of stay in care and exit destinations or where children went when they left state care.

3. Results

3.1. Participant satisfaction

Findings indicated that both parents and relatives were more satisfied with FGDM conferences than with Permanency Planning Team meetings. More specifically, and as displayed in Fig. 1 below, both parents and relatives felt more empowered, F (1,1066) = 18.8, p < .001, had a clearer sense of what was expected of them, F (1,1066) = 14.3, p < .001 and were better able to identify issues in the family plan of service, F (1,1066) = 25.4, p < .001 as a result of having participated in an FGDM conference. Finally, for those who had participated in an FGDM conference, relatives reported greater empowerment than the parents (Dunnett post hoc t-test p < .006).

3.2. Child well-being

As indicated in Fig. 2, below, whether placed in foster or relative care, the children whose families participated in FGDM were less anxious than children from families experiencing traditional services, F (1,83) = 3.56, p < .065, though the effect is marginal. However, it seems that both the experience of an FGDM conference as well as the placement that followed may have made a difference in the adjustment of children to their new living arrangement. Though children who were placed with relatives were reported to be more adjusted than those in foster care, F (1,83) = 8.00,
that effect may be partially a function of the type of intervention. That is, the children of families who received a conference were more adjusted when they were placed with a relative and less adjusted when placed in a foster home, compared to children whose families received traditional services (the interaction was marginally significant, $F (1, 83) = 3.03, p < .086$). We speculate that the disappointment resulting from a failure to find other options, even after the full family involvement of an FGDM conference, may contribute to this effect.

3.3. Case outcomes and exits from care

As indicated in Fig. 3 below, by May 2006 more children whose families had participated in at least one FGDM conference had exited care (48%) compared to those who did not (33%). The difference was significant with a ($\chi^2 (1) = 42.5, p < .000$).

Concerns that these differences may have been caused by regional differences in exit patterns lead us to compare exit rates of FGDM cases to control cases by region. We found FGDM cases had exited in greater percentage in Regions 2, 5, 6, 8, and 11, $\chi^2 (1) = 82.6, p < .000$, but not in Regions 1, 3, 4, and 7.5 Fig. 4 shows the differences in exits for regions with a statistical effect and those without an effect.

Fig. 5, examines a racial/ethnic difference in exit rates in those regions which showed a significant effect for FGDM conferences on exit rates. While in Regions 2, 5, 6, 8 and 11 FGDM conference outcomes were positive for all children, they were especially pronounced for African-American and Hispanic children for whom exits from care have been slower than Anglo children. A full 32% of African-American children whose families attended an FGDM conference had returned home, relative to 13% whose families attended a Permanency Planning Team meeting, $\chi^2 (3) = 29.7, p < .000$. Forty percent of Hispanic children from families participating in FGDM had returned home compared to 11% participating in traditional services, $\chi^2 (3) = 62.3, p < .000$.

Although not quite as striking, the increase in return home rates for Anglos was notable as well; 25% compared to 14% for the FGDM and traditional groups, respectively ($\chi^2 (3) = 11, p < .012$). The rates of placements with relatives between the two groups were not statistically different.

3.4. Qualifications

Are the two groups significantly different in some way? In the regions where an effect for FDGM was found, there was no statistical difference between FGDM conference and control cases by the age of the child ($t = 1.5, p = .127$). In both groups children were on average 8 years old. There was a difference by race with the control group more likely to be Hispanic (43% v 36%) and FGDM Caucasian (30% v 23%) ($\chi^2 (3) = 9.2, p < .05$). We did find FGDM conferences to have more medical abuse allegations than the control group (11.5% v 7.4%) ($\chi^2 (1) = 5.9, p < .05$), and the control group to have more physical neglect allegations than the FGDM cases (27.6% v 21.3%) ($\chi^2 (1) = 5.1, p < .05$). The control group was more likely to come from Region 8 (34% v 19%), while the FGDM group was more likely to come from Region 11 (30% v 19%). Finally, the exit outcome data can change as most of the children in the cohort are still in care, 52% of the FGDM group and 67% of the control group. The results then must be seen as very preliminary.6

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5 Texas is divided into 11 regions for management purposes. Each region, in addition to being labeled by number, is referred to by the city in which the Regional administrative offices are housed. They are as follows: Reg. 1 (Lubbock), Reg. 2 (Abilene), Reg. 3 (Arlington), Reg. 4 (Tyler), Reg. 5 (Beaumont), Reg. 6 (Houston), Reg. 7 (Austin), Reg. 8 (San Antonio), Reg. 9 (Midland), Reg. 10 (El Paso) and Reg. 11 (Edinburg). Regions 9 and 10 did not have FGDM at this time.

6 Subsequent analyses on updated data (DFPS, in preparation) using a multivariate Cox Regression analysis with 13 child demographic and case severity variables shows family group conferences to be a significant variable in predicting time to exit to reunification. The multivariate analysis suggests that FGDM conferences were helpful with Hispanic families and in African American family cases where there were drug problems.
4. Discussion

Our findings indicate that both parents and relatives are more satisfied with FGDM conferences than standard practice by indicating greater feelings of empowerment, a greater sense of what was expected of them and a greater ability to identify issues in the family plan of service. Relatives reported an even greater sense of empowerment than parents. Children, too, seemed to benefit from their families having participated in FGDM conferences, showing less anxiety than when exposed to traditional services. The adjustment scores of children placed with relatives may be superior following an FGDM conference as well, though this and the other well-being test were marginally significant. Finally, superior exits from care were linked to children whose families had participated in an FGDM conference in Regions 2, 5, 6, 8, and 11, especially those exits to reunification and especially for African American and Hispanic children. Regional differences may be due to the way in which FGDM was implemented in the different regions. For instance, in some areas, the courts were more accommodating of the family’s proposed plan of service than in others. Some courts continued to require that certain activities be part of the plan even when family members did not see the relevance.

This finding with regard to race/ethnicity is especially important in light of the fact that these children are often found to be disproportionately represented in the child welfare foster care system (Derezotes, Poertner, & Testa, 2005) and tend to exit from care more slowly than other children (e.g., DFPS, 2006). As we suggested at the outset of this paper, an evidence-based and culturally sensitive practice such as FGDM conferencing may have the potential to reverse this state of affairs. By bringing the extended family into the picture and empowering them to participate in the decision-making process, all children, and especially those of color, may exit care faster and be more frequently reunified with their families. Exactly how this process operates is unclear from these data; however, other departmental data indicate that relative placements increase directly following a FGDM conference. Perhaps, the relatives caring for children while the family of origin completes parenting classes, treatment and so forth offers a more supportive and cohesive environment in which the parents can be successful. Furthermore, the relatives themselves may help facilitate this by their continued involvement thus increasing the likelihood of the success of the intervention.

The findings reported in this paper add to the increasing attention that family group decision-making is receiving in the cultural competency literature in child welfare. They support the use of cultural values and strengths which are important to families of color who were very family-centered in their values, beliefs, and practices (Fong, 2004; Waites, MacGowan, Pennell, Carlton-LaNey, & Weil, 2004). Using cultural values such as the importance of extended family members as strengths and resources has been cited in the kinship care and disproportionality literature as well (Derezotes et al., 2005; Fong & Knopf, 2007, Fong, McRoy, & Hendricks, 2006) and, as we have indicated, these findings are consistent with that literature. The importance for culturally competent child welfare services is, as Hendricks and Fong state, “culturally competent child welfare services need to incorporate a multidimensional perspective that recognizes the unique experience of racially and ethnically diverse children and families in the United States” (2006, p.376).

Family group decision making is a viable means of offering services to African American and Hispanic families in the child welfare system because it is very compatible with each ethnic group’s importance for family involvement and support in the welfare of their family systems. But, the caveat to all the support that Family Group Decision Making is receiving is the concern that the intervention might not be evidence-based and its effectiveness was only known through anecdotal information from the clients and the experiences or observations of the child welfare workers (Brown, 2003; Dawson & Berry, 2002). This study helps address that need and gap in the literature on evidence-based practice in family group decision-making, yet it, too, is not without limitations. Though a comparison group was provided, the study did not employ random assignment and, as a result, various threats to internal validity are present. In addition, it would have been preferable to have had the ability to view all of the data together in a structural model to better understand the causal relationship between satisfaction, well-being and exits from care.

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