Family Group Decision-Making

October 2006
Final Evaluation

Texas Department of Family and Protective Services

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EXECUTIVE SUMMARY

Family Group Decision-Making Described

Family Group Decision-Making (FGDM) is an umbrella term used to describe a variety of practice approaches to working with and engaging families in problem solving. The Texas Department of Family and Protective Services has elected to incorporate FGDM within the Child Protective Services program. Internationally, there are a number of models, known by different names, and they all share the common principle that families must be involved in the decision-making process in order to protect and assure the safety of their children. The main differences between the models relate to how much control the family has over the decisions made at the conference and the development of the plan. In Texas FGDM conferences, the family participates as a partner in securing the protection and safety of children.

Differences between Family Group Decision-Making and traditional practice in Texas

Since the mid-1990s, Texas Child Protective Services has employed a Permanency Planning Team meeting process to prepare for court reviews of families whose children have been removed. In preparation for both the meeting and the court review, a family plan of service is developed. Parents are invited to the Permanency Planning Team meeting and, by Child Protective Services policy, are required to participate in the development of the family plan of service. However, FGDM conferences provide more opportunities for development of individualized, family-focused service plans. In addition to greater parental involvement, conferences allow for more formal participation of extended family members and supporting friends.

The Texas Model of Family Group Decision-Making

The model adopted by Texas was influenced by the New Zealand model (the Family Group Conference) and also informed by traditional Hawaiian practices. Peer consultations made possible by Casey Family Programs allowed DFPS to review several models. The selected mode facilitates a discussion of the family's strengths and concerns and provides family private time for decision-making. Texas targeted FGDM conferences primarily to families experiencing removal of a child in an effort to expedite the child's safe return to the family. Most often, the conference was offered within the first 30 – 45 days following the removal.

Between March 2004 and the end of July 2006, a total of 3,625 conferences had been conducted throughout the state.

The impact of Family Group Decision-Making on the living arrangements of children and their length of stay in state care

Early in the implementation process, comparisons were made between the living arrangements of children prior to the family's participation in FGDM and their living arrangements afterward. It was found that following FGDM implementation:

- Foster care placements fell from 1035 (54 percent) to 733 (38 percent), and
- Relative placements increased from 550 (29 percent) to 850 (45 percent).

By June 2006, more children whose families participated in at least one FGDM conference exited care (48 percent) compared to those who did not participate (33 percent). Of those who exited care:

- Thirty-one percent of the children whose families participated in an FGDM conference returned home relative to 14 percent of those experiencing traditional case services.
- Slightly fewer children whose families participated in an FGDM conference (14 percent compared to 16 percent) were living permanently with relatives.
- Finally, children who exited care and whose families participated in FGDM experienced shorter lengths of stay in care by just over one month.

Although improved for all children, these findings were especially pronounced for African-American and Hispanic children for whom exits from care to permanent placements, historically, have been slower than Anglo children.

- Thirty-two percent of African-American children whose families attended an FGDM conference returned home, relative to 14 percent whose families received traditional services.
- Thirty-nine percent of Hispanic children from families participating in FGDM returned home compared to 13 percent participating in traditional services.
- The increase in rates for Anglo children who returned home was notable as well: 22 percent compared to 11 percent for the FGDM and traditional groups respectively. The rates of placements with relatives between the two groups did not differ.

The impact of Family Group Decision-Making in Texas on child well-being[1]

Whether placed in foster care or relative care, the children whose families participated in FGDM conferences were less anxious than children from families experiencing traditional services. However, it seems that both the experience of an FGDM conference as well as the placement that followed made a difference in the adjustment of children to their new living arrangement. The children of families who received a conference were better adjusted when they were placed with a relative and less well adjusted when placed in a foster home, compared to children whose families received traditional services.

The impact of Family Group Decision-Making in Texas on participant satisfaction

Survey findings indicated that both parents and relatives were more satisfied with FGDM conferences than with traditional services (Permanency Planning Team meetings). More specifically, both parents and relatives felt more empowered, had a clearer sense of what was expected of them and were better able to identify issues in the family plan of service as a result of having participated in a conference. However, relatives who participated in the initial family group conference reported greater empowerment than the participating parents.

The reaction of Child Protective Services staff to Family Group Decision-Making in Texas

Interviewed staff believed that the strength-based approach of Family Group Decision-Making enables Child Protective Services to interact with families and community members in a more respectful way. This fostered an atmosphere of partnership that led to enhanced communication and family involvement (especially fathers and the paternal family), and facilitated parental ownership of family problems. They noted that families often chose non-traditional methods of solving problems rather than using traditional Child Protective Services resources, implying that families can subsequently access these services without the intervention of Child Protective Services. Staff expressed the expectation that the benefits of increased family involvement would likely have an overall effect of reducing the intensity and need for prolonged Child Protective Services involvement.

Summary

The results of analyses across measures ranging from those that are more objective to those that are more subjective favor FGDM conferences over traditional services. Children are more frequently placed with relatives immediately following FGDM, have shorter stays in care and are more likely to

[1] There are many measures of child well-being ranging from those that assess safety, permanency and stability (e.g. the Child and Family Services Review process) to the present scale which measures anxiety and adjustment.

return to their families compared to traditional services. Children are also reported to be less anxious and more adjusted when their families have participated in an FGDM conference. This is especially true when they are placed with relatives following an FGDM conference. Finally, family members report greater satisfaction following an FGDM conference compared to traditional services.

Family Group Decision-Making

Final Evaluation

Family Group Decision-Making Described

Family Group Decision-Making (FGDM) is an umbrella term used to describe a variety of practice approaches to working with and engaging families in problem solving. These practices are family-centered, strengths-oriented, culturally relevant, community-based, and focused on the best interest of the child. Participation is generally voluntary and includes a facilitated group process or conference experience to assist decision-making. Recognizing that families are most knowledgeable about themselves, the various models strive to empower families to make well-informed decisions that are in the best interests of their children. The models emphasize that first and foremost, families have a responsibility to care for and provide a sense of identity for their children. They share the interpretation of "family" as one that includes extended family members, friends, neighbors, and others identified by the family as potential sources of support. FGDM has benefited families encountering the child protective, juvenile justice, and mental health service fields.

Perhaps the most widely known form of FGDM, the Family Group Conference, was developed in New Zealand by the indigenous Maori tribe during the 1980s. They proposed this approach as a counter to traditional approaches, which they argued undermined their kinship structure and cultural identity. As a result of their efforts, the model was legislatively mandated in New Zealand in 1989 for both child protective and juvenile justice services. A similar process called Family Unity Meetings developed in Oregon at roughly the same time. That model focused on engaging the family in service planning by providing a facilitated conversation of the family's strengths and concerns. Since then, numerous models have emerged. Known under a variety of names, the models all share the common principle that families must be involved in the decision-making process in order to protect and assure the safety of their children. DFPS has elected to offer FGDM conferences to families in Child Protective Services.

Differences between Family Group Decision-Making and traditional practice in Texas

As in all states, once a child is removed, the case is monitored through regularly scheduled court reviews. Since the mid-1990s, Texas Child Protective Services has employed a Permanency Planning Team meeting process to prepare for these court reviews. Prior to the actual court date, a Permanency Planning Team meeting is held to review case progress and determine if alternative recommendations should be made to the court. The biological parents, foster parents, service providers, and legal representatives for all parties are invited to attend. Although the attendees to these meetings include many of those who

would attend an FGDM conference, the family's voice is one among many gathered at the table and there is limited opportunity for input from the full family support system.

At the first of these regularly scheduled court reviews, the Status Hearing, DFPS presents the court with a family plan of service outlining the understanding between the parents and Child Protective Services with regard to the return of the child. Child Protective Services policy requires that the child's parents be involved in the development of the family plan of service. However, FGDM allows for participation of extended family members and supporting friends in this process as well.

Within Child Protective Services, all practice models attempt to balance the decision-making between the family and the agency. Relative to traditional practice, FGDM models offer considerably more opportunities for involvement and empowerment of the family. Among the various models included in FGDM, the main differences relate to how much control the family has over the decisions made at the conference. This often takes the form of: 1) *veto power* and 2) *family private time.* Veto power refers to the degree to which the biological parent(s) can exclude family members from the conference. The model adopted in Texas encourages the inclusion of all interested supportive parties and the use of family private time. It is during this private time that the family creates a family plan of service to address the needs and concerns identified by them and Child Protective Services. By excluding Child Protective Services professionals from family private time, the family is assured a high degree of input into the resulting family plan of service presented to the court. Thus, all the models of FGDM provide the platform for more family participation than traditional Child Protective Services, and the family participates as a partner in securing the protection and safety of children.

The Texas Model of Family Group Decision-Making

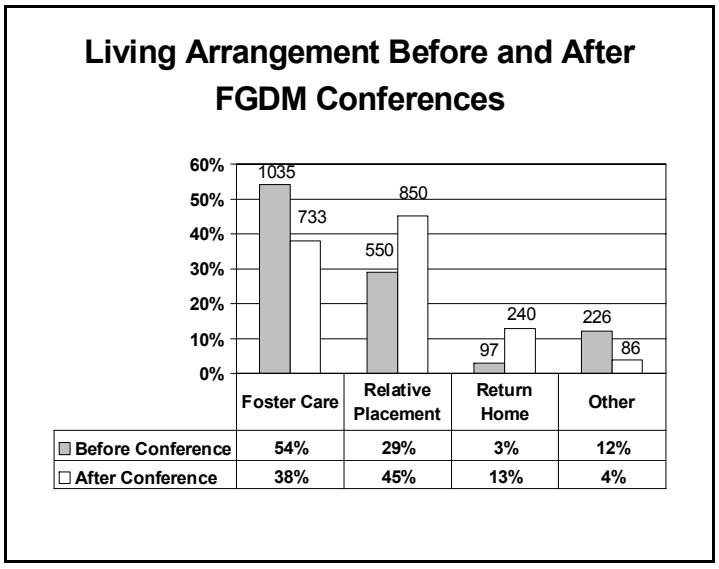
The decision to implement FGDM in Texas arose out of the collaboration between DFPS and the Casey Family Program's State Strategy to improve service delivery. The resulting technical support and training to DFPS staff allowed the selection of a model particularly well suited to Texas families. The model adopted by Texas was influenced by the New Zealand model (the Family Group Conference) and also informed by traditional Hawaiian practices. Aside from the basic philosophy and values, aspects of the model that appealed to Texas Child Protective Services were the recognition of the family's strengths, concerns, hopes and dreams for their children, and the use of family private time to facilitate family decision-making. In an effort to expedite the child's safe return to the family, Texas targeted the offering of FGDM conferences primarily to families experiencing the removal of a child. In preparation for the Status Hearing, the conference was offered within the first 30 – 45 days following the removal. In September 2003, five staff were hired to begin building the Texas program. They helped select the inaugural sites, enlisted community support

and trained potential participating field caseworkers prior to holding the first FGDM conferences in December 2003. Since then, the program has grown steadily in size and community acceptance. By the end of July 2006, a total of 3,625 conferences had been conducted throughout the state. A more detailed description of the implementation process is provided in Appendix A.

The impact of Family Group Decision-Making on the living arrangements of children and length of stay in state care

Because Texas implemented FGDM primarily for families with children in foster care, one meaningful measure gauging its impact is on placement changes of children in foster care.[2] Early in the implementation process, comparisons were made to the living arrangements of children prior to the family's participation in FGDM and their living arrangements afterward. It was found that, following the FGDM conference, foster care placements fell from 1035 (54 percent) to 733 (38 percent), while relative placements increased from 550 (29 percent) to 850 (45 percent). Additionally, 240 (13 percent) had returned home. Finally, a number of children were moved from emergency shelters following conferences (most of the "Other" category in Figure 1). Figure 1, below, illustrates the changes in the living arrangements of children.

Figure 1

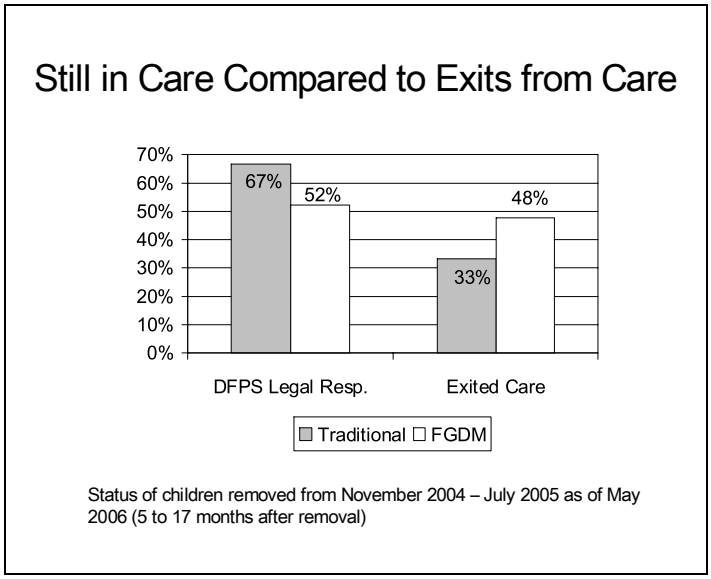


[2] The method used to test this question as well as methods used to test subsequent questions can be found in Appendix B.

By June 2006, sufficient time had passed to track the living arrangements and legal status over time of children whose families had participated in FGDM conferences compared to families who did not. The groups were similar in terms of age of the child and allegation type leading to the removal.

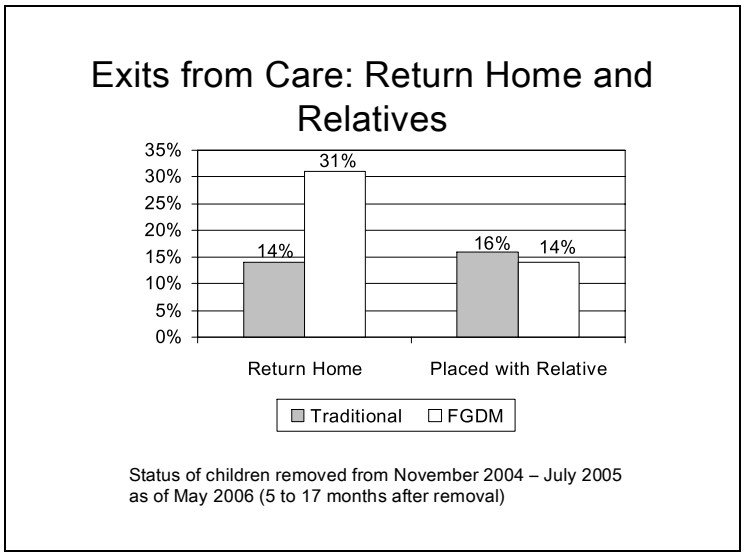
The results indicated that, on average, children who have exited care to permanent placements, and whose families participated in FGDM, experienced shorter lengths of stay in care by just over one month. The average length of stay in care prior to exit for FGDM children was 6.1 months compared to 7.3 months for the traditional group. Earlier concerns that FGDM would result in overall greater numbers of moves for children did not prove to be a major factor. The average number of placements prior to exit for the traditional group was 2.03 while the average for FGDM children was 2.09.

Figure 2



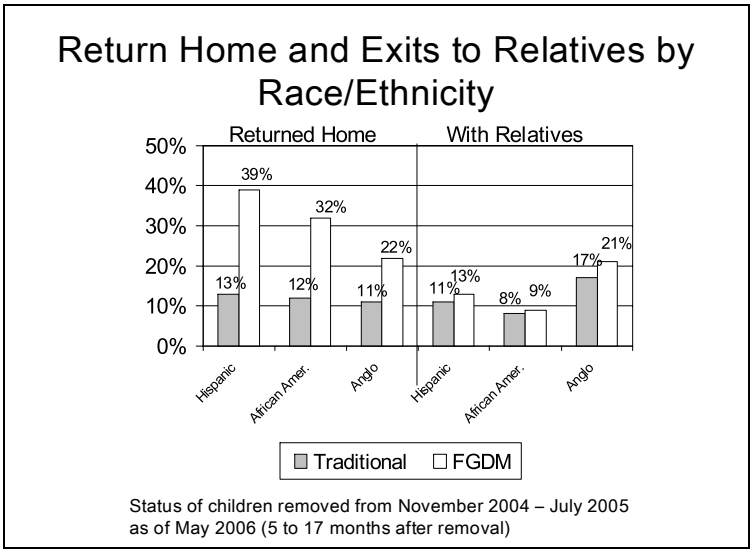
As indicated in Figure 2 above, by May 2006 more children whose families had participated in at least one FGDM conference had exited care (48 percent) compared to those who did not (33 percent). As shown in Figure 3 below, more children whose families had participated in an FGDM conference (31 percent) had returned home compared to those experiencing traditional case services (14 percent). Slightly fewer (14 percent compared to 16 percent) though were living permanently with relatives. This suggests that the earlier increased incidence of relative placements following FGDM may serve as a stepping-stone to reunification rather than a permanent placement with relatives.

Figure 3



Perhaps most importantly, as indicated below in Figure 4, while findings 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 percent of African-American children whose families attended an FGDM conference had returned home, relative to 14 percent whose families attended a Permanency Planning Team meeting. Thirty-nine percent of Hispanic children from families participating in FGDM had returned home compared to 13 percent participating in traditional services. Although not quite as striking, the increase in return home rates for Anglos was notable as well; 22 percent compared to 11 percent for the FGDM and traditional groups, respectively. The rates of placements with relatives between the two groups were not statistically different.

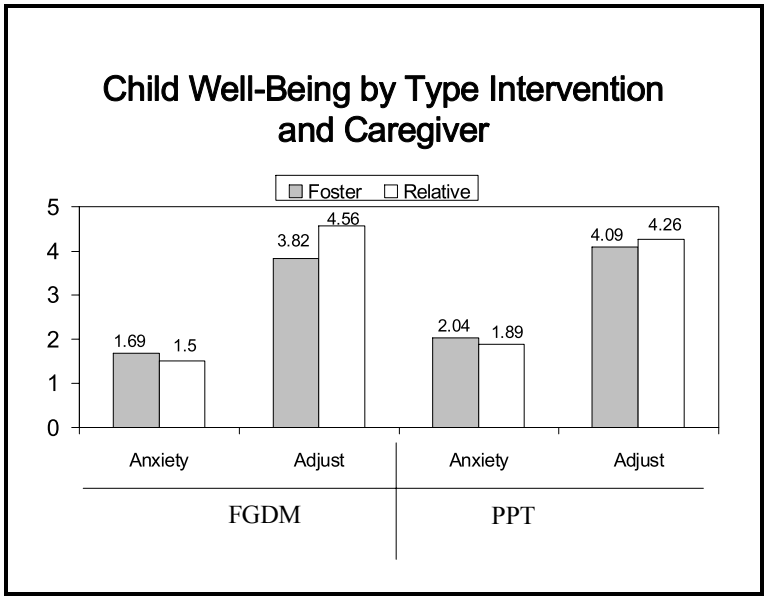
Figure 4



The impact of Family Group Decision-Making in Texas on child well-being

Child well-being was assessed by telephone interviews with caregivers of the children whose families participated in either an FGDM conference or the traditional Permanency Planning Team meeting (see Appendix C for the child well-being questions). As indicated in Figure 5, below, whether placed in foster care or relative care, the children whose families participated in FGDM were less anxious than children from families experiencing traditional services. However, it seems that both the experience of an FGDM conference as well as the placement that followed seemed to make a difference in the adjustment of children to their new living arrangement. 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 disappointment resulting from a failure to find other options, even after the full family involvement of an FGDM conference, may contribute to this effect.

Figure 5



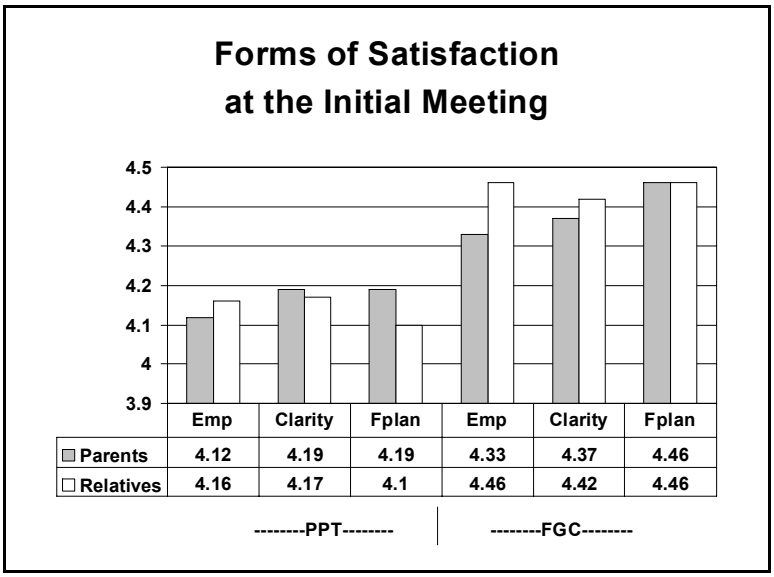
The impact of Family Group Decision-Making in Texas on participant satisfaction

Surveys were gathered from participants following both the initial Permanency Planning Team meeting and an initial FGDM conference. Questions on the surveys (See Appendix D) were intended to gauge participants' sense of empowerment, clarity of expectations and identification of issues in the family plan of service. 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 were 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.

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 Figure 6 below, both parents and relatives felt more empowered, had a clearer sense of what was expected of them and were better able to identify issues in the family plan of service as a result of having participated in an FGDM conference. Finally, relatives reported greater empowerment than parents having participated in an FGDM conference.

Figure 6



The reaction of Child Protective Services staff to Family Group Decision-Making in Texas

Focus groups were conducted with Child Protective Services staff in two regions where FGDM conferences were being offered. The conversations provided an opportunity to share insights and experiences while also refining some procedures regarding the preparation for the conferences. Staff believed that the strength-based approach enabled Child Protective Services to interact with families and community members in a more respectful way. They also felt that workers and supervisors' participation in the conference made respect for the family more apparent. This fostered an atmosphere of partnership where communication was enhanced, families were more involved (especially fathers and the paternal family), and parents took more ownership of their problems, often by admitting to them for the first time during the conference. Families, too,

put pressure on parents by holding them accountable, often hearing the Child Protective Services' view of the problem for the first time. Workers found both parents and families to be more cooperative as a result of the extended families' awareness of the issues.

Another outcome of the conference noted by staff was that families often chose non-traditional methods of solving problems rather than using traditional Child Protective Services resources. For example, families might obtain counseling from the church rather than traditional psychological services. The potential advantage was the development of less costly community support that families could still use when Child Protective Services support was no longer warranted. Another example was the recommendation of more creative placement choices such as the mother of a teenager's best friend or other family friend. There was concern about the length of time staff must devote to the conference, especially when carrying high caseloads. However, this was generally mitigated by the sense that the benefits of more family involvement would likely have an overall effect of reducing the intensity and need for prolonged Child Protective Services involvement.

Some staff initially reported slight anxiety over the apparent loss of control brought about by the increased family involvement. Working more collaboratively with the families however was inspiring a shift in caseworkers' perceptions of their roles. Staff indicated that they liked seeing themselves as facilitators of change.

Summary

To date, the Texas experience with FGDM suggests that there are several positive benefits to the children and families who participate. The greater involvement of extended family members results in increased levels of relative placements and family reunifications in the weeks following an FGDM conference as well as five to 18 months later. Compared to the current Permanency Planning Team process, FGDM participants, both the parents and relatives, experienced greater feelings of empowerment, clarity of expectations and satisfaction with the family plan of service. Children whose families participated in FGDM conferences were reported by their relative caregivers to be less anxious and better adjusted than children placed with relatives after the Permanency Planning Team process. Finally, FGDM outcomes were better overall for all children, and were improved more for African-American and Hispanic children than Anglo children, somewhat reducing the disproportional exits from care found in traditional services.

To date, evaluation efforts have focused almost solely on FGDM conferences conducted shortly after a child removal. As the practice continues to expand and is offered to families at other points in the progression of Child Protective Services, additional evaluation efforts are planned. Of interest will be the impact

on removal rates of FGDM conferences held in either the Investigation or Family Based Safety Services stages of service. Over time, it will also be possible to assess the impact of FGDM conferences on the recurrence of abuse or neglect. Finally, the degree to which the Circles of Support, modified FGDM conferences geared toward preparing youth for their transition to independent living, actually result in more successful transitions will be reviewed.

Appendix A: Texas Implementation

The Texas Department of Family and Protective Services (DFPS) implemented Family Group Decision-Making (FGDM) in December 2003. The model adopted is similar to that developed in Ohana, Hawaii. To effect this implementation, the agency assigned one FGDM Specialist position to each of the five administrative Districts established at that time. The Districts, which coincide with state Regional boundaries, were North West, Arlington, East Central, Houston, and South. Each FGDM Specialist was responsible for the implementation and oversight of Family Group Decision-Making conferences within their area, as well as the overall program development and implementation in their districts. In addition, one State Office position was added to assist the Districts in maintaining a statewide approach and in coordinating evaluation efforts. These six positions were created effective September 1, 2003. Approximately four months later, additional coordinator/facilitator positions began to be added. These staff, under the direction of the FGDM Specialists, assumed the day-to-day tasks of locating and preparing family members for the conference, setting the date and time, securing a location for the meeting, arranging food donations, and, ultimately, facilitating the conference. In August 2004, a second FGDM Specialist was added to the East Central District, effectively making one Specialist responsible for Regions 4 and 5 and another for Region 7.

Casey Family Programs was, and continues to be, instrumental in the Department's ability to conceptualize and implement this initiative. In July of 2002, Casey Family Programs and DFPS formed the Texas State Strategy collaboration. By analyzing data and using other review processes, the collaboration identified FGDM and kinship care as important focus areas to improve outcomes for youth and families. The Texas State Strategy requested peer technical assistance from Casey Family Programs as a means to learn from colleagues who had direct experience implementing FGDM agency-wide. The peer technical assistance match was conducted in May 2003 between DFPS and Casey Family Programs' Tucson field office, along with other participants from Arizona, Massachusetts, and Washington, D.C.

A follow-up peer technical assistance meeting was held in September 2003. This session was conducted by Dr. Roque Gerald, the Deputy Director for the Office of Clinical Practice, Child and Family Services Agency in Washington, D.C., who was key to bringing Family Group Decision-Making to Washington, D.C. Susana Reza and her associates within the El Paso Human Services, Inc., again with the support of Casey Family Programs, provided subsequent practice model training on November 12-14, 2003. As Project Administrator of *Familias Primero,* Ms. Reza had been the recipient of the National Council of Juvenile and Family Court Judges "Diversion Project" grant that led to the introduction of the Ohana modification of FGDM in Texas. The National Council of Juvenile and Family Court Judges is dedicated to improving the effectiveness of the nation's juvenile

courts and funded the *Familias Primero* Family Group Conferencing Project as a model court initiative of the 65th court of El Paso in 2001. Through the support of Casey Family Programs and staff at *Familias Primero*, DFPS staff made preparations for the new DFPS initiative.

The first Family Group Decision-Making conferences were held in December 2003 in five areas: Johnson and Collin Counties in the Arlington District, Burnet County in the East Central District, Brazoria County in the Houston District, Corpus Christi in the South District, and Amarillo in the North West District. Additional sites were also being prepared as the FGDM Specialists began hiring coordinator/facilitator positions to help with the implementation. Applicants for those staff positions were interviewed and hired in January 2004. Again, with the assistance of Casey Family Programs and Ms. Reza and her associates, the new staff were trained February 18-19, 2004. The coordinator/facilitator staff then assisted with conducting conferences while the FGDM Specialists also began developing additional sites. Further expansion included San Antonio, New Braunfels, and the counties of Jefferson, Liberty, Dallas and Lubbock. In Dallas and San Antonio, selected units provided families for the initiative due to the high volume of cases relative to the available staff to conduct conferences.

Data collection for use in this evaluation began in March 2004. Since that time, additional coordinator/facilitator positions have been created. By August 2004, with five FGDM Specialists and 17 coordinator/facilitator positions, Family Group Decision-Making conferences were available to families in a total of 21 counties within Texas. By August 2005, conferences were being offered in at least 40 counties. Expansions of the program in fiscal year 2006 continued making it available to more families. As of June 2006, families in 57 counties were being offered Family Group Decision-Making conferences.

Initially, the decision was made to focus the provision of FGDM conferences on families whose children had either just entered substitute care or where the child had been in care less than six months, with some accommodations for using the process to assist with cases in other stages as needed. There was also strong interest in using the model to prepare youth who were transitioning out of state care by helping to create a community of support that they could turn to after leaving care. Youth in Preparation for Adult Living stages in Region 4 began being offered specialized conferences, known as “Circles of Support,” in Tyler in March 2004. During fiscal year 2006, all youth over the age of 16 were being offered the opportunity to participate in a Circle of Support. Based on the FGDM principles, Circles of Support allow the youth to identify a group of people who are asked to participate in preparing the youth for independent living by attending a conference, participating in planning for the transition, and providing ongoing support and encouragement as the youth completes the transition plan and moves to adult living.

It is anticipated that FGDM will be offered at other stages of Child Protective Services involvement in the future. As part of the planning process for these expansions, Casey Family Programs has, again, provided technical assistance to DFPS. With the support of Casey Family Programs, Roque Gerald and other staff from Washington, D.C. conducted a two-day consultation with DFPS staff in September 2006. The sessions provided DFPS an opportunity to learn how Washington, D.C. had adapted their protocols for use in pre-removal stages and to learn about their experiences with the internal cultural change created by consistent use of FGDM.

Appendix B: Evaluation Design

There were five broad questions involved in the overall evaluation:

- What types of cases are amenable to Family Group Decision-Making?
- What changes are required of workers?
- Is Family Group Decision-Making effective?
- If so, what are the factors that make it effective?
- Are participants satisfied with the process?

As implementation and expansion of the program grew, various approaches were utilized at strategic points-in-time to report on the ongoing effect of the program.[3]

Stage 1, The Implementation Evaluation

Stage 1,The Implementation Evaluation, was provided initially in October 2004. It was aimed at determining *what* had been implemented and, to some degree, how the intervention was operating early on. Largely qualitative in nature, the goal was to describe the problem being addressed, the roles and activities of the participants, and the potential effectiveness of the intervention itself. This stage provided feedback to staff, management, and external stakeholders to promote an understanding of what had been attempted and could be used to make early adjustments to the intervention, should they be needed. To that end, FGDM coordinators and facilitators, caseworkers, kinship development workers and supervisors in the Dallas and San Antonio areas were interviewed. Additionally, quantitative data from records kept by the FGDM Specialists around the state were merged with data from the online case management system IMPACT to gain an early look at the characteristics of those who do and do not attend conferences, the characteristics of the conferences themselves, and the status, at that time, of the children and families who had been part of the conferences. These same quantitative data were recalculated as part of Stage 2, Preliminary Evaluation.

Stage 2, The Preliminary Evaluation

Stage 2, The Preliminary Evaluation, provided in March 2005, and updated in August 2005, described more fully *how* the intervention was working. Client satisfaction[4], comprised of questions concerning empowerment and clarity of expectations and issues identified in the family plan of service, was assessed through questionnaires administered to parents and relatives following either a Permanency Planning Team meeting or a Family Group Decision-Making conference in the first month following removal, or at the fifth month following an

[3] Both the Preliminary and Implementation Evaluation Reports are available upon request. They are technical in nature and contain data, literature reviews, and references.

[4] This survey is a derivative of that developed by the Parent Collaboration Group, an advisory group of parents whose families have been involved with Child Protective Services.

initial Permanency Planning Team meeting or an FGDM conference. Parents' use of support and their satisfaction with that support were assessed through telephone interviews. Measures of caregiver well-being and child well-being were also gathered through telephone interviews conducted of the caretaker with whom the child was residing at the time of the interview. Finally, reunification rates, relative placement rates and foster care placement rates pre- and post-conference or Permanency Planning Team meetings were also assessed. This stage provided feedback to staff, management, and external stakeholders on the identification of the practices that may ultimately need to be promoted or altered.[5]

Stage 3, The Final Evaluation

The present report represents *Stage 3, The Final Evaluation,* and contains new information on outcomes combined with the information from the previous stages. Cases experiencing a removal between November 2004 and July 2005 are followed until May 2006. Two groups are compared: (1) The Treatment Group (N=468): Cases having a conference within first 180 days of removal and (2) The Control Group (N=3598): Cases without having a conference nor being offered a conference. The outcomes include stability of placement both in terms of number of moves and living arrangement as of May 2006 and length of stay in care. Finally, exits from care to permanent placements are analyzed.

[5] Family Plans of Service from the online case management system IMPACT were also reviewed to determine if there were any differences in the plans used in conferences and those in Permanency Planning Team meetings. Electronic versions contained no discernible differences; however, the plans constructed in the conferences were clearly more detailed than those on the electronic system. Because the individuals who attended Permanency Planning Team meetings did not fill out similar plans on paper, they were not comparable.

APPENDIX C: Child Well-Being Questions

Anxiety

1. How much is the child worried about the future?

Not at all ○ A little ○ Somewhat ○ A lot ○ A great deal ○

2. How much has the child expressed concerns about his or her safety?

Not at all ○ A little ○ Somewhat ○ A lot ○ A great deal ○

Adjustment

1. To what degree is the child fitting into family routines?

Not at all ○ A little ○ Somewhat ○ A lot ○ A great deal ○

2. To what degree is the child getting along with others?

Not at all ○ A little ○ Somewhat ○ A lot ○ A great deal ○

3. How happy and adjusted is the child most of the time?

Not at all ○ A little ○ Somewhat ○ A lot ○ A great deal ○

APPENDIX D: Satisfaction Questions

Empowerment

1. I felt comfortable about sharing important information with those involved in this family plan.

Strongly Agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly Disagree ◯

2. I was comfortable asking the professionals/service providers questions.

Strongly Agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly Disagree ◯

3. My opinions and decisions about how to ensure the children's safety and well-being were respected.

Strongly Agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly Disagree ◯

4. I feel I will be able to help ensure the child(ren)'s safety.

Strongly Agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly Disagree ◯

Clarity of Expectation

1. The purpose of the agency and the agency's intervention was explained to me.

Strongly Agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly Disagree ◯

2. The steps involved in the development of a plan to keep the child(ren) safe were explained to me.

Strongly Agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly Disagree ◯

3. The sources of available help were explained to us.

Strongly Agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly Disagree ◯

4. I understand what will happen if the plan is not followed.

Strongly Agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly Disagree ◯

Identification of Issues in Family Plan

1. The family plan identified the needs of this family.

Strongly Agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly Disagree ◯

2. The family plan ensures the child(ren)'s safety.

Strongly Agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly Disagree ◯