

Summary of Recent Child Welfare Family Meeting Literature (2009-2014)

Child welfare agencies are increasingly employing family decision-making (FGDM) processes, but there continues to be a paucity of outcome data. Ultimately, it is challenging to compare cross-study findings, as family meeting models vary. This research brief summarizes 10 recent (2009-2014), peer-reviewed articles on family meetings (referred to as 'FGDM')¹.

Who is more likely to receive Family Group Decision Making services?

FGDM meetings were more common among families with moderate to severe maltreatment, domestic violence and parental substance abuse were more likely to have received FGDM meetings (Weigensberg, Barth, & Guo, 2009). Demographic characteristics, such as child age, gender, and race were not related to receipt of FGDM nationally (McCrae & Fusco, 2010; Weigensberg, et al., 2009).

To what extent are fathers involved in Family Group Decision Making services?

Results are mixed in terms of whether FGDM services encourage paternal involvement. Two studies reported increased paternal involvement (Healy, Darlington & Yellowlees, 2012; Morris & Connolly, 2012). Using national data, however, McCrae and Fusco (2010) found that FGDM is not related to increased engagement of fathers.

What are the facilitators of and barriers to the receipt of high quality FGDM services?

Model Drift. A key barrier to the receipt of high quality FGDM services is difficulty carrying out all identified model components (Rautkis, Huefner, & Cahalane, 2011).

Cultural Responsiveness. The extent to which participants received all identified model components was more likely among white families than African American families (Rautkis, et al., 2011). African American children with African American child welfare workers were more likely to receive FGDM services than African American children with white child welfare workers (McCrae & Fusco, 2010).

Family-Agency Collaboration. Another challenge is collaboration between families and child welfare agencies (Weigensberg, et al., 2009; Healy, Darlington & Yellowlees, 2012).

Organizational Culture. In counties with longer histories of family engagement practices, administrative buy-in, acceptance of the practice by leadership, and agency support and encouragement facilitated service delivery (Rautkis, et al., 2010).

Training. Newer adopters of the practice emphasized training and education as key facilitators of FGDM practice (Rautkis, et al., 2010).

Does FGDM practice improve outcomes?

Family Voice. Caregivers did not report increased feelings of involvement in decision making as a result of FGDM involvement (McCrae & Fusco, 2010).

¹ The literature was selected based on publication date, efficacy, relevance and inclusion of outcome data (either qualitative or quantitative).

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Satisfaction. Parents and relatives reported higher levels of satisfaction with FGDM conferences compared to standard practice; relatives reported more empowerment than parents (Sheets, Wittenstrom, Fong, James, Tecci, Baumann, & Rodriguez, 2009).

Service Utilization. Families who receive FGDMs were more likely to receive parenting services and mental health services. However, this association decreased after 36 months (Weigensberg, et al., 2009).

Time in Foster Care & Reunification. Children who had an expedited Family Team Meeting within 72 hours of removal exited care more rapidly, and were reunified with parents or living with other relatives to a greater degree, than children who did not have a FTM (Pennell, Edwards, & Burford, 2010). Families who participated in a Family Group Conference (after removal) were more likely to experience family reunification than adoption, but it did not decrease time to permanency (Wang, Lambert, Johnson, Boudreau, Breidenbach, & Baumann, 2012).

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