

## **Fidelity to Family Group Practices in Pennsylvania, 2008 Executive Summary**

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The evaluation subcommittee of the Family Group Decision Making (FGDM) Leadership team requested that a fidelity study be conducted in order to better understand how FGDM was being implemented. The Pennsylvania Child Welfare Training and Research Program and the Child Welfare Research Program at the University of Pittsburgh conducted the fidelity study. The objective of the study was to determine the consistency of practices with FGDM principles. Between February and May 2008, emails were sent to three hundred and fourteen individuals with a link to a website and instructions on how to complete a survey. Two hundred and fifteen individuals completed the survey (68%). Surveys with 75% or more missing responses were eliminated, resulting in a final sample size of 180. There are a number of key findings and practice implications from the study that will be highlighted in this executive summary. Interested readers are encouraged to review the entire study at [http://www.pacwcbt.pitt.edu/FGDM\\_EvaluationPage.htm](http://www.pacwcbt.pitt.edu/FGDM_EvaluationPage.htm) with an accompanying powerpoint presentation.

### Consistency of Practice to FGDM Principles

The focus of FGDM is primarily for maltreatment although FGDM is used for a variety of reasons and for various populations. It is used at any point in the service pathway. The most frequently identified reasons for not referring a family to FGDM was sexual abuse and family violence. Other reasons included lack of referrals, and caseworker reluctance and lack of clarity about the kind of families to refer. Although many of the respondents reported attending training, approximately 23% had no training in FGDM. Implementation teams were in place and included individuals from many systems, suggesting that cross-systems collaboration was occurring. While the majority of FGDM practices are consistently in place, follow up after FGDM does not occur on a consistent basis. Another area that was inconsistent was voluntary vs. involuntary family participation.

### Differences in perception about fidelity practices

Associations were seen between resources and structure and maturity of the practice. "Mature" (greater than 20 conferences) counties were more likely to have: written policies; policies on the type of family to refer; a full time coordinator; and the role of coordination shared between public agency and private provider. Although causality cannot be determined, the association

## **Family Group Decision Making: A profile of practices in Pennsylvania 2008**

seems to be important. More experienced counties have processes in place and resources that may be more supportive of the FGDM.

### Challenges and facilitation factors for implementing and sustaining FGDM

The respondents were asked several open-ended questions about what they perceived to be the important factors in helping and sustaining FGDM. Although no single category accounted for more than 21% of the responses, the two most common were “training & support” and “leadership attitudes”. The “take away point” is that counties and agencies can facilitate implementation in many ways and if one approach is not working, another may help. The most common response to challenges to the practice fell into the category of “barriers created by caseworker attitudes”. Other challenges were “structural issues” (problems with time, money, staffing, extra hours of work & caseloads) and “family characteristics”. It is likely that improving structural issues is likely to influence caseworker attitudes to the practice. Finally, the respondents felt that continued funding, support and leadership were necessary to sustain and expand the practice of FGDM in Pennsylvania.

A limitation to this study is that it provides a point in time view of the state’s practice related to FGDM. In addition, there is the selection bias at two levels - counties that responded, and individual who responded; those that chose not to respond may have a different perception of practice. Other limitations include the amount of missing data, particularly from counties who were new to the practice. However, despite these limitations, this study provides a “snapshot” of how the practice has evolved and what is needed to move forward in the practice.

### Recommendations

The responses to the survey clearly indicate that FGDM is becoming an accepted approach and that many of the practices of FGDM are in place. It also seems to have positively impacted relationships with colleagues and families. At the same time, a number of needs and fidelity concerns were identified.

- Identify the barriers preventing follow up meetings, address them and make the meetings part of FGDM best practice standards.
- Throughout the State, standardize and document how and which families are identified for FGDM. Although some counties have policies in place for which families to refer and some have automatic inclusion, there is variation and a great deal of individual judgment being exercised in which families are referred and at what point in the pathway. A process should be in place to better document and describe families—those that participate in FGDM, those that do not and why.
- Leadership is important in supporting and facilitating attitude change and structural change. Leaders who are not directly involved with the direct practice are nonetheless critical in ensuring that the practice is accepted and utilized through making concrete structural changes. Leaders need to

## **Family Group Decision Making: A profile of practices in Pennsylvania 2008**

consider ways to make FGDM “a way of doing business”. Some structural changes could include flexible hours so that caseworkers attending meetings are not expected to work 15 hour days; offering caseworker incentives to make referrals to FGDM; requiring participation in family group meetings and including it as part of performance evaluations and promotion (Crae, Crampton, Abramson-Madden & Usher, 2008). Expansion and long term sustainability will require leadership to find alternative and creative solutions such as “braided” funding that utilizes several funding streams.

- The survey highlighted that only a small number of professionals have extensive experience in the practice, and that almost a quarter who responded had no formal training in the practice. Yet training emerged as the most common response regarding perceived factors for facilitating the implementation of FGDM. Training needs to be more broadly defined as “outreach” to other systems and communities and a variety of mediums outside of didactic training need to be employed (written materials, short videos, public service announcements). Technical assistance and Transfer of Learning activities may augment training and help embed the practice into the organization’s culture. While cross-systems implementation teams are in place, the role of former youth and families on the teams is minimal and could be enhanced. In addition, families and youth could play a role in training, mentoring and assisting families who are new to FGDM, and supporting them in following through on their plan.
- An ongoing and state-wide outcome evaluation is needed to determine if FGDM produces positive outcomes for children, youth, families and organizations, and to identify with which families it is the most effective. It will also help to demonstrate the value of the practice to the skeptical and unconvinced.

### Reference:

Crae, T.M., Crampton, D.S., Abramson-Madden, A. & Usher, C. L. Variability in the implementation of the Team Decisionmaking (TDM) : Scope and compliance with the Family to Family practice model. Children and Youth Services Review, (2008), doi: 101016/j. childouth.2008.03.007