



# Outcomes of family centered meetings for families referred to Child Protective Services



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## ABSTRACT

In order to address the number of children entering the foster care system each year and to promote the family's participation in the decision-making process, family-centered meetings have been widely adopted throughout the United States as well as in other countries. Since 1989, Family Group Conferencing, Family Group Decision Making, and Family Team Meetings have all been introduced into public child welfare systems. This paper will refer to all three approaches as family-centered meetings. However, little empirical research has been done to test the impact of these meetings on families referred to Child Protective Services (CPS). This paper examines literature on the impact of family-centered meetings with families referred to CPS on child and family functioning outcomes. The results suggest that more research is needed to examine fidelity models and specific types of interventions being implemented. However, all of these three appear to increase kinship care placements. More research is needed, specifically regarding the contexts where family-centered interventions could be appropriate. Implications for practice are also discussed, with special consideration of integrating family-centered interventions with other interventions to promote both family participation and child safety.

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## 1. Introduction

There has been a long-standing tradition of tensions between Child Protective Services (CPS) and the families they serve, creating a dynamic of “parents against the state” (Whewell, 2016). In the United States alone, an approximate 3.4 million referrals are made annually to CPS due to suspected child abuse and/or neglect (U.S. Department of Health and Human Services, 2012). Of these children, over 250,000 are removed each year due to neglect and/or abuse, spending an average 21.8 months in out-of-home placements (U.S. Department of Health and Human Services, 2012). In the majority of these cases, families are separated against their wishes, with few opportunities to participate actively in the decision-making process.

Studies have shown that children who have been separated from their primary caregivers are more likely to present a diverse array of difficulties and challenges, including attachment disorders, mental health problems, and higher rates of delinquency and homelessness (Doyle & Joseph, 2007; Knorth, Harder, Zandberg, & Kendrick, 2008; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007). Some (Modelli, Galvao, & Pratesi, 2012; Zhu et al., 2015) have gone so far as to classify child abuse and neglect as an epidemic in the United States, calling for more family-centered interventions and actions aimed at preventing the

child's removal and decreasing risk while the child remains with his/her family.

In order to address the need for family-centered practice and decision-making for cases referred to CPS, emphasis has been placed in recent years on the participation of the family in the investigation and overall elaboration of the safety plan (D'Cruz & Stagnitti, 2008; Department of Family and Protective Services of Texas, 2015). Furthermore, as global trends with families continue to evolve, practitioners encounter more diverse types of families, leading to a need for culturally sensitive policies and interventions that take into account cultural values and beliefs of the children and their families (Kumpfer, Alvarado, Smith, & Bellamy, 2002).

Given this shift toward practices inclusive of the family, different family-centered meetings have emerged over the past few decades in the United States and abroad. This started with the emergence of Family Group Conferencing (FGC) in 1989 in New Zealand, which spread to Europe and North America (Venetski, 2008). These meetings consisted of “a gathering of immediate and extended kin in order to address and resolve a crisis or critical problem facing the family” (Love, 2000, p. 15). For this review, we considered family-centered meetings as consisting of one or more meetings in which significant people in the child's life come together to discuss the safety plan, and seek the best option for the child for families referred to CPS. Three main principles have guided family-centered meetings: the idea that families know their members best and are the best experts on their children; the idea that children

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are usually best cared for within their family and extended kin network; and that extended families can help repair damage (Olson, 2009). This community and family-centered practice incorporates principles of empowerment and providing each key figure in a child's life with a space to voice their opinions and concerns for the child.

In 1997, FGC was first implemented in the United States, with Oregon initiating a pilot study (Rodgers & Cahn, 2010). By 2003, more than 35 states and 20 countries had implemented some form of family-centered meetings in CPS (Merkel-Holguin, Nixon, & Burford, 2003). As it adapted to the United States, it evolved into Family Group Decision Making (FGDM); in fact, in 2008, the American Humane Association (AHA) released a paper on *Purpose and Process* of FGDM, establishing guiding principles behind FGDM. These include: a) children have the right to maintain family and cultural connections; b) children and their parents are part of a larger family system; c) families know their own histories and can use that to construct plans; d) the family group should be the context for child protection resolutions instead of an agency; e) power imbalances between the family and the agency need to be addressed; and f) the state has the responsibility of supporting the family (American Humane Association, in Olson, 2009, p. 56).

In addition to creating a guide of the underlying principles of FGDM, the American Humane Association (2008) also established five essential core components for a model to be considered FGDM in its *Purpose and Process* paper (American Humane Association, in Olson, 2009). The five core components followed the guiding principles behind FGDM, providing a framework for its implementation. They included: a) there should be an independent coordinator that moderates the meeting between the family and CPS; b) there should be enough time, authority, and resources available; c) family members should have the opportunity to create a plan without professionals in the room; d) the plan elaborated by the family should have preference in court; and e) the agency should provide services needed to implement the plan created by the family. Essentially, families should have enough information and resources provided by the agency so that they can create a plan that emerges from the needs identified by the family itself (American Humane Association, in Olson, 2009). On another note, other child welfare systems have incorporated Family Team Meetings (FTM), in which the CPS team essentially maintains control, but provides an opportunity for the family's voice to be heard. Given the differences in the approaches that have been used, the term *family-centered meetings* will be used in this paper to describe any of the three types, grouping them together as interventions that focus on family participation in the decision-making processes.

Although the adoption and adaption of family-centered meetings has spread widely across the United States and abroad, there are few studies that have examined the impact of these meetings on child and family outcomes. In fact, Barth (2002) voiced concerns that adaptations would likely occur, without empirical evidence or evaluation. While the guiding principles of these meetings are based on family-centered practices and family empowerment, little is known about the impact of these interventions in increasing family participation and capacity. Furthermore, little is known about the impact of these family-centered meetings on diverse client groups, or on meeting a myriad of objectives. From child well-being to family satisfaction, different agencies have conceptualized different outcomes they strive to achieve with family-centered meetings (see Merkel-Holguin et al., 2003; Texas Department of Family and Protective Services, 2006).

In order to address this gap, the research question guiding this paper is to determine the impact of family-centered meetings (including FGC, FTM, and FGDM) in improving outcomes for child and family functioning for families referred to Child Protective Services.

## 2. Methods

In order to answer this question, an in-depth examination of prior research on family-centered meetings was conducted; for quantitative

studies, research designs that had a control or comparison group and measured outcomes of family-centered meetings with families referred to CPS were included in this review. For qualitative studies, any that measured family feelings of empowerment or satisfaction with the process over at least two time points were included. The earliest study that was found that met the other inclusion criteria was published in 2000, with the most recent published in 2013. All geographic regions were included. Articles written in English, were included in the search, selected based on the scope and language proficiency of the authors. In order to be included, the sample frame had to include families who had been referred to CPS for possible child abuse and/or neglect, who participated in FGDM and had at least one outcome measure. Since different agencies that implement family-centered meetings cite a diverse range of objectives and goals, any outcome measure was included, provided that the study met the other inclusion criteria. Records that did not meet these criteria were excluded.

Both quantitative and qualitative outcome measures were included in this review. The decision to include papers with both qualitative and quantitative methods was based on the strengths and weaknesses of each approach to examine different dimensions of effectiveness; some outcomes, such as empowerment, were considered by the authors of this paper to be more suited to qualitative methods that could explore more in-depth perceptions of the process by families, while other outcomes such as re-referral rates were more suited to quantitative statistics. In order to be included, the outcome had to directly involve the family unit (parents, extended family and/or child), excluding studies that only measured practitioners' experiences or perceptions of FGDM. Furthermore, in order to see the impact of the meeting over time, qualitative studies were only included if they had at least two time points. This was intended to reduce any possible inflation of satisfaction or feelings of empowerment immediately after the meeting. Quantitative studies were only included if they had a control or comparison group to examine outcomes between groups, and qualitative studies were only included if they had at least two time points where they gathered data to understand the participants' experiences over time.

This review was also inclusive of diverse definitions of child abuse and/or neglect; the inclusion criteria was based on a referral of the family to CPS. Therefore, it is possible that these referrals were based on differing conceptualizations of child abuse and/or neglect.

### 2.1. Search strategies

The PRISMA set of items was used as a guiding framework for the methodology of this review (Moher, Liberati, Tetzlaff, & Altman, 2009). This included setting inclusion and exclusion criteria before searching for literature, criteria for selecting literature, and for extracting data from the reports, all of which is detailed below.

For the search strategy, preliminary searches were conducted in the following databases: Academic Search Complete, PsycInfo and Google Scholar, using the key terms: "Family group conferencing" AND "children". Given relatively large search results, one expert in restorative justice was consulted. Searches of Academic Search Complete, PsycInfo and Google Scholar were then conducted with refined key terms: "Family group decision making" AND "children". Since Google Scholar retrieves thousands of texts in English, the first five pages of results were examined. No specific searches were conducted with "Family Team Meetings," but studies that used Family Team Meetings and were retrieved in the other searches were included, provided that they meet the other inclusion criteria. In order to incorporate grey literature, Social Service Abstracts, ProQuest, and reference lists of each of the articles from the previous searches were searched.

### 3. Data collection & analysis methods

For data collection, the articles were narrowed with the results from the searches to be: a) title exclusion (only including those that analyzed

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