
Promising Practice Fact Sheet – Child-Only TANF/Kinship Care Family Team Decision Making (FTDM) – Washington State, DSHS, Children’s Administration

Program

Description: The Family Team Decision Making (FTDM) model is a strengths-based meeting approach developed by the Annie E. Casey Foundation in the early 1990’s. It is based on three primary assumptions: 1) families have a right to participate in decisions that affect them; 2) families are competent to make decisions if properly engaged, prepared, and provided with necessary information; and 3) decisions made within families are more likely to succeed than those imposed by outsiders.

Target Population: Parents and children currently working with Children’s Administration who face the possibility of child removal, movement from one placement to another, or return to the household.

Goal: The purpose of the FTDM meeting is to make consensus decisions regarding placement, including removal of the child(ren) from their biological home, changes in out-of-home placement, and reunification or placement into a permanent home. The priority is the safest and least restrictive placement in the best interest of the child.

Caseload Data: No current data because of the conversion to FamLink, Children’s new case management data system.

Cost: Not available

Evidence: While FTDM has not been evaluated in Washington State, there have been numerous evaluations of similar Family Group Conferencing models in other states. These have generally reported positive outcomes in terms of facilitating placement decisions, even where domestic violence or child sexual abuse were involved.

Services Overview:

A Family Team Decision Making (FTDM) meeting is a structured, facilitated team process which can include birth/adoptive parents, the child (unless deemed inappropriate), guardians, extended family members, community members, service providers, child welfare staff, and caregivers. The composition of the team will be determined by the family and agency personnel. The parent(s) have final say on attendees. All participants must sign a confidentiality pledge.

Before the meeting, the social worker and supervisor will discuss the risk and safety issues, and agree on an initial recommendation, understanding that as new information is presented the recommendation may change. The social worker explains the process of the FTDM to the family and all participants involved. The supervisor consults with the social worker and helps in identifying risks, strengths, and other issues. The facilitator explains the steps that will be taken in the process and writes strengths, challenges, ideas and an action plan on chart paper on the wall. During the FTDM the social worker and supervisor aid the team in developing a consensus decision that maintains the child in the safest environment. If consensus is not reached, the social worker and supervisor consider all the information and make a final decision relating to placement of the child. Meetings typically last 1 to 2 hours.

After the FTDM the social worker will complete a safety/action plan and monitor the follow through of all required participants. The plan serves as a type of guide for family members to build upon their strengths and acquire the services and necessary resources to improve their capacity to provide safe and healthy home environments for the children involved. Each participant receives a copy of the action plan before they leave.

Eligibility: Families involved with the child welfare system.

Findings:

Children's Administration staff report the following outcomes from the use of FTDMs. These results are anecdotal because Children's conversion to a new case management data system (FamLink) is not yet complete:

- FTDM results in increased use of relative or kinship care in comparison to more restrictive types of out-of-home placements (non-relative foster care, congregate care, and residential treatment).
- FTDM results in a shortened length of stay for out-of-home placements and reduced number of out-of-home placement moves.
- FTDM leads to an improved proportion of children in the same out-of-home placements as their siblings.
- FTDM leads to increased reunification with biological parents.

Implications for Policymakers and Program Developers to Consider:

- A group can often be more effective in making good decisions than an individual.
- Families are the experts on themselves.
- When families are included in decision making, they are capable of identifying their own needs and strengths.
- Members of the family's own community add value to the process by serving as allies to the family and as experts on the availability of resources in a particular community

Contacts:

- Jill Kinney, Social and Health Program Consultant, Children's Administration, DSHS, 425-339-1830, KIJ1300@dshs.wa.gov