FLORIDA'S IV-E WAIVER DEMONSTRATION PROJECT

TOPICAL PAPER 1 Family Engagement

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Background of Florida's Title IV-E Waiver Demonstration Project

The Title IV-E Waiver Demonstration Project was implemented statewide October 1, 2006. The five-year Waiver under Title IV-E of the Social Security Act was authorized by the Administration for Children and Families (ACF), U.S. Department of Health and Human Services and included all children under the age of 18 who were receiving services at the start of project implementation, and all families who entered the child welfare system with an allegation of maltreatment after October 1, 2006. The project was designed to determine whether increased flexibility of Title IV-E funding would support changes in the state's service delivery system, maintain cost neutrality to the federal government, and most importantly, maintain child safety as well as improving permanency and well-being outcomes for children and their families being served within the state's child welfare system.

Purpose and Specific Aims of the IV-E Waiver Evaluation

The Florida Department of Children and Families (the Department) contracted with the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida (USF) to evaluate Florida's statewide IV-E Waiver demonstration project[1]. The purpose of the evaluation was to examine whether an expanded array of community-based services available via the flexible use of Title IV-E funds would reduce the number of children in out-of-home care, expedite permanency through reunification, adoption or permanent guardianship, maintain child safety, increase child well-being, and reduce administrative costs associated with providing child welfare services. This Topical Paper summarizes the perceptions of stakeholders, parents, case managers and leaders in Florida about the strategies that were used to strengthen family engagement during the Waiver period.

Family Vignette[2]

I am a mom that was seeking help for my daughter. She was acting out after my divorce from my ex-husband who had continued to abuse prescription drugs and alcohol. I was very concerned that she was going to run away so I called DCF and told the lady that "I needed some help." The lady gave me a number to an intervention program where a counselor would come to my house. I said I would take any kind of help they had to offer and that is why I signed up. They sent someone over to my house to try to get an idea of what services were needed for my family and that is when we started the program.

I was so relieved when someone came to help, "because I didn't know where to turn." I didn't know about the program or anything else and after I explained the situation that I was

[1] Florida's IV-E Waiver Evaluation Reports are available online at http://centerforchildwelfare.fmhi.usf.edu/kb/LegislativeMandatedRpts/Forms/AllItems.aspx

[2] This vignette is based on an actual case though changes were made in the narrative to protect the privacy and confidentiality of the respondent.

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raising the children by myself, working full-time, getting their meals, counseling, and dealing with the divorce, that is when we started planning for the services for my family.

Our service plan was all about my family. The facilitator would sit down with all of us and ask "what would make you happy?" and "life would be better if" questions. She would go around the room and each one of us would give answers. She assisted us with addressing our goals, then we wrote them down and every two weeks we would sit down and have a family meeting and we would go around the room and the facilitator would ask "how is this working?" For example, the kids had mentors that came and got them and spent time with them once a week and that would give me a break, too. We would discuss how that was working and if something didn't work we would take it out of the plan.

Everyone who was providing services worked together like a team toward a common goal for the family. At one of the family meetings, they asked me if I would like to have someone come and help me with meals and I said yes, because we had been eating a lot of pre-prepared food. The kids' mentors were very helpful and another lady helped with keeping the house clean and organized. They also helped me out at Christmas, which was unexpected, but an "incredible blessing."

After the services were completed, I contacted the director of the program to say what "a blessing it was to receive the services that we did and how much of a difference it really made in our family."

This story is one parent's perspective of what family engagement with child welfare professionals in the child welfare system can look like. This parent received the assistance that she was seeking when her family was going through a difficult time in their lives. Her response to the services and supports was positive because of the collaborative partnership between the parent and the service provider. The stigma that has been associated with families who are involved in the child welfare system is being addressed through new efforts, strategies and collaborative partnerships that focus on better outcomes for the child and the family (Altman, 2007, American Academy of Child & Adolescent Psychiatry, 2002; Palmer, Maiter, & Shehenaz, 2005).

Throughout the IV-E Waiver period, strong efforts were identified by the evaluation team to engage families in service planning including encouragement to attend court hearings, case conferences and supervised visitation programs. There was a general acknowledgement that building rapport with parents was important in order to engage them in assessment. Specific strategies described by case managers in focus groups to engage parents included explaining their role to parents (e.g., helping parents obtain services and reunify the family), asking parents why they were involved in the child welfare system and what they need to address, explaining the process that parents will experience, and focusing on the needs of the child first before moving to services that parents need.

Early Engagement

"Collaboration and partnership at the early stages of investigation to move forward with service delivery; I think that is key." (Quote from case manager)

Case managers who participated in focus groups associated a child's length of stay with the timing of family engagement. The earlier the family is engaged, the sooner they can begin their case plan, which may contribute to a shorter length of stay for children in care. Several agencies described strategies to engage families from the very beginning of their involvement with child welfare at formal meetings such as the Early Services Intervention, the meeting where a child protection unit hands a case over to a child welfare case management agency. The belief is that having parents, investigators, and case managers at the table helps delineate the different roles of investigator vs. case manager such that case managers can be seen not as the "bad guy," but rather as the entity that was brought in to help the family. Other strategies include inviting parents to case planning meetings and ensuring that representatives from community agencies that offer supports and services such as domestic violence and substance abuse also attend.

Lead agencies also reported an increased availability of services and practices to engage and support relative and non-relative caregivers including designating case management positions as relative caregiver specialists, facilitating support and educational groups and training, and an increased use of flex funds to meet temporary needs. Many agencies indicated that they have expanded the capacity of educational and support services to improve the accessibility of services for caregivers. One example is a program to assist relative and non-relative caregivers within the first 30 days of a child being placed into their home. The services that are offered include an orientation for all new caregivers, community resource information, and assistance in completing forms related to receiving services for the child in their care such as relative caregiver funds, temporary cash assistance, and Medicaid. The program also produces a monthly newsletter with information that is pertinent to relative caregivers.

By the fourth year of the Waiver many lead agencies had increased or initiated new efforts to serve families before they

became involved with the dependency system. The belief was that this trend resulted in stronger family engagement because families viewed it as a voluntary and self-directed process. In addition, these activities reportedly reduced the feelings of negativity, helplessness, and hopelessness among families, protective investigators, and child welfare case managers. For example, with the reduction in the number of children entering the dependency system, one case management organization developed family engagement teams that implemented family finding and did intensive work on family engagement for a 90-day period when families initially entered the dependency system. Case managers reported that with the reduction in caseloads they have more time to engage with families around the substantive issues that need to be addressed. In addition, case managers were able to reach out and engage informal supports, "different people that the parents know and are closer to and you utilize them to help them."

Case managers participating in focus groups in the fifth year of the Waiver noted that a crucial component of family engagement is being able to spend time with parents, especially at the beginning of a case when they are trying to develop relationships. Primary engagement strategies that they identified included open, honest, and frequent communication, allowing parents to express their anger, and guiding them toward a problem-solving framework.

Decision Maker Role

One theme that emerged in stakeholder interviews is the shift that was occurring about values, one of which is a fundamental premise that families make up communities, and that children belong to these families. One respondent commented that this belief was a counterbalance to the power control issues of staff who want to tell the family what they need, rather than bringing the family to the table and asking, how can we help you? "They know what they need. They know how to keep us out of their lives forever. These children are not wards of the state. These children belong to these families and so we are giving that power back to the families."

Some agencies used different approaches to soliciting family feedback on their service system. For example, as new services were considered and implemented, parents and youth were included on the planning and design teams. Some agencies have youth boards that are active around issues related to independent living. Agencies reported linking these groups to state and national affiliates for increased support and advocacy development. "We have a couple of kids who offer as much feedback as the business guy who sits there in his fancy suit and will be as helpful to as anybody, so I think it is critical."

During the fourth year of the Waiver, interviews were conducted with parents to gather their perceptions about participation in assessment and case planning. Most parents stated that the identification of family and child needs and case planning were done in a collaborative manner. Parents recalled having conversations with case managers about their circumstances, completing "life would be better if" questions, and being asked what they believed they needed to address child and family issues. Most parents stated that the service plans were created based on these discussions. These parent perceptions were similar to feedback reported by case managers during focus groups. However, one parent whose child was placed in out-of-home care described a different experience related to making decision about services stating, "We were told, we were not asked."

Case managers who participated in focus groups noted the importance of spending more time with parents prior to reunification in order to offer more support and communication and to serve as a check on whether the conditions that prompted the child's removal had changed. "Once the kid is taken into care we are very, very good at going out and making monthly contact with the child, but we are not nearly as good at going out and making contact with the parent unless the parent happens to be on a visit with the child and we kill two birds with one stone, but we don't go to the parent's home, which is where we are going to put that child back, and we miss that assessment piece."

Family Team Conferencing – Case Planning Conferences

As illustrated by the vignette case, planning meetings are an opportunity to communicate respect and build rapport with parents. By the end of the fourth year of the Waiver, 14 of the 20 lead agencies reported using Family Team Conferences (FTC) in at least one area. The models in use included Family Group Decision Making developed by the American Humane Association (1997), the FTC model developed by the Child Welfare Policy and Practice Group (CWPPG, 2001), and wraparound models that include the primary components of family team conferencing. While there are differences in the models they are all based on the principle of increasing family involvement in planning and decision making. Family Group Decision Making was developed initially to encompass family group conferencing, a practice first used in New Zealand to respect Maori culture, and the Oregon Family Unity Model (Nice & Graber, 1999). The CWPPG model is based on the Community Partnership Family Team approach developed in Alabama's child welfare system.

According to the Community-Based Care leadership who responded to surveys from the evaluation team, these models were used at various points in a child welfare case including during the child protection investigation, after transfer from investigation to services, prior to reunification, and as a strategy to prevent a child from entering out-of-home care. The majority of lead agencies reported that families receiving voluntary protective services, in-home services and out-of-home care were eligible to be referred for FTC, and all agencies reported that families identified for reunification could be referred. Seven agencies noted placement moves as a transition point when a family team conference would be recommended.

Most lead agencies indicated that the family ultimately decides who they want to attend the conference; regular invitees include parents, children and siblings, case managers, supervisors, service providers, family and non-family supports, the Guardian ad Litem, and school staff. The typical process for assuring meaningful participation includes the FTC coordinator conducting a pre-conference meeting with the parent to complete an initial assessment and determine with the parent who should be invited. The coordinator also discusses with the parent any barriers to attendance such as transportation, meeting time, location and problematic family dynamics between invitees.

Challenges to engaging families in FTC and case planning reportedly included parents who change addresses frequently and are difficult to contact, meetings being scheduled during times that are difficult for working parents to attend, parents who need to work and thus may not be available for meetings, parents with their own challenges (e.g. mental health, substance abuse, domestic violence) that impact their ability to be engaged, and lawyers who advise parents not to participate for fear of saying something that will hurt their case. Case manager barriers were also noted such as high turnover, their age and lack of parenting experience: "Case managers are often afraid to talk to people directly in a way that is professional and non-confrontational about the sad realities of what they are facing." Another identified barrier is the need to change community perceptions to focus on a parent's strengths and potential. Noted successes of FTC include reconnecting family members, assisting families with reunification, increasing visitation with parents and children, and having families create their own strength-based plans. In addition, the process itself reportedly has helped to improve community perception and buy-in in some communities.

Barriers to Family Engagement

Stakeholders, including parents and case managers, identified several challenges to family engagement. One barrier noted is language differences, and these differences are important both during the investigation and case plan development and implementation. If a parent is not a native English speaker, she/he may not understand the language spoken by service providers and may not understand what she/he has agreed to. Even if a service provider speaks Creole, there is no guarantee the parents will understand (and be able to benefit from) available services because there are numerous Creole dialects spoken in some communities.

Another identified barrier is the limited time of case management staff and inadequate transportation resources. If parents need to travel outside of their community in order to receive services in their native language or dialect, transportation can be a challenge.

In an effort to address these barriers, one agency expanded the use of family support workers to assist with a family's transportation needs related to participation in services.

Another noted barrier is issues related to engaging families who are receiving in-home services. Although these families typically have fewer needs, the risk can be high because the child is living with them and family challenges are still being addressed. The case manager depends on family disclosure about problems, but parents may be cautious due to fear that the child will be removed. One interviewee described this relationship as "more of a dance" because of the always present issue of power inequity.

A final challenge is to improve the documented efforts of case managers in engaging families to achieve their permanency goals. Data from the Florida quality of practice standards reveal significant improvement over time in case manager efforts to engage mothers and fathers by addressing any identified barriers that may preclude their involvement in services. However, there remains a need for further improvement, especially for engaging fathers.

Florida Quality of Practice Data Related to Engaging Parents in Services by State Fiscal Year

Quality of Practice Standard Number and Description	Percent of Cases Achieving the Standard		
	SFY 08-09	SFY 09-10	SFY 10-11
51.0 Engaging Child's Mother*	68.2	72.7	76.6
53.0 Engaging Child's Father*	52.9	58.2	59.8

*$p < .05$

Recommendations

The following recommendations about family engagement are from parents who were interviewed during the Waiver evaluation:

1. Ensure parents get the services that they request for their families rather than services that are available that they did not request and are not helpful.
2. Provide assistance to families when they ask for it; do not wait until "something" has happened.
3. Listen to parents and ask them what they think they may need for their family.
4. When a parent misses an appointment for services or a court hearing, follow-up, ask why, and offer supports the parent needs.
5. If a parent says that they need help managing their child's behaviors, offer the appropriate services (e.g., training and skills development).

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