



*Technical Assistance Bulletin*

Volume V

No. 3, November 2001

The Miami Model Court  
Family Decision-Making Conference Program:  
Evaluation Results

/

192705

MANENCY PLANNING FOR CHILDREN DEPARTMENT



NATIONAL COUNCIL OF  
JUVENILE AND FAMILY COURT JUDGES

---

*Technical Assistance Bulletin* is a publication of the Permanency Planning for Children Department of the National Council of Juvenile and Family Court Judges. This document was supported by Grant No. 96-CT-NX-0001 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice or the National Council of Juvenile and Family Court Judges.

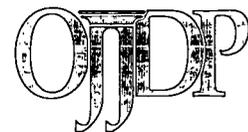
Reproduction of this publication for educational purposes and information purposes is encouraged. Reproduction of any part of the publication must include the following copyright notice and attribution to: *"The Miami Model Court Family Decision-Making Conference Program: Evaluation Results,"* published by the National Council of Juvenile and Family Court Judges, Reno, Nevada.

©2001 by the National Council of Juvenile and Family Court Judges.  
All rights reserved.



NATIONAL COUNCIL OF  
JUVENILE AND FAMILY COURT JUDGES

P. O. Box 8970, Reno, Nevada 89507  
(775) 784-6012  
Fax: (775) 327-5306



Office of Juvenile Justice and  
Delinquency Prevention

U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
*Office of Juvenile Justice and  
Delinquency Prevention*

192705

# The Miami Model Court Family Decision-Making Conference Program: Evaluation Results

Research Conducted and Report Authored by:

Sophia I. Gatowski, Ph.D.  
Senior Research Specialist

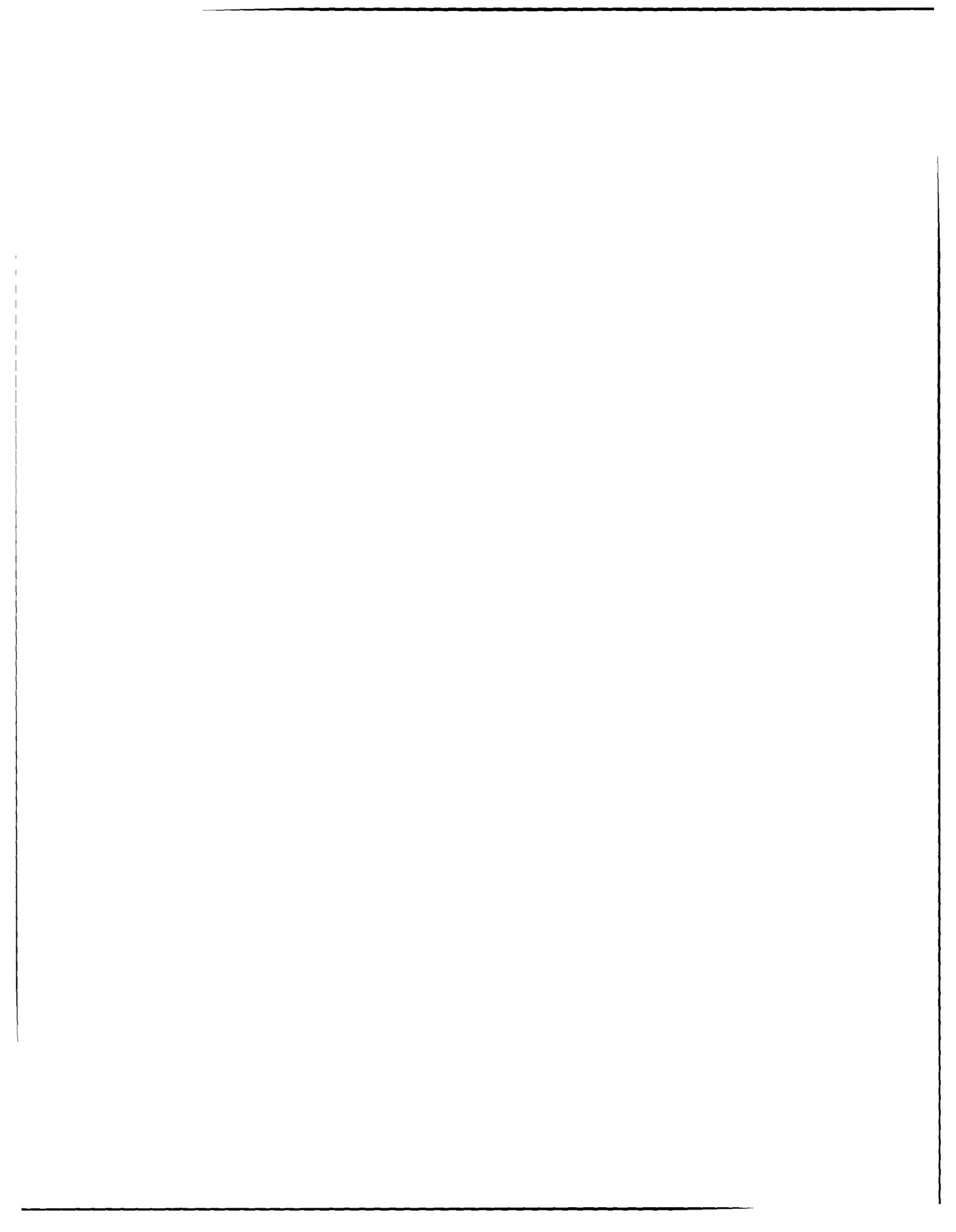
Shirley A. Dobbin, Ph.D.  
Senior Research Specialist

Melissa Litchfield  
Research Specialist

*Technical Assistance Bulletin* is a publication of the Permanency Planning for Children Department of the National Council of Juvenile and Family Court Judges. This evaluation was supported by a grant from the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, which provides funding for the provision of technical assistance to courts participating in the Victims Act Model Court Project of the National Council of Juvenile and Family Court Judges.

**DAVID B. MITCHELL**  
Executive Director  
National Council of  
Juvenile and Family Court Judges

**MARY V. MENTABERRY**  
Director  
Permanency Planning  
for Children Department



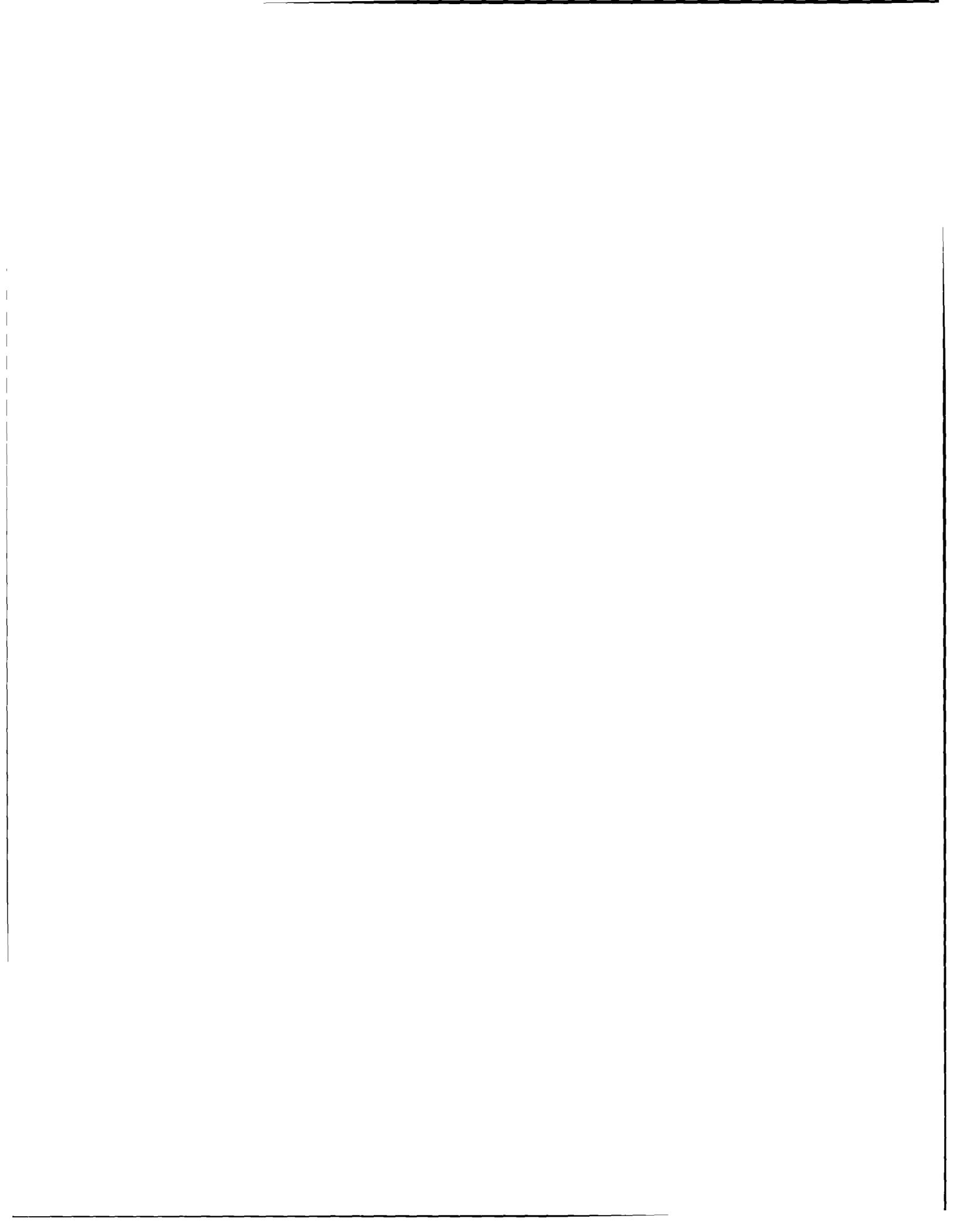
### *Acknowledgments*

The evaluation project staff would like to express our appreciation to the many individuals without whom this study would not have been possible. Cheryl Polite-Eaford and Sylvia Williams of the Florida Department of Children and Families (DCF) have tirelessly shared their knowledge and expertise regarding family decision-making conferences, DCF procedures, and child welfare practices in general. The evaluation was also aided greatly by Sharon Olsen Abrams, Administrative Office of the Courts, and Judge Steven D. Robinson, Lead Judge of the Miami Model Court, who have been invaluable sources of information. Early on, this group of individuals educated evaluation staff about the philosophy and practice of family decision-making conferences in the Miami Model Court. They also played an important role in the design of the evaluation instruments, providing input regarding what type of information would be most useful to the Miami Model Court, and provided practical advice regarding data collection. These individuals were critical to the initial development and planning of this evaluation.

The evaluation team also gratefully acknowledges all of the individuals associated with the Miami Model Court, whose discussions with us were extremely informative. We are also extremely grateful for the data collection coordination efforts of Cheryl Polite-Eaford who diligently collected conference exit surveys, Sharon Olsen Abrams for her considerable insight regarding court processes and data analysis, and Donna Lowery for her work in organizing the case file review process. Special thanks are also due to Judge Cindy S. Lederman, Presiding Administrative Judge of the Miami-Dade Juvenile Court, for her consistent support of this research effort.

Finally, we would like to acknowledge the many family group conference participants who provided significant feedback about the conference process and graciously completed our many surveys. The time they took to write helpful comments about their experiences was very much appreciated.

With the help of so many individuals who participated in our evaluation efforts, we were better able to understand the Model Court's process and the family decision-making conference program. We hope this report will be useful to the Model Court as it continues its efforts to improve the lives of the children and families who come before it. In addition, we hope this report will be helpful to other jurisdictions within Florida and around the country as they look to the Miami Model Court's program when considering innovative approaches to improving their own handling of child abuse and neglect cases.



## TABLE OF CONTENTS

	<u>Page</u>
EXECUTIVE SUMMARY	5
An Overview of Evaluation Objectives and Design	5
Summary of Major Findings and Recommendations by Program Goal	6
Predictors of Program Success	10
Conclusion	11
 INTRODUCTION	 13
The Miami Model Court and the FDMC Program	14
The National Model Court Project	14
The Miami Model Court	16
FDMC Program Staffing	17
Miami Model Court FDMC Program Goals	18
Organization of Evaluation Report	18
 EVALUATION METHODOLOGY	 20
Evaluation Objectives	20
Brief Review of Research Design	20
Phase I: Process Evaluation	20
Phase II: Immediate Outcome Evaluation	21
Phase III: Outcome Evaluation	23
Sampling Procedures	24
Instrumentation	24
Participant Feedback Forms	24
Case File Review Forms	25
Data Analysis	25
 PROCESS EVALUATION RESULTS	 26
Characteristics of the Abuse and Neglect Cases in the Evaluation Sample	26
Miami Model Court FDMC Program	28
Stages in the Miami FDMC Process	30
Stage 1: Pre-Conference Tasks	31
Selection and Recruitment Processes	31
Stage 2: Preparation for the Conference	33
Participant Notification of FDM Conference	34
Understanding of Purpose of FDM Conference	35
Reasons for Participation in FDM Conference	38
Level of Preparedness for FDM Conference	39
Pre-Conference Help/Services Provided	41
Stage 3: Family Decision-Making Conference	43
FDM Conference Participants	45
Development of a Plan	47
Facilitator Effectiveness	48
Utility of Private Family Time	51
Stage 4: Post Conference Tasks	52

OUTCOME EVALUATION RESULTS	54
Achieving Permanency Within the Family System	54
Services Provided	57
Case Processing Time Frames	58
Satisfaction with the Conference Process	59
Satisfaction with Conference Outcome	62
Empowerment of Family as Decision-Makers	65
Perceptions of Group Value	65
An Opportunity for Voice	70
Safety	73
Changing Relationship Between Family and DCF Counselor	73
Predictors of Program Success	75
Factors Predicting Success of FDM Conference for Parents	75
Factors Predicting Success of FDM Conference for Family Members	77
Factors Predicting Success of FDM Conference for Professionals/ Providers	78
PROGRAM GOAL ACHIEVEMENT	79
Findings by Goals	79
Predictors of Program Success	88
APPENDICES	
A: Case File Review Form	
B: Participant Feedback Forms	

**The Miami Model Court Family Decision-Making Conference Program:  
Evaluation Results**

**EXECUTIVE SUMMARY**

Family decision-making conference (FDMC) programs hold the potential to be useful tools in civil child abuse and neglect cases because participants become more engaged in the process and more information is typically shared. Family conferences are family-focused interventions designed to build and strengthen the natural care giving system for the child. Under this model, family members and support persons identified by the family, as well as child welfare system caseworkers or counselors and other service providers, meet together to discuss the case and reach agreement on a plan regarding the care and safety of the child(ren).

Family decision-making conferencing was first introduced in the Miami-Dade Juvenile Court July 24, 1998. Today, this innovative practice has become a major reform initiative of the Miami Model Court project. The Miami Model Court project is implemented in one of the three dependency divisions of the Juvenile Court, where during the first 60-90 days of a case designated child welfare staff with reduced caseloads work to provide “family decision-making conferences” to those families who volunteer to participate. During the inception of the project, cases were selected for Model Court based on criteria that excluded more “severe” cases. As project staff gained experience in applying the model, cases with a wider range of issues and severity were included in the project selection criteria. The Model Court is now working with most types of cases and excludes only sexual abuse cases in which a parent is not supportive of the child, and egregious abuse cases.

**An Overview of Evaluation Objectives and Design**

In the Fall of 1999, the Miami Model Court sought technical assistance from research staff of the Permanency Planning for Children Department (PPCD) of the National Council of Juvenile and Family Court Judges (NCJFCJ) for an evaluation of its family decision-making conference program. The evaluation designed was intended to deepen the Miami Model Court’s understanding of the

process and outcomes associated with its implementation of family decision-making conferences. The evaluation is exploratory in the sense that it does *not* include a comparison study of cases not receiving a family conference intervention, as this was beyond the scope of available funding for evaluation. Nevertheless, the evaluation does provide an in-depth analysis of a representative sample of cases receiving a family conference as part of the Miami Model Court project. The methods of data collection employed in this evaluation include interviews with key program stakeholders, exit surveys of conference participants (professionals and family members), and an archival case file review of cases receiving a family conference.

This evaluation report presents findings based on data collected from a sample of 87 family decision-making conferences (including 157 exit surveys of conference participants) held between 1999 and 2000. Emphasis has been placed on presenting information that will be useful for systems professionals and policy makers. This includes details about the operation and goals of the program, the various perspectives of participants regarding the dynamics of the decision-making conferences, particularly the involvement of the family in developing the plan, and important factors affecting those dynamics. An analysis of the impact family group decision-making conferences are having on case processing is also presented (i.e., time frames and plan quality).

#### **Summary of Major Findings and Recommendations by Program Goal**

Major findings relevant to each FDMC program goal are listed below. Where appropriate, recommendations for continuing and improving the Miami Model Court's family decision-making conference program, based on the major findings contained in the body of this report are also listed.

<b>GOAL:</b>	<i>To assist families with identifying strengths and to resolve their own problems.</i>
--------------	---

FINDING: Results of the evaluation demonstrate that FDM Conferences are assisting families with identifying strengths and resolving problems.

GOAL: <i>To identify appropriate resources within the family and the community.</i>
---

FINDING: The FDMC program has successfully mobilized family and community resources.

FINDING: Although successful at mobilizing family members as resources, almost half of the participants indicated that someone that should have been included was missing from the conference.

◦ Recommendations:

- There needs to be greater attention to the preparation of parents and family members and their understanding of the purpose of the conference, so that people who need to be at the conference are invited and able to attend.
- Consider what steps can be taken to ensure that all appropriate family members, extended family members, and appropriate community members are invited to participate in the FDM Conference. Special attention should be paid to the inclusion of non-relative support people. Consider ways in which barriers to attendance might be addressed.
- Future evaluation efforts should investigate whether or not the family conference process resulted in parent's increased compliance with the service plan, and whether or not recommended services were received by parents in a timely manner.
- The Department of Children and Families (DCF) should consider ways to maintain DCF counselor continuity post-Miami Model Court Unit involvement and minimize the reassignment of cases between counselors, in order to support monitoring and oversight over the resources mobilized.

**GOAL:** *To facilitate the development of early, appropriate and comprehensive service plans that serve to protect the safety and best interests of the child.*

**FINDING:** Plans developed as a result of FDM Conferences were not only early, but also appropriate and relatively comprehensive.

**GOAL:** *To provide an efficient process for resolving cases in a timely manner.*

**FINDING:** Although the FDMC program appears to be running relatively efficiently and resolving cases in a timely manner, a number of areas of the pre-conference planning process need improvement (e.g., identification and involvement of family members, clear articulation of conference purpose and goals).

**FINDING:** The FDMC program appears to be adequately providing necessary pre-conference services.

**FINDING:** FDM Conference participants report that conference facilitators are knowledgeable and effective.

◦ Recommendations

- More time needs to be spent pre-conference ensuring that all participants, especially parents and family members, understand the purpose of the FDMC before attending the conference.
- Ensure that the goals of FDMC are narrowly focused, manageable, and realistic. FDMC goals should be directly tied to the development of a service plan, child safety, and permanency. Time should be taken to ensure that goals are clearly articulated and understood by all participants prior to the conference taking place.
- Consider steps that might be taken to more fully inform family members – especially extended family, family friends, and community members – about the purpose and goals of a conference.

GOAL: *To empower parents and family members as decision-makers.*

FINDING: The FDMC program successfully empowers parents and family members as decision-makers.

GOAL: *To increase participants' satisfaction with the child protective process and outcomes.*

FINDING: Participants are generally very satisfied with the FDM process and outcomes.

◦ Recommendations:

- Continue to survey family members and other conference participants about the family group decision-making conference to give them a voice in the process.
- Hold regular meetings for systems professionals to discuss their concerns and questions. These meetings will encourage continuous reflection on the operation and outcomes associated with the program, and continue to foster a sense of community and purpose.

GOAL: *To improve relationships between DCF counselors, the court, and families.*

FINDING: The FDMC program has improved the relationships between DCF counselors, the court, and families.

GOAL: *To reduce the amount of time that children spend waiting for permanency.\**

\* Findings related to this goal are limited by the design of the study, as available resources for evaluation did not permit collection and analysis of a comparison sample of data.

FINDING: 53% of the children in the sample were returned home within 6 months following the conference.

FINDING: Of those children who did not return home within 6 months following the conference, 92% are in a stable placement with no placement moves.

FINDING: Of those children who do not return home within 6 months following the conference, 72% are in relative placements.

- Recommendations:
  - Future evaluation efforts should compare time to permanency in the FDMC sample with a sample of similar cases that did not receive a FDMC.
  - Because this evaluation is limited to the initial stages of a family's court involvement (i.e., the front-end of a case), it does not address long-term permanency goals. Future research should obtain longitudinal data regarding permanency outcomes.
  - Future evaluation efforts are needed to examine if the number and length of trials in a case are reduced as a result of family conferencing and/or the need for additional hearings eliminated.

### **Predictors of Program Success**

In order to determine which programmatic features are most predictive of program success, a logistic regression analysis was run on key program features and their relationship to outcomes. Only those programmatic and process variables that were *statistically* significant predictors of successful outcomes are reported below.

Those factors predicting the success of a FDM Conference for *parents* were:

- Parents' perceptions of group value – the extent to which parents were involved in planning the FDMC, the degree to which parents felt sufficiently prepared for the FDMC, and parents' perception of whether or not others treated them with respect.
- Parents' perceptions of the opportunity for voice.
- Parents' perceptions of whether or not they were part of the solutions being generated.

Those factors predicting the success of a FDM Conference for *family members and friends* were:

- Family member perceptions of group value – that is, the extent to which family members and friends were involved in planning the FDMC, the degree to which family members and friends felt sufficiently prepared for FDMC, and the family members' and friends' perception of the degree to which other conference participants treated them with respect.
- Family members' and friends' perceived opportunity for voice.
- Perceptions of facilitator effectiveness.

Those factors predicting the success of a FDM Conference for *professionals/providers* were:

- A clear understanding of the purpose of the FDM Conference.
- Perceived opportunity of voice.
- Perceptions of facilitator effectiveness.

## **Conclusion**

The results of this evaluation indicate that family decision-making conferences have become an accepted and valued tool for empowering families and resolving cases more quickly within the Miami Model Court. Virtually all participants expressed satisfaction with their experience of the program, and stated that it should continue as an option for child abuse and neglect cases. Based on this evaluation, the Miami Model Court's family decision-making conferencing program has met many of its goals, including:

- Facilitating the development of early, comprehensive service plans;
- Facilitating a more in-depth exchange of information about the family;
- Increasing parent and participant satisfaction with the court process;
- Empowering families as decision-makers;
- Improving relationships between DCF and the families they serve; and
- Reducing the amount of time children spend waiting for permanency.

Areas in which the program can improve:

- Better preparation of conference participants regarding goals and purpose of conference;

- Better preparation of family members regarding whom they would like to invite to the conference;
- Developing formal protocols for conferencing cases involving safety issues (e.g., domestic violence);
- Better post-conference follow-up with extended family members and non-relative supports;
- Consideration of function and utility of private family time; and
- DCF should consider ways to maintain DCF counselor continuity post-Miami Model Court Unit involvement and minimize the reassignment of cases to other units and counselors, in order to expand and institutionalize program successes.

While it is too early to determine if family conferences have provided a more expeditious process than traditional child welfare and court procedures over the *long-term*, this evaluation reveals some clear indications of its potential to achieve this goal. Future evaluation efforts, particularly those with comparison sample data and a longitudinal design, are needed to adequately address all of the goals set for the Miami Model Court family group decision-making conference program.

**The Miami Model Court Family Decision-Making Conference Program:  
An Overview**

**INTRODUCTION**

“Family group decision-making” (FDMC) or “family group conferencing” has developed as a reform effort aimed at balancing the safety of children with the integrity of the family and as a means of building partnerships among the family, the court, the social service agency, service providers, and community resources. FDMC establishes a process for families to develop a plan to ensure that children are cared for safely and protected from future harm in ways that empower the family and utilize community supports. Through the FDMC process, families enter a partnership with the child welfare agency and court, and together they work to recognize and articulate family strengths and to develop a plan that protects and nurtures their children from enduring further child abuse and/or neglect. Participants in a FDM Conference include individuals who can protect the child, care for the child, supervise the implementation of service plans, support the family in caring for the child, maintain contact with the child and family members, and those who have a personal relationship and connection with the child (e.g., foster parents, siblings, extended family members, teachers, clergy, and community resource people). In its explicit recognition that families have the most information about themselves and are therefore in the best position to make well-informed decisions about service needs, and in its recognition that individuals find security, a sense of belonging and self-identity within their families and communities, FDMC is, at its core, a family-centered, family strengths-oriented, community-based, and culturally competent process.

Regardless of the specific model implemented, FDMC generally involves four phases:

- I. The referral to hold a FDM Conference (i.e., the social worker who investigates and assesses a case of child abuse and neglect refers the case to the conference coordinator who then decides whether or not a FDM Conference is appropriate);
- II. Preparation and planning for a FDM Conference (i.e., time is spent prior to the conference ensuring that all participants understand the process and goals of the conference, what is meant by “family,” the importance of focusing on and ensuring

- the safety of the child, and on the organizational logistics of the conference - location, transportation, refreshments, etc.);
- III. The family conference (i.e., discussion among family members, friends, and professionals about family strengths, concerns on the part of professionals with respect to the safety of the child(ren), possible service options and alternatives, and, ultimately, the development of a safety plan – the extent to which professionals are involved in the various stages of the process, and the particular order and focus of the discussion varies somewhat across FDMC models); and
  - IV. The follow-up to the family conference (i.e., writing and distributing the plan, delivering services, reviewing and monitoring the decisions, and reviewing case progress and case plan compliance).

FDMC offers a nontraditional response to families in crisis that may result in an increase in the involvement of extended family members; an increase in the number of foster care children placed with kin; an increase in community involvement and support systems; the empowerment of parent(s)/family members as decision-makers; an increase in case plan compliance; a decrease in the number of court hearings; and a decrease in the length of time necessary to achieve a safe, permanent home for abused and neglected children. It has also been suggested that FDMC programs serve to enhance the oversight role of the court and the accountability of the court, the social service agency, community providers, and family members.

### **The Miami Model Court and the FDMC Program <sup>1</sup>**

#### ***The National Model Court Project***

One of the National Council of Juvenile and Family Court Judges (NCJFCJ) Permanency Planning for Children Department's (PPCD) many initiatives is the nationally recognized Child Victims Act

---

<sup>1</sup> A more detailed description of the Miami Model Court FDMC program is contained within the process evaluation section of this report. All information regarding the FDMC program was gathered through review of program documents, procedures, and protocols, and through discussions with Miami Model Court staff.

Model Courts Project (VAMC), funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. This “Model Courts” project involves a total 23 model courts, representing urban, rural, and tribal jurisdictions. Each of these jurisdictions are engaged in systems change efforts and are working collaboratively with social service agencies and other system professionals to achieve improvement goals. The VAMC project seeks to improve court processing of child abuse and neglect cases by producing replicable innovations in “Model Courts.” Working closely with the PPCD and with each other, and drawing on the best practice principles of the *RESOURCE GUIDELINES*<sup>2</sup> and *ADOPTION AND PERMANENCY GUIDELINES*<sup>3</sup>, the Model Courts are continually assessing their child abuse and neglect case processing, focusing on barriers to timely permanency, developing and instituting plans for court improvement, and working collaboratively to effect systems change. Each of the Model Courts is committed to taking a “hard look” at how its court process is working in everyday practice; how well the court is meeting federal and statutory requirements; how well social service agencies are meeting clients’ needs; and how well the child protection system as a whole is meeting the needs of the children and families it serves.

It is important to underscore the meaning of the term “model” within the Child Victims Model Courts Project. The use of the term “model” is not meant to infer that the Model Courts have achieved ideal practice or created perfect systems. Rather, the Model Courts serve as *models for facilitating systems change*. Each court engages in self-assessment and chooses jurisdiction-specific goals to improve its practice in child abuse and neglect cases. Each is using unique, individualized methods of collaboration with related child welfare agencies and community groups. Each Model Court is a source of untold information about how to begin, engage, and institutionalize needed systems change.

---

<sup>2</sup> *RESOURCE GUIDELINES: Improving Court Practice in Child Abuse & Neglect Cases* (1995). National Council of Juvenile and Family Court Judges.

<sup>3</sup> *ADOPTION AND PERMANENCY GUIDELINES: Improving Court Practice in Child Abuse & Neglect Cases* (2000). National Council of Juvenile and Family Court Judges.

### ***The Miami Model Court***

The Miami Model Court implemented a family decision-making conference program July 24, 1998. The intent of this implementation was to use family conferencing as one mechanism to engage all necessary parties in early action in cases. The current program is a true collaboration between Judge Steven D. Robinson's Division of the Miami-Dade Juvenile Court and the Department of Children and Families (DCF). At present, family decision-making conferences are offered only in the Model Court division of the Juvenile Court – a number of innovative initiatives are underway in each of the other judicial divisions of the Juvenile Court of Miami (e.g., a dependency court intervention program for family violence, an urban girls project, and a dependency drug court to name but a few).

In the Miami Model Court, during the first 60-90 days of a case, designated child welfare staff with reduced caseloads (10 families per counselor) and specialized training work with families who volunteer to participate. Extensive efforts are made to identify and involve

*Unique Practice:* Under the Miami model, families brought into the court system are informed about the availability of the model court program (i.e., family decision-making conferencing). Unlike many other jurisdictions that use family conferencing, the Miami Model Court is directly involved in the case referral process.

individuals who can be part of the support system for the children as well as professionals who can provide information or services needed by the family. Families meeting program referral criteria, also participate in a family decision-making conference aimed at providing everyone an opportunity to express their concerns regarding the safety and care of the child. Development of a plan for addressing the issues that brought the family to the attention of the child welfare system is the primary goal of a family decision-making conference. Participants in family conferences include all parties necessary for effective decision-making with respect to the family.

During the inception of the project, cases were selected for Model Court based on criteria that focused only on neglect and excluded “more severe” cases. Experience with implementing

*Unique Challenge:* Facilitators must be especially skilled in working with a variety of cultures and ethnic groups, reflecting Miami's diverse community.

the conference program, however, led to the expansion of selection criteria to include a wide range

of issues and severity of cases. The project now works with most types of cases and excludes only sexual abuse cases in which a parent is not supportive of the child, and egregious abuse cases.

**FDMC Program Staffing**

Prior to the implementation of the FDMC process, the Model Court unit was staffed by one supervisor and 5-8 Family Services Counselors. During the pilot phase of the FDMC program, staffing included one supervisor (5 turnovers), three FDMC Family Services Counselors/Protective Services (7 turnovers), six Family Services Counselors/Protective Investigation, one Secretary Specialist (2 turnovers), one Clerk Typist, one Family Support Worker, and one FDMC Coordinator (3 turnovers in 6 months). The FDMC program is currently staffed by one Supervisor/Facilitator, four FDMC Family Services Counselors serving as facilitators and co-facilitators, three Drug Court Family Services Counselors, one Secretary Specialist, and one FDMC Coordinator who also serves as the Lead Facilitator and Trainer.

<b>Family Services Counselor Caseloads</b>			
	<b>Prior to FDMC (Before 7/98)</b>	<b>FDMC Pilot</b>	<b>FDMC Present</b>
<b>Caseload per Family Services Counselor</b>	less than 20 Families less than 40 Children	10 Families 40+ Children	10+ Families less than 40 Children
<b>Caseload per Geographical Boundaries</b>	Distributed according to the unit specialty (Medically Needy, Adoption, Adolescent /Independent Living, Early Service, Residential Mental Health, etc.)  Distributed according to zip codes	North County line to South County line	Broward/Dade County line to Dade/Monroe County line

### **Miami Model Court FDMC Program Goals**

The goals of the Miami Model Court's family group decision-making conference (FDMC) program are set forth in a variety of the program's materials. They are:

- To assist families with identifying strengths and to resolve their own problems;
- To identify appropriate resources within the family and the community;
- To facilitate the development of early, appropriate and comprehensive service plans that serve to protect the safety and best interests of the child;
- To provide an efficient process for resolving cases in a timely manner;
- To empower family members as decision-makers;
- To increase participants' satisfaction with the child protective process and outcomes;
- To improve relationships between DCF counselors, the court, and families; and
- To reduce the amount of time that children spend waiting for permanency.

### ***Organization of Evaluation Report***

This report is presented in three parts:

- I. An overview of the evaluation methodology, including the evaluation design, sampling strategy, and instrumentation;
- II. A summary of evaluation results, including both *process* components (e.g., detailed description of the program; characteristics of the child abuse and neglect cases referred for conferencing; pre-conference attitudes; assessment of stages of conference process and facilitator effectiveness) and *outcome* components of the evaluation (e.g., adequate and sustainable plan generated; whether family support was mobilized; empowerment of family as decision-makers; satisfaction with process and outcomes; improvement in relationships with DCF, court, and families;

plan adherence and degree of responsibility over plan; and impact on case processing time frames); and

- III. A “Major Findings and Recommendations by Program Goal” section which presents the findings of this evaluation under each goal identified by the Miami Model Court family decision-making conference program, with suggestions for program improvements and future study.

**The Miami Model Court Family Decision-Making Conference Program:  
Evaluation Design**

**EVALUATION METHODOLOGY**

**Evaluation Objectives**

This evaluation sought to examine the nature and functions of the Miami Model Court's FDMC program, and the extent to which such an intervention assists agency and court efforts to protect children and preserve families. The specific goals of the evaluation are as follows:

- ◆ Identify and describe key elements of the Miami Model Court FDMC program;
- ◆ Determine the degree to which the Miami Model Court FDMC implements significant family and community member involvement in planning and intervention;
- ◆ Assess the degree to which the Miami Model Court FDMC program is achieving the goals it set for court and systems improvement; and
- ◆ Describe the importance and impact of the Miami Model Court FDMC intervention from the perspective of the families and system participants.

**Brief Review of Research Design**

This evaluation research design incorporates both a process and outcome evaluation.<sup>4</sup>

***Phase I: Process Evaluation***

The study's process evaluation describes the FDMC program and its implementation. It included interviews with key program stakeholders, reviews of program policies, procedures and other written materials, surveys of program participants, and an archival analysis of case files.

---

<sup>4</sup> Additional funding is required to support the expansion of this evaluation – particularly the outcome component of the research design (e.g., collection of comparison sample of data, assessment of longitudinal impact of program on case processing, plan compliance, and permanency for children and families).

***Phase I: Process Variables***

- Selection and recruitment procedures
- Assessment of pre-conference attitudes (i.e., expectations and understanding)
- Assessment of stages of process (i.e., preparation of families, explanation, information-gathering, family time, decision-making)
- Assessment of facilitator (i.e., role, knowledge, effectiveness)

***Phase I: Process Data Sources***

- Program documents, procedure guides and protocols
- Interviews with key program stakeholders
- Exit surveys of conference participants
- Case file review – cases that have received a family decision-making conference

***Phase II: Immediate Outcome Evaluation***

In this phase of the evaluation, an analysis of the children and families who were the focus of a family conference was undertaken. The extent to which additional benefits accrued from the use of FDMC, such as improvements in family, worker, and service provider (community) relations, was examined, and the extent to which the implementation of FDMC affected the delivery of services to children and families was assessed. The evaluation gathered quantitative and qualitative outcome data from surveys of program participants and an archival analysis of case files.

The original evaluation research design anticipated using a comparative sample of cases in order to determine if the outcomes for children and families who receive a family conference are different from those who do not receive a conference. However, random assignment of cases to a family conference sample and a non-conference sample was not feasible, nor was it desirable given the Model Court's and DCF's commitment to effectively serve as many families as possible. In lieu of random assignment, the evaluation team considered drawing a sample of similar cases from the other dependency divisions of the Miami-Dade Juvenile Court for analysis. Recall that the other

dependency divisions do not operate a family conferencing model – the other dependency divisions of the Miami-Dade Juvenile Court are implementing their own interventions designed at front-loading case processing and providing timely, comprehensive, and targeted services to children and families. Therefore, results obtained from an analysis of cases in those divisions would be confounded by the potential effect of other innovative programs on case processing and outcomes. An alternative design strategy considered by the evaluation team involved drawing an historic sample of cases assigned to the Model Court division prior to the implementation of FDMC. This would have provided outcome data regarding case processing pre- and post- program implementation. Further investigation and discussion with court and systems professionals, however, revealed a possible confound with such a sample – the judge assigned to the division during the pre-implementation period spent a considerable amount of time off the bench due to illness.

As a result of these methodological constraints, Phase I of the outcome evaluation of this study focused on the *immediate outcomes* associated with families' participation in the Miami Model Court FDMC program, and *case processing time frames*.

### ***Phase II: Immediate Outcome Variables***

- ▶ Empowerment via successful resolution of process
  - satisfaction of participants with both process and outcome
  - presence of an adequate and sustainable plan
  - family support mobilized
- ▶ Empowerment via enhanced sense of responsibility
  - qualitative evidence that family members feel the process has encouraged greater responsibility on their part for development of the case plan and the case itself
  - degree of involvement in plan, resources offered and provided
- ▶ Timely permanency for children
  - analysis of case processing time frames for cases in the Model Court

***Phase II: Outcome Data Sources***

- ▶ Exit surveys of conference participants
- ▶ Case file review – cases that have received a family decision-making conference

***Phase III: Outcome Evaluation***

With additional funding, Phase III of the evaluation research design would involve expansion of the outcome evaluation to include a comparison sample of similar non-conferenced cases, and a focus on longitudinal measures of child safety and permanency. Given the methodological concerns with extracting a valid comparison sample previously mentioned, Phase III of the outcome evaluation proposes the collection of a comparative sample of data from similar geographic locations to Miami-Dade. Cases from these locations would be matched on specific case characteristics such as petition allegations, as well as service characteristics and availability, and DCF counselor caseloads.

***Phase III: Conference Ultimate Outcome Measures – Using Comparison Sample of Similar Non-Conferenced Cases and Longitudinal Measures***

- ▶ Are children protected from abuse and neglect? Is welfare promoted and enhanced?
- ▶ Needs of main caregiver/parent met
- ▶ Empowerment via successful resolution of the case
  - recidivism rate for re-referrals to CPS, use of foster care placements rather than kinship placements when necessary, and rate of family reunification when appropriate (time from conference date to reunification)
- ▶ Comparison of case processing against Adoption and Safe Families Act (ASFA) and Florida statutory time frames and against similar non-conferenced cases

### ***Phase III: Outcome Data Sources***

- Case file review – follow-up at 6 months, case closure, 6 months post-case closure, 1 year post-case closure (compared against similar non-conferenced cases)

The body of this report presents the results of Phase I and II of the evaluation research design – the Process and Immediate Outcome/Case Processing Evaluation.

### **Sampling Procedures**

Cases included for analysis in this study met the following criteria: Court mandated cases assigned to the Miami Model Court (Division 1); and cases that received a FDM Conference, with a goal of involving the family in decision-making. Cases meeting these criteria were then randomly selected for inclusion in the study sample.

### **Instrumentation**

This evaluation employed both quantitative and qualitative methods. Survey instruments were developed to capture information about different participants' perspectives on important issues or elements of FDM Conferences. These issues, and questions pertaining to them, were developed after a substantive review of the literature on FDM Conferences, shared decision-making, and strengths-based collaborative processes. In addition, numerous meetings were held with representatives of each of the stakeholder groups involved in the Miami Model Court project in order to solicit their input regarding programmatic information needs (e.g., a series of discussions were held about the intent and use of FDM Conferences with the Miami Model Court team). Survey and case file review forms were reviewed by the Miami Model Court and modifications were made to the instruments based on their feedback. Instrumentation was then piloted on a pre-test sample of cases, and further revisions were made as needed. Copies of the instrumentation are included in the Appendices of this report.

- *Participant Feedback Forms*

All conference participants received an exit survey or feedback form immediately after completing a FDM Conference. The surveys for family group members and

service providers/professionals were roughly parallel and differed on only a few specific items. Participants with difficulty reading and writing English were interviewed using the exit survey as an interview form (a Miami Model Court counselor, who had not facilitated the conference, recorded their responses). Completed feedback forms were returned in an envelope to the program coordinator, who then forwarded them to the evaluators.

▶ *Case File Review Forms*

Case file reviews were conducted by examining the case file of all cases receiving a FDMC included in this study. Case files were accessed via the Clerk's Office. A standardized review form was developed in order to gather background data on the family, including information about the children. This form also tracked the dates of removal, petition filing, and all court hearings held. Additionally, the case file review form was designed to gather information about the case plan developed through the conference process.

### **Data Analysis**

All data obtained from case file reviews and surveys were coded using a structured coding strategy. Codes were generated on a sample of cases and modified as necessary. Coded cases were then entered into a statistical database for analysis. Coding and data-entry was checked to ensure reliability of both code and coder. Frequencies and cross-tabulations were run to provide descriptive information related to each program goal, and regression analyses were performed on key variables and their relationships with outcomes.

**The Miami Model Court Family Decision-Making Conference Program:  
Process Evaluation Results**

**PROCESS EVALUATION RESULTS**

This process evaluation is based on information and statistical results generated from five data sources:

1. Interviews with key Miami Model Court staff, including the Lead Judge of the Miami Model Court, representatives from the Miami Model Court Unit, the Florida Department of Children and Families, and the Administrative Office of the Courts;
2. Examination of written Miami Model Court policies and procedures;
3. Exit surveys of parents, extended family members, and friends participating in the FDMC program;<sup>5</sup>
4. Exit surveys of service providers and other systems professionals participating in the FDMC program; and
5. Case file analysis of a randomly selected sample of cases receiving a FDM Conference.

**Characteristics of the Abuse and Neglect Cases in the Evaluation Sample**

The final evaluation included a sample of cases ( $N_{Eval}=87$ ) randomly drawn from the total number of cases receiving a family conference between 1999 and 2000 ( $N_{99-00}=135$ ). Cases first conferenced in 1998 were not included in analyses as these cases ( $N_{98}=14$ ) were pilot cases conferenced during the initial inception of the program. Thus, the randomly drawn sample of cases included in the evaluation constitutes almost 2/3 (64%) of the population of cases in the Miami Model Court FDMC program during the time frame of this study

**Total Number of Abuse/Neglect  
Cases Receiving a FDMC**

1.	1998	=	14 FDMC
2.	1999	=	74 FDMC
3.	2000	=	61 FDMC
<div style="text-align: right; margin-right: 20px;">Total = 149 FDMC</div>			

---

<sup>5</sup> Due to data collection constraints (lack of funding to engage in follow-up with parties to return surveys) not all cases in the sample generated an accompanying feedback form, nor were feedback forms obtained from *all* participants for every conference in the sample.

(1999-2000), and 54% of the total number of cases receiving a FDMC (1998-2000).

The final evaluation also includes 210 completed participant exit surveys. The 210 exit surveys reflect feedback from 53 parents, 81 extended family members and friends, and 76 professionals/service providers.

The sample included cases involving a total of 215 children named as the primary subject of a petition alleging abuse or neglect. The average number of children per family in the sample was 3.2 children, with a range from 1-7 children. The average age of children in the cases in the sample was approximately 8.5 years. See Figure 1.

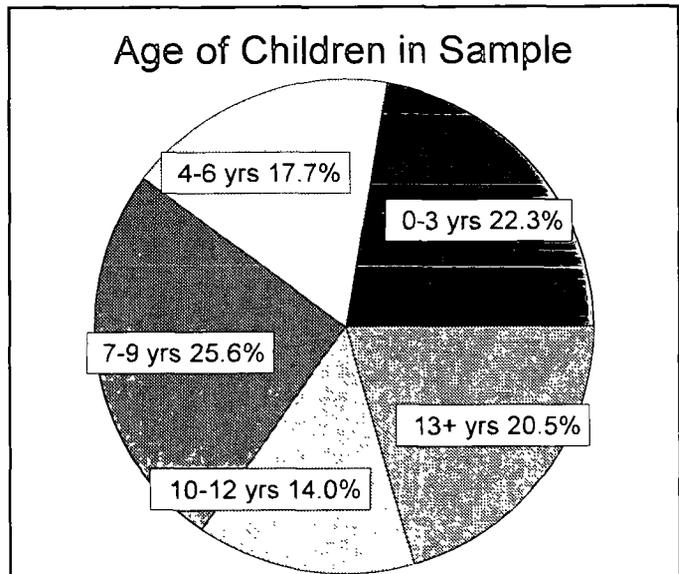


Figure 1

Of the 87 cases coded, more than half of the mothers in the sample were Black<sup>6</sup> (56%; n=49), with an average age of 31.4 years and an age range of from 16 to 46 years. Mothers were more likely to be single than legally married at the time of petition filing. Eleven percent of the mothers in the sample (n=10) were incarcerated at the time of the petition filing. See Figure 2.

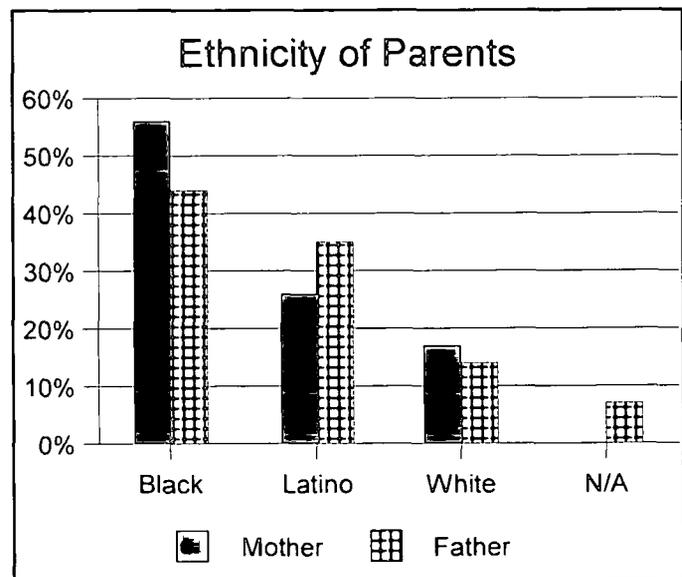


Figure 2

<sup>6</sup> "Black" includes African American, Black Haitian and Black Caribbean families. When coders could not determine ethnicity from the case file or survey, ethnicity "not ascertained (n/a)" was coded.

Forty-four percent of the fathers in the sample were Black (n=38), with an average age of 26.3 years (range from 18 to 50 years). See Figure 2. The whereabouts of fathers was at issue at the time of petition filing in 36% (n= 31) of cases in the sample, and in 16% of cases (n=14) fathers were incarcerated at the time of petition filing.

A review of the 87 case files in the evaluation sample<sup>7</sup> revealed that 44% (n=38) of the adults involved in the cases in the sample (e.g., the alleged abuser, custodial caregiver, etc.) had a noted substance abuse addiction problem, and 21% (n=18) had a diagnosed mental illness. Forty percent (n=35) of the adults had a prior history with the department, and 25% (n=22) had been involved with the criminal justice system previously or had a history of incarceration. More than half of the cases (56%; n=49) involved allegations of general neglect, 33% (n=29) involved allegations of physical abuse, and 32% (n=28) of the cases involved allegations related to domestic violence.

### **MIAMI MODEL COURT FAMILY DECISION-MAKING CONFERENCE PROGRAM**<sup>8</sup>

The Miami Model Court, a project of one of the three Dependency Divisions of the Miami-Dade County Juvenile Court, is implementing changes as to how the court process works and how the Department of Children and Families provides social services. Court process changes being implemented, for example, focus on adhering to statutory time frames so that children are safely reunified with their family or provided with a new permanent placement in a timely manner. The Department of Children and Families supports this effort through a commitment to early, targeted provision of services. The National Council of Juvenile and Family Court Judge's *RESOURCE GUIDELINES*<sup>9</sup> emphasis on involving the family support system from the inception of the case, making court actions and orders clear and understandable, providing legal representation and services at the earliest possible time, and creating a less litigious and more respectful environment are all part of the Miami Model Court initiative.

---

<sup>7</sup> A list of petition allegation codes was provided by the court.

<sup>8</sup> Information regarding the FDMC program of the Miami Model Court was gathered through program documents, procedures and protocols, and through discussions with program staff.

<sup>9</sup> *RESOURCE GUIDELINES: Improving Court Practice in Child Abuse & Neglect Cases*. (1995). National Council of Juvenile and Family Court Judges. This document outlines fundamental principles for fair, substantive, and timely hearings in child abuse and neglect case processes and stresses the importance of the one-judge/one-family concept, front-loading of the process, and judicial leadership to achieving timely permanency for children and families.

The Department of Children and Families (DCF) provided interagency training by nationally recognized experts and reorganized their staffing and procedures to implement family conferencing in the Miami Model Court. During the first 60-90 days of a case, designated child welfare staff with reduced caseloads (10 families per counselor) and specialized training, work with families who have volunteered to participate in a family conference. Preparation for conferences focuses on: identification of family strengths; involvement of all friends, relatives and professionals who can assist with planning and service provision; and early assessment and service delivery. Efforts are made to identify and involve all individuals who can be part of the support system for the children as well as professionals who can provide the information or services the family may need. Participants in a family conference are given an opportunity to express their concerns regarding the safety and care of the child and participate in the development of a plan for addressing these issues. This intensive, in-depth work during the first 60 days of the case is applied to minimize the need for contested hearings, minimize the children's placements in the care of DCF, and shorten the time from removal to permanent placement.

The basic principle underlying the Miami FDMC model is that families can be strengthened and empowered to make the best decisions for the safety and protection of children. FDMC conferencing in Miami recognizes that families have the most knowledge to make well-informed decisions about themselves, and that individuals can find security and a sense of belonging within their families. FDMC highlights the importance of appreciating the role of the family and extended family – this includes viewing the family in inclusive terms and not being exclusionary. The objectives of Miami's FDMC program are to:

- ▶ assist families with identifying strengths and to resolve their own problems;
- ▶ identify appropriate resources within the family and the community;
- ▶ facilitate the development of early, appropriate, and comprehensive service plans that serve to protect the safety and best interests of the child;
- ▶ provide efficient process for resolving cases in a timely manner;
- ▶ empower family members as decision-makers;
- ▶ increase participants' satisfaction with the child protective process and outcomes;
- ▶ improve relationships between DCF counselors, the court, and families; and
- ▶ reduce the amount of time that children spend waiting for permanency.

## **STAGES IN THE MIAMI FDMC PROCESS**

The Miami Model Court FDMC process aims to provide families a conference within 60 days of the filing of the petition to develop a case plan. Services are to be identified and in place, the case is reviewed, staffed by the legal team, and presented to the court for ruling.

There are three major stages in the complete process of conducting a family conference. Each of these stages involves several decisions and activities, and requires considerable time and effort to complete.

### **Stage 1: Pre-conference Tasks**

- Selection and Recruitment
- Invitation
- Family Contact

### **Stage 2: Preparation for the Conference**

- Participant Notification
- Understanding of Purpose of FDM Conference
- Reasons for Participation in FDM Conference
- Level of Preparedness
- Pre-Conference Help/Services Provided

### **Stage 3: The FDM Conference**

- Introductions and Explanation of Process and Purpose
- Information-Gathering
- Family Time
- Decision-Making

### **Stage 4: Post-Conference Tasks**

- Preparation of the Legal Case Plan
- Follow-Up
- Case Transfer Proceedings

## **Stage 1: Pre-conference Tasks**

### ◦ ***Selection and Recruitment Processes***

Understanding how families are identified as potentially able to benefit from a family conference is critical to understanding how practice is changing as a result of the Model Court's implementation of FDMC.

Cases assigned to Division 01 are screened by Miami Model Court staff each work day. The screening process is based on: 1) the petition allegations; 2) Florida Protective Services, prior abuse reports; and 3) information in the detention petition when available. When a case is selected or denied by Miami Model Court staff, a detention petition review form is completed indicating acceptance or denial. If the case is in Division 01 and not accepted, justification is documented on the petition review form.

During the inception of FDM conferencing in the Miami Model Court, cases were selected for Model Court based on criteria that excluded "more severe" cases. Initial FDM conferences revealed, however, that many other issues lurked behind the neglect and project staff gained experience in applying the model to cases with a wide range of issues and severity. Given this experience, the criteria for case acceptance was broadened to include most types of cases, and to exclude only sexual abuse cases in which a parent is not supportive of the child, and egregious abuse cases. Thus, as DCF counselors developed experience and comfort with the program, families with different characteristics and presenting problems were referred for conferences. The FDMC process, in its present form, accepts cases involving issues of all kinds (domestic violence, substance abuse, multiple priors, etc.).

At the detention or initial shelter hearing, the judge explains the Miami Model Court process to the family member(s) identified for the FDMC program. The parent or legal guardian must be in attendance in order to voluntarily accept the services offered by the Miami Model Court Unit. If the identified family member voluntarily refuses participation in the Miami Model Court, the case is not accepted. Those cases not accepted into the Miami Model Court are docketed on the regular Division 01 dependency calendar.

<b>Table 1: Criteria for Case Acceptance</b>		
	<b>FDMC Pilot</b>	<b>FDMC Present</b>
Voluntary Acceptance	✓	✓
Family Support	✓	✓
History (1 or more than 1 prior)	---	✓
Non-egregious abuse	✓	✓
Sexual abuse	---	✓
Domestic violence	---	✓

Miami Model Court staff, who are in court, give the family an information package about the FDMC program to review. The family is then asked to wait in the lobby and begin completing a family participation list and voluntary agreement form. If agreement is obtained, a list of potential FDM Conference participants are then requested. The assigned Family Services Counselor contacts the parents within two working days, to discuss the family's needs and to make immediate referrals if necessary. With the input of the family, the FDMC is scheduled within 30-45 days from referral to the program.

Miami Model Court staff identify needed services, make appropriate referrals, and identify providers presently providing services. The Miami Model Court staff then obtains tentative conference dates and possible conference locations from the family. If the identified family member(s) change their mind about participating in the FDMC at the screening process or anytime thereafter, the Model Court staff will notify the Court as soon as possible, but no later than the next working day. If parents are not present at the detention hearing, the arraignment is set for 7 days from the detention hearing and the same events planned for the detention hearing occur at the arraignment.

The Miami Model Court staff give the family the supervisor's name and phone number. The supervisor contacts the family by the next working day and provides them with their counselor's name. If the identified family member does not have access to a phone, the staff will obtain a convenient time and date, not to exceed 2 working days, when the counselor and the family can establish contact. The family is also advised to contact the supervisor by the next working day to

maintain contact with the department and to learn the identity of their assigned counselor. The counselor completes all required documents during the initial visit. The Miami Model Court counselor conducts pre-conference discussions or meetings with the family members to gather information regarding all professionals and resource people who will be involved and have a distinct role during the conference (e.g., providers, guardians *ad litem*, etc.). Parents, children (depending on age, emotional development and stability), relatives, extended family, friends, social workers, teachers, counselors, clergy, and others who are committed to the child(ren)'s well-being may participate in a conference. Parents, however, must approve of all invited participants.

The assigned counselor and supervisor have a "pre-conference staffing" to ensure that all allegations and issues in the petition, and information in prior reports are covered. This staffing is done approximately 5 working days prior to the FDMC "pre-conference meeting." Weekly roundtable discussions with all staff are also conducted to ensure cases are progressing appropriately. The Miami Model Court counselor monitors the family's progress, follows-up on all referrals, makes additional referrals if necessary, and participates in the FDMC. The Miami Model Court counselor ensures that the necessary services are in place within 5-10 working days after receiving the case.

### **Stage 2: Preparation for the Conference**

The preparation tasks necessary for a family decision-making conference are time-intensive, but critical to the ultimate success of the conference. The process of preparing families and resource persons to participate in the family conference is important to ensuring that the successful completion of a conference results in an acceptable family plan for the children involved. To increase the success of the conference, it is important that the program coordinator thoroughly prepare the family members, professionals, and other participants. For example, time should be spent prior to the meeting to ensure that conference participants understand the purpose and goals of the conference and to reinforce that the primary focus for everyone is the safety of the child(ren).

The evaluation addressed the Miami Model Court pre-conference planning process, including:

- How conference participants are made aware of the conference;
  - Understanding of the purpose of the conference;
  - Reasons for agreeing to participate in the conference;
  - How prepared participants felt for the conference; and
  - What tasks were completed and services provided prior to, but in preparation for, the conference.
- ***Participant Notification of the FDM Conference***

In deciding who to invite to the family group conference, the Miami Model Court counselor works closely with the family and the child (if age appropriate) to identify individuals who can protect the child, care for the child, supervise the implementation of meeting plans, support the family in caring for the child, maintain contact with the child and family members, and those who have a personal relationship and connection with the child and are concerned about the child's and the family's welfare.

Overall, 45% of FDMC participants who returned their exit surveys (N=210) were notified of the FDM Conference by the MMC/DCF counselor, 28% by the court, and 26% by other family members. Sixty percent of parents were notified of the FDM Conference by the MMC/DCF counselor, while 40% were notified by the court. Family members were typically informed of the conference by the MMC/DCF counselor (46%) and the parent(s) (40%). See Table 2.

<b>Table 2: How were you made aware of the FDM Conference?</b>				
	<b>By Court</b>	<b>By Family</b>	<b>By MMC/DCF Counselor</b>	<b>Other</b>
Parent (n=53)	21 (40%)	–	32 (60%)	–
Family Member (n=81)	11 (14%)	31 (38%)	37 (46%)	2 (2%)
Professional/Provider (n=76)	27 (36%)	24 (32%)	25 (33%)	–
<b>TOTAL (N=210)</b>	<b>59 (28%)</b>	<b>55 (26%)</b>	<b>94 (45%)</b>	<b>2 (1%)</b>

◦ **Understanding of Purpose of FDM Conference**

Attendance, participation, influence, and information-sharing can all be affected by whether participants were aware of the purpose of the FDM Conference and how much input the family had in its determination. For example, knowledge regarding the goal of the conference helps parents decide who they want to invite. When told ahead of time about the purpose of the conference, participants (including service providers and family members) are able to gather information, prepare questions, and think about the issues. Data assessing the degree of understanding about the goal or purpose of the conference was gathered through exit or participant feedback surveys. Overall, 68% of participants had a clear understanding of the purpose of the FDM Conference before it was held, while 26% of participants did not. See Figure 3 and Table 3.

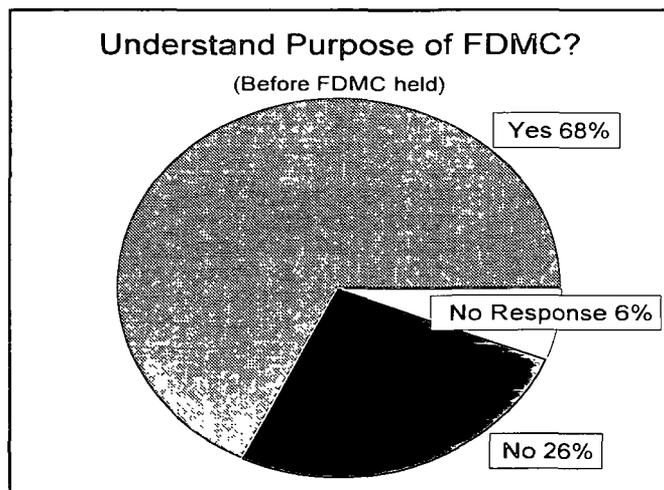


Figure 3

Table 3: Before attending the FDMC, did you have a clear understanding of its purpose?			
N=210	YES	NO	Non-Response
Family Member (n=81)	49 (60%)	24 (30%)	8 (10%)
Parent (n=53)	38 (72%)	11 (21%)	4 (8%)
Professional/Provider (n=76)	56 (74%)	20 (26%)	–
TOTAL	143 (68%)	55 (26%)	12 (6%)

Note that in every category of participant – whether parent, family member, or professional – *an average of one-quarter of participants lacked a clear understanding of the purpose of the FDMC prior to attending the conference.* If one assumes for a moment that the individuals who did not answer the question (non-responses) also lacked a clear understanding of the purpose of FDMC, then potentially 40% of family members and 30% of parents did not fully understand the reason for the conference.

Given the importance of this preparation to the success of the conference and ultimate outcomes, the data suggest that more time needs to be spent with parents and family members *before* the conference ensuring that they fully understand the purpose and scope of the FDM Conference. Without a full understanding of the purpose of the conference, parents and family members may not be able to fully participate in the planning of the conference (e.g., identification of potential non-relative support people, gathering of information, preparation of questions) and they may not be able to take full advantage of, or fully participate in, the conference itself.

***Practice Improvement Recommendation:***

***More time needs to be spent pre-conference ensuring that all participants, especially parents and family members, understand the purpose of the FDM Conference before attending the conference.***

To further assess whether parents and family members accurately understood the purpose of FDMC, participants were asked to articulate what they believed the purpose of the FDM Conference to be. Of the 81 extended family members and 53 parents responding (n=134), their responses included, in order of frequency of mention, the following (quotes below are thematically representative of responses given):

- “For the best interests of the child/best environment” (23%)
- “To develop a family plan to resolve problems” (23%)
- “To try to reunify our family”(15%)

- “To provide an opportunity for the family to work things out” (15%)
- “To get services for the children and [parents]” (12%)

Those participants who reported that they did *not* have a clear understanding of the purpose or goals of the conference (26%;n=55), expressed concern that the goals of the conference were too ambitious (21 of 55; 38%). Some participants (12 of 55; 22%) described feeling “overwhelmed” by how many issues were discussed in the conferences. This was especially true when there were several family members involved. It was often suggested by respondents that conference goals be more focused and that subsequent conferences be held to enable a fuller discussion of the issues. Professional participant feedback also indicated that it would be helpful to more clearly delineate the goal or purpose of the conference. Some professional participants reported that “there seemed to be confusion about the purpose of the meeting.”

It is interesting to note when reviewing the illustrative quotes opposite that most of them address global issues (e.g., “To help me be a better mother.”). Few of the parents or family members articulated concrete and specific goals related to child safety, provision of services, or permanency.

Recommendations were made by all categories of participants to have goals that are narrowly focused and manageable, with a number of participants noting that they were “overwhelmed with the number of issues that needed to be discussed.”

The following quotes are illustrative of the most frequently occurring themes in the responses provided:

*“I am convinced that the conference was geared toward showing families how to better plan, cope and deal with daily life and situations.” [Family Friend]*

*“To help me be a better mother.” [Mother]*

*“To find out what is best for [mother’s name] and her kids.” [Grandmother]*

*“To get to the core of the problem between mother and child and get a solution to solve it.” [Aunt]*

*“To let the family have a say in what is happening to them.” [Aunt]*

*“To help [mother’s name] and the kids provide a better and safe home environment.” [Aunt]*

*“It is for the good of the children.” [Family Friend]*

**Practice Improvement Recommendation:**

**Ensure that the goals of FDMC's are narrowly focused, manageable, and realistic. FDMC goals should be directly tied to the development of a service plan, child safety, and permanency. Time should be taken to ensure that goals are clearly articulated to and understood by all participants prior to the conference taking place.**

- **Reasons for Participation in FDM Conference**

FDMC participants were asked to indicate why they chose to participate in a family conference. The most commonly offered reasons for parents participation were “to work on getting my children back” (n=27; 51%), “to do what is best for the children” (n=19;36%), and “to have a chance to tell my side” (n=17;32%). Family members (n=81) participated in order “to support the family” (n=32; 40%), “to be involved in decisions concerning the child” (n=25; 31%), and “because I was concerned for the child(ren)” (n=21; 26%).

Community providers participating in FDM Conferences were also asked to articulate why they chose to participate in the conference (n=76). Their reasons, in order of frequency were: “to support the family/parent” (n=58; 76%); “to help the

family understand the dependency process” (n=25;33%); “to help the family understand the substance abuse issues involved” (n=15; 20%); “to work with the parent through intensive case management” (n=12;16%); and “to share my information” (n=11;15%).

The following quotes are illustrative of the most frequently occurring themes in the responses provided:

*“I love my son.” [Father]*

*“To give me a better relationship with my kids.” [Mother]*

*“To get the help I need to be a better mother and work on getting my kids back.” [Mother]*

*“One, because the court ordered me to go. Two, because I enjoy sitting down, talking and expressing my feelings.” [Mother]*

*“Because I care about what happens to the children and their welfare. I would like to be involved in decisions that concern [child] and her upbringing. She is very important to me.” [Stepmother]*

*“Because I care about [child] and her mom and feel that they should be together.” [Aunt]*

*“Because I care about the kids and wanted to contribute my input in figuring out what's best for them.” [Family Friend]*

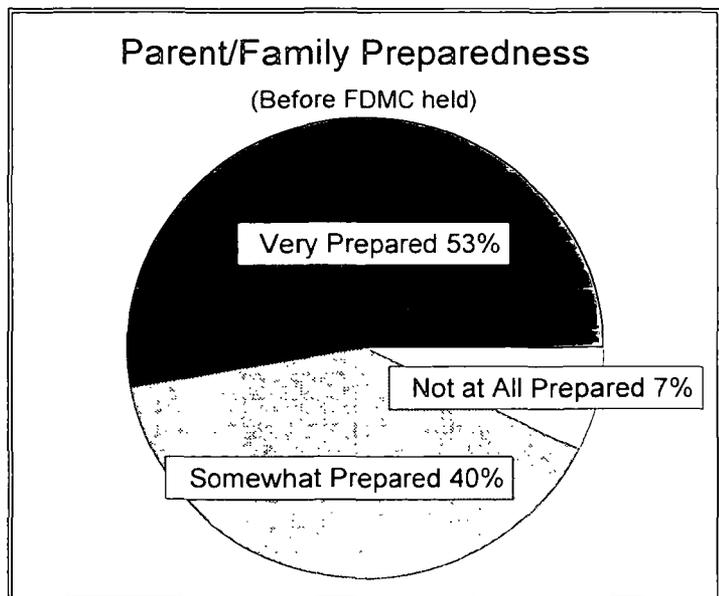
*“I wish to help make a difference in the family's well-being. I love them. I want to show them I am there for them.” [Family Friend]*

Although participant responses suggest that FDMC participants recognize the child-focused purpose of the conference, parents and family members tended to offer more global reasons for participation. In contrast to parents and family members, community providers generally tended to offer more specific reasons for participating in the conference. The reasons offered by the professionals for their participation in the conference also suggest an awareness of the educational function that the conference can serve for parents and families – for example, the opportunity to help the parent understand the dependency process and the opportunity to educate family members about the potential consequences of substance abuse for family functioning and child safety.

◦ **Level of Preparedness for FDM Conference**

Adequate preparation of participants, especially parents and family members, is important because of its impact on their ability to participate meaningfully in the conference. Participants were asked how prepared they felt for the FDMC. Half of the family members and parents indicated that they felt “very prepared,” (n=71; 53%), 40% indicated that they felt “somewhat prepared” (n=53); and only 7% (n=10) indicated that they were “not at all prepared” for the FDM Conference. See Figure 4.

Half of the parents and family members (47%) felt that their preparation was lacking in some way – reporting that they were either only “somewhat prepared” or “not at all prepared” for the FDM Conference. These families noted that their participation was hampered by this lack of preparation. They commented that if they had more information about the format and agenda of the conference, they could have “prepared better by thinking about and even writing down concerns, questions, and needs.”



**Figure 4**

Therefore, while half of the family participants felt “very prepared” for the FDM Conference, it is worth considering what steps can be taken to more fully prepare participants, especially extended family members and family friends. Several family members suggested providing participants with a brochure that outlined and explained the FDM process with specific details as to what to expect during the conference and how it benefits the children.

When they were asked to describe how the facilitator was helpful in preparing them for the conference, 63% (n=45 of 71) felt that receiving information about how the conference works as well as what to expect at the conference was the most helpful in the preparation. An additional 25% (n=18 of 71) participants also mentioned that having someone they could contact if they had questions or concerns about the conference was helpful. A few participants mentioned that they did not receive enough information about the conference. They reported that they would have liked someone to spend more time with them who would answer their questions, as well as someone to just talk to about their own involvement in the conference.

In summary, participant suggestions regarding the type of information that would be useful for family members and others to have before the conference included:

- Provision of information brochure that outlines and explains the FDMC process;
- Careful, comprehensive conversations with family members;
- Clear delineation of conference goal or purpose;
- Conference goals that are narrowly focused and manageable;
- Information about DCF and child protection protocols, policies, and time frames;  
and
- More specific information regarding the issues to be discussed.

**Practice Improvement Recommendation:**

**Consider steps that might be taken to more fully inform family members – especially extended family, family friends, and community members – about the purpose and goals of a FDM Conference.**

- **Consider providing parents and family members with an informational brochure that outlines the goals and purpose of a family decision making conference and the general process. The brochure should be easy to read, clearly presented, and available in all appropriate languages.**
- **Ensure that the FDMC counselor spends adequate time talking with parents and families about the purpose and goals of FDMC, and expected outcomes.**

◦ **Pre-Conference Help/Services Provided**

Miami Model Court counselors provide a range of assistance and services to families participating in the Model Court process. One-third of the families (32%) were assisted by the MMC Counselor in contacting other family members to invite them to participate in the FDM Conference. Almost 1/5 of the families (18%) received pre-conference assistance with food, 14% received assistance with child care, 10% received assistance with housing, 5% received assistance with transportation, and 5% received assistance obtaining clothing. See Figure 5.

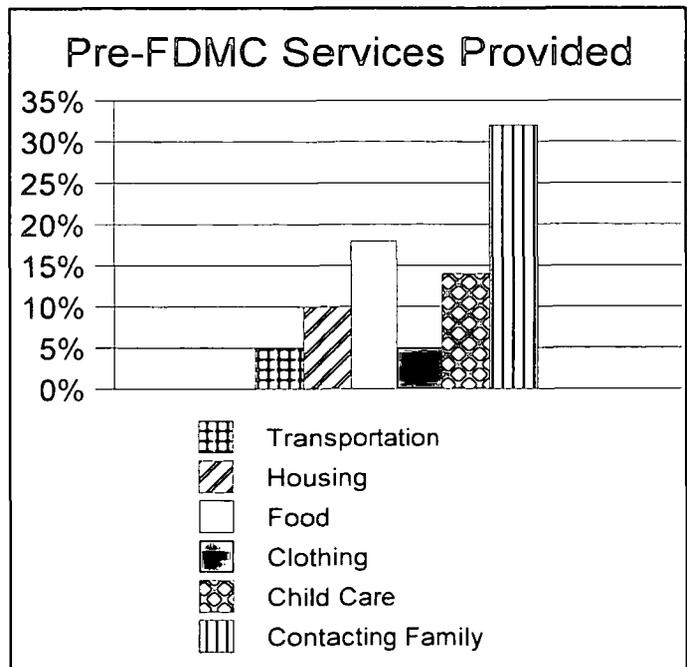


Figure 5

FDMC participants, including family members and professionals, were asked to endorse their level of agreement, from “strongly agree” to “strongly disagree” with the following statement: “Thus far, the MMC Counselor has offered and provided the family with adequate services.” Overall, 87% of all respondents agreed that the MMC Counselor had offered and provided the family with adequate services. Twelve percent of respondents were “unsure,” while only 6% of respondents disagreed with the statement. The vast majority of family members (90%; including parents and extended family) agreed that the MMC Counselor had offered and provided the family with adequate services, with 78% indicating “strong agreement.” With respect to parents specifically, 88% agreed that adequate services were provided, with 77% indicating “strong agreement.” See Figure 6.

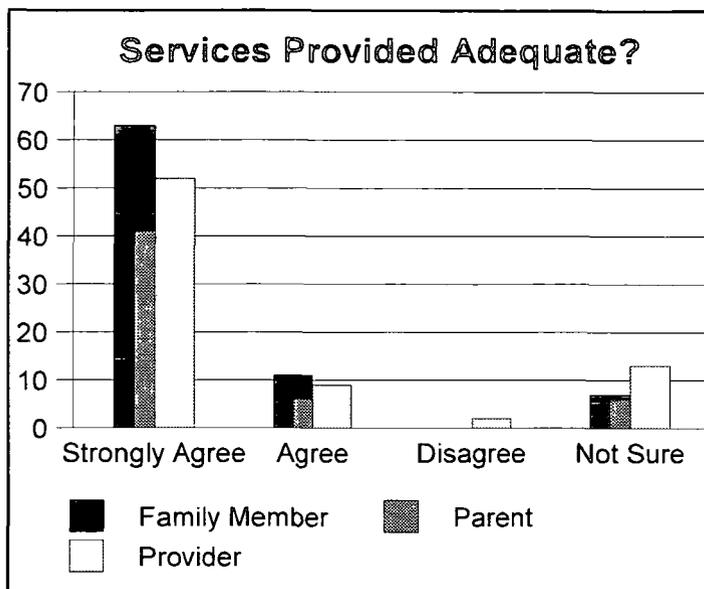


Figure 6

Interestingly, there was slightly more disagreement among the professionals participating in the FDM Conferences regarding provision of pre-conference services. Although 80% of professionals agreed that adequate services had been offered and provided, only 1/3 of professional respondents (68%) indicated “strong agreement.” See Table 4.

<b>Table 4: Thus far, the MMC Counselor has offered and provided the family with adequate services.</b>				
	<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>DISAGREE</b>	<b>NOT SURE</b>
Family Member (n=81)	63 (78%)	11 (14%)	--	7 (9%)
Parent (n=53)	41 (77%)	6 (11%)	--	6 (11%)
Professional/Provider (n=76)	52 (68%)	9 (12%)	2 (3%)	13 (17%)
<b>TOTAL (N=210)</b>	<b>156 (74%)</b>	<b>26 (12%)</b>	<b>2 (3%)</b>	<b>26 (12%)</b>

***Summary of Practice Improvement Recommendation for the Pre-Conference Stage:***

***More time needs to be spent pre-conference ensuring that all participants, especially parents and family members, understand the purpose of the FDM Conference before attending the conference.***

***Ensure that the goals of FDMC are narrowly focused, manageable, and realistic. FDMC goals should be directly tied to the development of a service plan, child safety, and permanency. Time should be taken to ensure that goals are clearly articulated to and understood by all participants prior to the conference taking place.***

***Consider steps that might be taken to more fully inform family members – especially extended family, family friends, and community members – about the purpose and goals of a FDM Conference.***

**Stage 3: The Family Decision-Making Conference**

The most critical stage of the family conferencing process is the conduct of the conference itself. Generally, the family conference will involve a discussion among family members, family friends, and professionals about family strengths, concerns on the part of professionals with respect to the safety of the child(ren), possible service options and alternatives, and, ultimately, the development of a safety plan.

The facilitator and participants introduce themselves giving their name and their relationship to the child(ren). The family is offered the opportunity to begin with any means that is comfortable and

customary to the family (e.g., song, prayer, moment of silence, etc.). The facilitator explains the FDMC process, as well as the confidentiality of the conference proceedings. With feedback from the participants, the purpose(s) of the FDMC is then noted. Every effort is made to match the skills and life experiences of conference facilitators with the needs of the families they serve. The pool of skilled facilitators represent the cultures and languages of the families of Miami, and have expertise in working with persons with a diversity of needs. The facilitator elicits information about the family from the participants. The facilitator requests that the participants first focus on the family's strengths. They are later asked to note their concerns about the family. Allegations received by the Department *must* be among the concerns.

Without the presence of social workers, family service counselors, protective investigators, and providers, the family and friends review the strengths and concerns of the family. They come up with workable solutions, addressing each concern. The solutions naming the responsible participants are recorded on a worksheet. Solutions are based on what is in the best interest of the child(ren). The facilitator or family services counselor is available if any participant feels uncomfortable being alone with family members. The facilitator, invited professionals and others then rejoin the family. The family presents its plan. If the plan is not realistic or viable, the group continues to work on the plan together until a consensus is reached. The parents and facilitator are given a copy of the worksheet, outlining the plan developed.

The evaluation addressed the Miami Model Court FDM Conference stage, including:

- whether anyone was missing from the conference that participants felt should have been there;
- participant satisfaction with the development of the case plan;
- the effectiveness of the facilitator; and
- the utility of private family time.

- **The FDM Conference Participants**

On average, five family members and friends participated in the FDM Conference (range of 2-8). Parents, family members, and professionals were asked to consider whether anyone was missing from the conference that they wish would have attended. Overall, almost half of the respondents (47%, n=99 of 210) indicated that “yes” someone that should have been included was missing from the conference. Three-quarters of parents (75%, n=40) indicated someone was missing, 26% (n=21) of family members indicated that someone was missing, and 50% of the professionals indicated that someone was missing from the conference. See Figure 7.

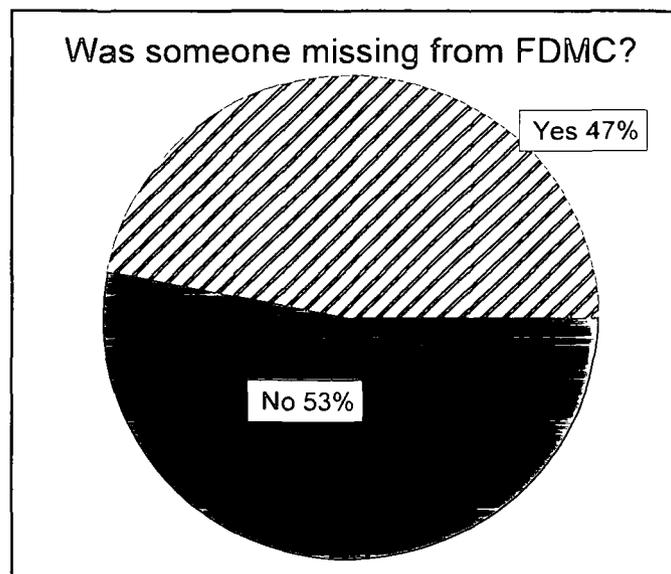


Figure 7

Those family members that indicated that someone was missing (n=61) were asked to identify who the missing person was and the relationship of that person to the child(ren) named on the petition.

- 70% of parents indicating that someone was missing from the conference (n=28 of 40), noted that a *non-relative support person* (e.g., 12-step sponsors or fellow group members, friends, boyfriends and girlfriends) should have attended. These parents commented that if they had “known they could invite non-relative support people, they would have.”

- 20% of parents and family members (n=15 of 61) identified the *father* as the missing person.
- 20% (n=15 of 61) identified some *other relative* as missing from the conference.
- 18% of parents (n=8 of 40) noted that their *attorney* should have been present.

Half of the providers and service professionals (n=38 of 76) also indicated that in their opinion, someone was missing from the conference that should have been there as a participant (e.g., a father, a parenting counselor, and a foster parent were mentioned), with 11% (n=4 of 38) suggested that an attorney should have been present.

Some parents said they wanted their attorneys to attend “to help protect their rights.” They also felt it was helpful for the attorneys to be familiar with the information that was presented at the conference. Some providers reported that the presence of an attorney can make the conference more “legalistic” and “less productive.” But, for the most part, the participants suggesting that attorneys attend conferences noted that they would be helpful in offering information, suggestions, and guidance related to legal issues and court proceedings.

A review of comments provided on the surveys indicates that there were mixed feelings about whether foster parents should attend. Some participants, including parents, felt it was important for foster parents to attend because they have the most contact with and current information about the child. Some felt that foster parents’ interests can be at odds with birth parents’ interests and that sometimes foster parents’ interests can slow progress at the conference. Some parents felt uncomfortable with foster parents being at a conference, either because they did not want to talk about family issues in their presence or because they felt the foster parents had negative feelings about them. However, other parents felt very supported by

#### **Barriers to Attendance**

- Holding conferences during normal work hours on weekdays precluded many working family members from attending.
- Providers sometimes had difficulty fitting meetings into their crowded schedules.
- Many family members lived out of state and the cost of attending was prohibitive.
- Family members did not attend because of hostility with other family members.
- Some family members and providers received notice too late to be able to make arrangements to attend.

foster parents, had a positive relationship with them, and “appreciated all that they [were] doing for [their] child(ren).”

Barriers to attendance identified included busy schedules of providers, geographical distance of relatives, and scheduling of the conference.

***Practice Improvement Recommendation:***

***Consider what steps can be taken to ensure that all appropriate family members, extended family members, and appropriate community members are invited to participate in the FDM Conference. Special attention should be paid to the inclusion of non-relative support people.***

***Consider ways in which barriers to attendance might be addressed.***

◦ ***Development of a Plan***

The primary purpose of conducting a family conference is for the family to develop a plan to provide for the care and safety of the children that is acceptable to the DCF counselor and to the court. A family plan was developed in 100% of the conferences (N=87).

Plans produced at the conferences in the evaluation sample were analyzed to determine the extent to which they included elements specified by legislation, addressed child protection and attachment concerns, involved family and community members in service delivery, and provided for monitoring and evaluation of the plan.

- Every conference addressed presenting child protection and attachment concerns in the development of the plan (100%; N=87).
- Every conference plan addressed services/needs and requirements of the parents (100%; N=87).
- The majority of plans addressed tasks/follow-up for the family members (86%; n=74).

- The majority of plans addressed specific tasks for social workers (72%; n=62).
- Visitation schedules were addressed in 62% (n=54) of the plans.

Given that one of the goals of FDM Conferences is to mobilize family resources in support of the parents, service plans in the sample of cases were also reviewed to determine which party assumed responsibility for ensuring parental compliance with the various components of the plan. In the 87 cases reviewed, 95% of family members agreed to provide child care when needed, 86% assumed responsibility for ensuring parental compliance with substance abuse treatment programs (e.g., providing transportation to meetings and treatment sessions, providing emotional support), 73% of family members agreed to provide social activities for the child(ren), 68% assumed responsibility for ensuring parental compliance with job counseling and job skills training (e.g., ensuring that parent attended, providing transportation assistance if necessary), and 43% of family members assumed responsibility for ensuring that the parent complied with general educational requirements (e.g., completion of GED). With respect to the service providers in those 87 cases, 93% assumed responsibility for placement, 86% assumed responsibility for visitation, and 68% assumed responsibility for providing counseling and mental health services.<sup>10</sup>

- ***Facilitator Effectiveness***

There are many challenges related to facilitating a FDM Conference requiring an array of skills and techniques. For example:

- Group process skills (e.g., keeping people on task and focused; being flexible enough to allow important issues to come up and be addressed; moderating the dynamics of participation, particularly making sure everyone gets a chance to talk and be heard);
- Interpersonal skills (e.g., being aware of and setting aside biases; using humor appropriately; connecting with people; ability to listen, validate, and understand);
- Preparation-related skills (e.g., knowing case information, particularly the 'hot points' or interactions of family dynamics that may pose a threat to the safety of

---

<sup>10</sup> Percentages add to more than 100% because family members may assume responsibility for more than one component of the safety plan.

- participants during and after the conference; informing family members about confidentiality issues; establishing a connection with the family before the conference in order to deal with difficult issues more sensitively; helping the family feel more comfortable and perhaps talk more freely);
- Safety-related tasks (e.g., controlling conflict and hostility; imposing structure and establishing ground rules related to respect and focusing on the needs of the child; providing adequate supports and safety nets in cases where domestic violence is an issue); and
- Neutrality (maintaining neutrality while at the same time suggesting ideas for resources; trying to get information or clarity from the family or DCF; protecting family members from trauma during the conference; and regularly checking in with participants to ensure they are getting what they need out of the conference).

FDMC participants were asked to describe their impressions of the FDMC facilitator and his/her role in the conference. The data reveal that all FDMC participants gave the facilitators and the facilitators' role in the conference generally high marks. The majority of the participants (86%; n=181) felt that the facilitator was fair in the way he/she conducted the conference. In addition, 73% (n=153) of the participants reported that they were satisfied or very satisfied with the facilitator – this reflects 88% (n=47) of parents, 75% (n=61) of extended family members, and 59% (n=45) of professionals. Those parents and family members who felt only “somewhat” satisfied with how the facilitator handled the group noted that facilitators “needed to follow the rules of the conference,” or that they had had some difficulty dealing effectively with “hostile” participants. All of the providers noting that they

The following quotes are illustrative of the most frequently occurring themes in the responses provided when describing facilitator effectiveness ...

*“Very professional, good at engaging participants, and straightforward.”*  
[Provider]

*“Explained everything thoroughly, listened intently, and asked questions.”*  
[Provider]

*“Listened to everyone.”* [Family Friend]

*“They were helpful and caring.”* [Family Member]

*“Everything that needed to be said was said.”* [Parent]

*“Working in the best interests of the child.”* [Family Member]

*“Guided us step by step through the process.”* [Family Member]

*“Treated me with respect and made me feel important.”* [Parent]

*“They gave me hope.”* [Parent]

were only “somewhat” satisfied with how the facilitator handled the conference believed that the facilitator “did not engage the parent fully.”

An analysis of comments provided by participants indicated that successful facilitators possessed various types of interpersonal skills.

- The ability to set aside biases and judgment towards family members and to be compassionate;
- The ability to contain personal reactivity, to maintain patience, respect, and fairness;
- The ability to connect with people, put them at ease, and use humor; and
- The ability to listen, validate, and understand.

FDMC participants were asked to indicate their level of agreement with the statement “The FDMC facilitator was knowledgeable and effective.” Overall, the majority of participants (71%) “strongly agreed” that the facilitator was knowledgeable and effective. While 84% of family members “strongly agreed” that the facilitator was knowledgeable and effective, and 57% of parents “strongly agreed,” with concerns addressing their “inability to control hostile people,” the safety of participants, and the use of private family time. Two-thirds of the providers “strongly agreed” that conference facilitators were knowledgeable and effective. See Figure 8 and Table 5.

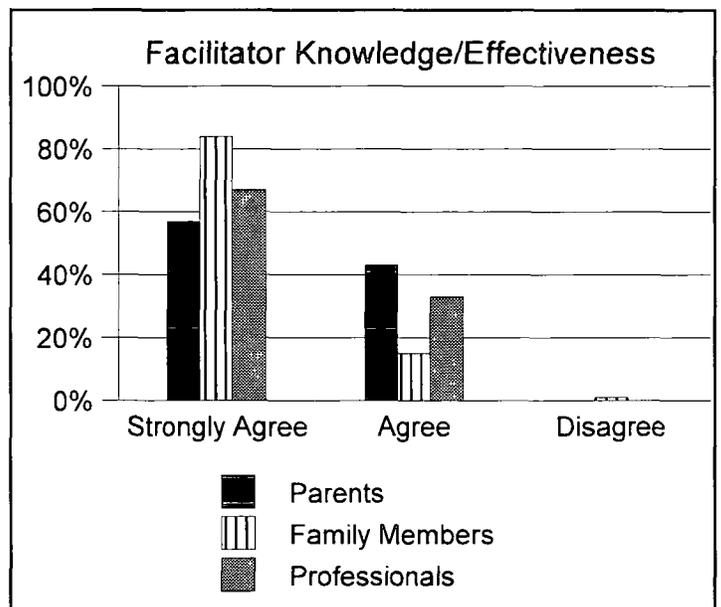


Figure 8

Table 5: The FDMC facilitator was knowledgeable and effective.				
	STRONGLY AGREE	AGREE	DISAGREE	NR
Family Member (n=81)	68 (84%)	12 (15%)	1 (1%)	–
Parent (n=53)	31(57%)	22 (43%)	–	–
Professional/Provider (n=76)	51(67%)	25 (33%)	–	–
Total (N= 210)	150 (71%)	59 (28%)	1 (1%)	–

◦ **Utility of Private Family Time**

Just under half of the parents and family members (n=63 of 134; 47%) found the private family time to be “very useful.” However, 14% (n=19 of 134) found it only “somewhat useful,” and 38% (n=49) found it to be “not at all useful.”<sup>11</sup> See Figure 9.

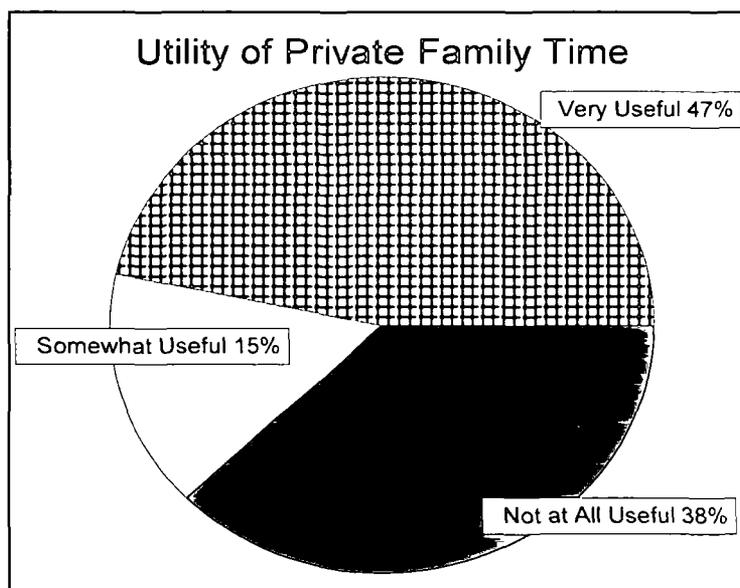


Figure 9

<sup>11</sup> 3 respondents were “unsure.”

Those family members that found the private family time “very useful” offered the following comments, in order of frequency:

- “We were able to discuss issues that aren't normally discussed.”
- “Everybody expressed their feelings.”
- “Family members get a lot from it, now we know what kids need.”
- “We recognized our mistakes.”
- “We care about the children and wanted our opinions expressed.”

The family members who indicated that private family time was only “somewhat useful” indicated that the parent did not fully participate when the facilitator left the room (n=19). Those family members that found the private family time to be “not at all useful” (n=49) offered the following comments:

- “ I feel it only benefitted the parent, not the children.”
- “Without the counselor there, no real progress was made.”
- “It seemed a little dramatic.”
- “People got too angry without the neutral person in the room.”

***Practice Improvement Recommendation:***

***Program administrators should consider strategies to enhance the effectiveness of private time.***

**Stage 4: Post-Conference Tasks**

◦ ***Preparation of the Legal Case Plan, Follow-Up, and Case Transfer Procedures***

After the conference, a family services counselor will prepare a legal case plan based on the contents of the worksheet, obtain signatures, and distribute it to those FDMC participants with tasks on the case plan. The case plan is staffed with the DCF attorney for legal sufficiency and later presented to the court for consideration and approval. The completed case plan must have a copy of the FDMC tasks/worksheet attached. The case plan is distributed to appropriate parties 72 hours prior to the Arraignment Hearing. Cases are resolved during the Arraignment Hearing by dismissal, adjudication, or they are set for trial.

If the court accepts the case plan and the case is resolved by dismissal, the case is monitored by the Miami Model Court counselor for approximately 30 days, not to exceed 60 days, for additional support to the family, if needed. During the 30-60 day monitoring process, the case will have the same departmental requirements as a case placed under protective supervision. The Miami Model Court counselor validates the family's progress and prepares a report for the department's records, indicating the family's status prior to closing the case. If the case is set for trial, the case plan is transferred to the appropriate unit (e.g., protective services/foster care) with the case plan as a working draft pending disposition. During the transition period, the Miami Model Court counselor acts as a liaison with the new service counselor for approximately 14-30 days.

<p style="text-align: center;"><b>The Miami Model Court Family Decision-Making Conference Program: Outcome Evaluation Results</b></p>
---

## **OUTCOME EVALUATION RESULTS**

The outcome component of the evaluation was comprised of two parts – an assessment of immediate conference outcomes or impacts as well as impacts on permanency decision-making. Both parts of the outcome evaluation involved an analysis of 87 cases referred for, and the focus of, a FDM Conference. The characteristics of these cases and the impact of the conference process on these families were examined. Quantitative and qualitative data were compiled by researchers from conference exit surveys and case file reviews and entered into a statistical database. The database included data elements concerning the family conference experience of all families studied, as well as their demographic characteristics, petition allegations, court and case status histories.

### **ACHIEVING PERMANENCY WITHIN THE FAMILY SYSTEM**

The average age of a case when a FDM Conference occurred<sup>12</sup> was 48 days. For those children in the sample initially removed prior to receiving a FDM Conference (88% of the sample; n=189 of 215), a permanent placement had been established for 129 (68%) of the children at the time of data collection.<sup>13</sup> Of those children returned home within the study period, 12% of the children (n=23) were returned home within four months following the conference and 53% (n=100) were returned within 6 months. The overall time frame for those children returned home following the conference ranged from 2.8 months to 10.7 months following the conference.

---

<sup>12</sup> Case age was calculated by determining the amount of time that elapsed between the date of removal and the date of the conference.

<sup>13</sup> Due to the time frame of the study and data collection, researchers were unable to code the final permanent placement of 60 children in the sample who had been removed from the home prior to the FDM Conference.

Of the children who did not return home within 6 months of the conference (47%, n=89), 92% (n=82 of 89) were in stable placement and had remained in that *same* placement for the entire period. Moreover, almost three-quarters of these stable placements (72%, n=59 of 82) were with relatives. Only 7 of the 89 cases (8%) involved more than one placement during the 6 month follow-up post-conference period. These data suggest that children who had a family conference in the sample studied, had a successful outcome in terms of permanent placement and placement stability. See Figure 10 and Table 6.

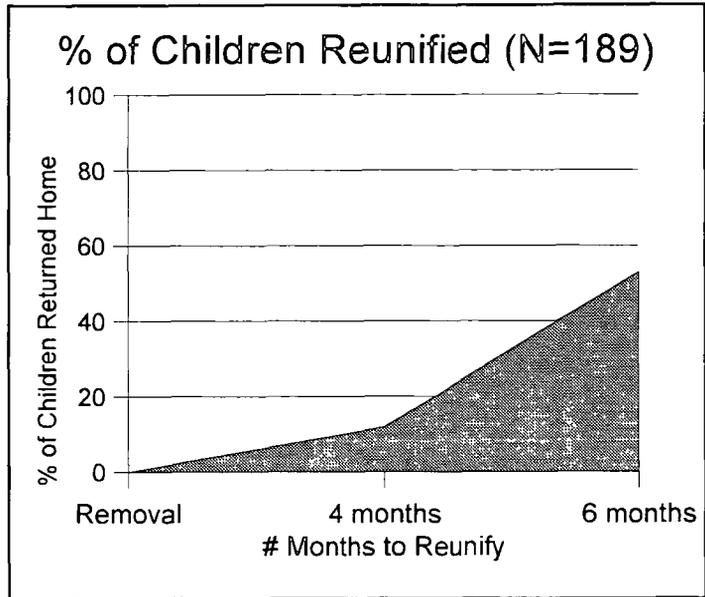


Figure 10

Outcome (within 6.1 months post-FDMC)	Percentage of Children (N=189)
Return home	12% (n=23) within 4 months of conference 53% (n=100) within 6 months of conference
Relative Placement	43% (n=82)
Non-Relative Placement	7% (n=7)
No placement moves	96% (n=182)
More than one placement	4% (n=7)

***Practice Improvement Recommendation:***

***Because this evaluation is limited to the initial stages of a family's court involvement (i.e., the front-end of a case), it does not address this long-term goal. Future research should obtain longitudinal data regarding permanency outcomes.***

***Future evaluation efforts should compare the timeliness of case process and the achievement of permanency for cases that are conferenced as compared to similar cases that are not conferenced.***

***Future evaluation efforts are needed to examine if the number and length of trials in a case is reduced as a result of family conferencing and/or the need for additional hearings eliminated.***

In order to explore factors that might be positively associated with children in the sample exiting care in the 6 months after their family conference, logistic regression analyses were run on key variables and their relationships with successful outcomes. These analyses found that for the study sample, the only factors that were statistically and significantly associated with a return home and/or a stable relative placement by the 6 month post-conference period were:

- Large number of extended family and friends (non-professional resources) attended the conference ( $p < .01$ );
- Allegation petitions did not involve criminal history or incarceration ( $p < .05$ ); and
- Allegation petitions did not involve mental illness ( $p < .05$ ).

***Practice Improvement Recommendation:***

***Recall that 46% of parents, 26% of family members, and 50% of professionals believed that someone was missing from the FDM Conference that should have been there.***

***Given that the number of extended family members and friends (non-professional resources) attending the conference is a predictor of whether or not the child will be returned home, extreme care must be taken at the pre-conference planning phase to ensure that the necessary family members, friends, and community supports are present in the conference.***

**SERVICES PROVIDED**

Data on the services provided were only collected for the parents for whom case file analysis could ascertain that services generated by the conference plan were *actually* provided. The most common services provided were parent skills training (provided to 65% of mothers and 56% of fathers) and drug and alcohol treatment services (provided to 48% of mothers and 37% of fathers). See Table 7.

It is interesting to note that housing, employment and job skills training, and educational development services were more often provided to mothers than to fathers, and individual counseling was more often provided for fathers than for mothers (20%). It is also interesting that transportation services were provided to 22% of the mothers, but to none of the fathers in the sample of case plans reviewed.

**Table 7: Services Provided to Parents**

	Services - Mother N <sub>M</sub> =87		Services - Father N <sub>F</sub> =62	
Parenting Skills	56	65%	35	56%
Drug & Alcohol Treatment	42	48%	23	37%
Housing	34	39%	9	15%
Employment Counseling/Job Skills	28	32%	6	4%
Transportation	19	22%	–	–
Individual Counseling	17	20%	14	30%
Family Builders	14	17%	4	7%
Random Urine Analysis	14	17%	10	16%
Psychological Evaluation	14	17%	10	16%
Educational Development	14	17%	3	4%
Battery/Anger Management/Domestic Violence Cnsl.	4	4%	3	4%
Financial Management & Training	4	4%	–	–
Child Support	4	4%	7	12%
Family Planning	4	4%	–	–

Although time and methodological constraints of this research precluded evaluation of the degree of compliance with case plans generated from the conference, all but one parent (n=52; 98%) reported that the plan developed as a result of the conference was one “they could stick with.” This result is perhaps not surprising given the self-report nature of the instrument and the parents’ court-involvement. However, the majority of extended family members (n=73; 90%) and professional service providers (n=68; 89%) also reported that the case plan generated was one the parents could comply with.

The vast majority of case plans generated by the FDM Conference (92%; n=80) were approved by the court. These data suggest that the plans generated during the conferences in the sample were legally sufficient and appropriately targeted the needs of the families.

### **CASE PROCESSING TIME FRAMES**

Average case processing time frames for the 87 coded case files are presented in Table 8. Time frame analyses revealed that three cases in the sample were “outliers” (i.e., case processing time frames for these cases fell beyond two standard deviations from the overall sample mean). Further analyses indicated that these “outlier” cases *all* involved a prior history with the department, a parent whose whereabouts were unknown, and multiple allegations including allegations of physical abuse. Overall case processing time frames were also calculated for the cases in the sample after deleting these “outlier” cases and are presented in Table 8.

<b>Event</b>	<b>Average Time FDMC (N=87; all cases)</b>	<b>Average Time FDMC (N=84; outliers dropped)</b>
Removal to shelter hearing	3.1 days	1.7 days
Removal to FDM Conference	48 days	45 days
Removal to adjudication	101 days	88 days
Removal to disposition	135 days	101 days
Removal to 1 <sup>st</sup> judicial review	152 days	140 days

Recall that 53% of the children who had been removed from the home prior to the conference were reunified with their families within approximately 6 months of the conference (approximately 183 days). Given that on average the FDM Conference was held 48 days after removal for the entire sample of cases, this means that 53% of the children were being returned home within 7.7 months (231 days) of removal.

**SATISFACTION WITH THE CONFERENCE PROCESS**

An overwhelming 99% of FDM Conference participants agreed that the FDM Conference was helpful in addressing the concerns of the family, with 85% of parents and 75% of family members “strongly” agreeing. See Figure 11 and Table 9.

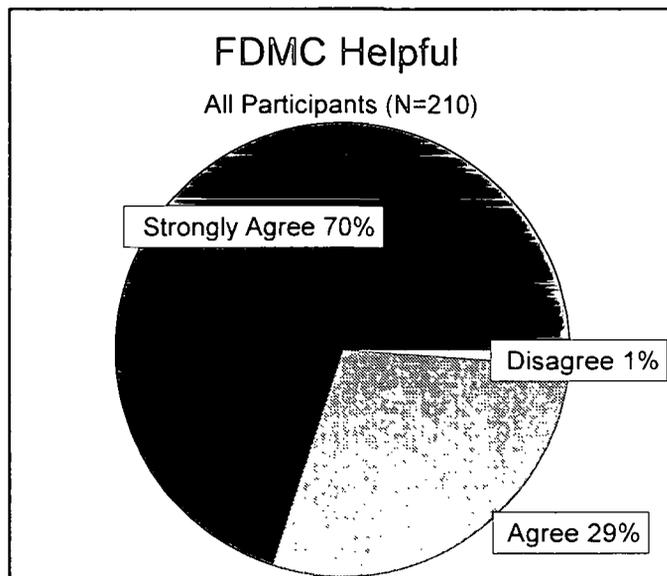


Figure 11

<b>Table 9: The Family Decision-Making Conference was helpful in addressing the concerns of the family.</b>				
<b>N=210</b>	<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>DISAGREE</b>	<b>NOT SURE</b>
Parent (n=53)	40 (75%)	13 (25%)	–	–
Family Member (n=81)	69 (85%)	10 (8%)	2 (2.5%)	–
Professional/Provider (n=76)	37 (49%)	38 (50%)	1 (1%)	–
<b>Total</b>	<b>146 (70%)</b>	<b>61 (29%)</b>	<b>3 (1%)</b>	<b>–</b>

Parents noted that the conference had:<sup>14</sup>

- “developed a good plan” (n=28; 53%)
- “provided me with the services I need” (n=16; 30%)
- “really got everyone talking about the problems” (n=16; 30%)
- “helped the family to focus on what’s best for my kids” (n=12; 23%)
- “allowed everyone to share their thoughts and feelings” (n=10; 19%)

Extended family members noted that the conference had:

- “got everything out in the open” (n=53; 69%)
- “gave us ways to help out” (n=34; 42%)
- “educated us about the issues involved” (n=18; 22%)
- “brought services to [parents]” (n=11; 14%)
- “helped us to come up with positive solutions” (n=9; 11%)

Service providers noted that the conference:

- “helped everyone to identify family strengths” (n=40; 52%)
- “developed a plan which resolved the major issues” (n=34; 45%)
- “helped the family to set goals and define tasks” (n=38; 50%)
- “brought them closer together” (n=18; 22%)
- “helped the family members understand what is going on” (n=18; 23%)

---

<sup>14</sup> All percents reported to open-ended questions may sum to more than 100 as multiple responses could be provided.

More than half of the providers (n= 54; 71%) also indicated that they found the FDM Conference to be very helpful for *themselves*. These participants explained that the conference had provided them with “better information” about the parent(s) (n=42 of 54; 78%), helped them to “identify potential family resources” (n=40 of 54; 74%), and “gave [them] an opportunity to explain their position” (n=16 of 54; 30%).

Overall, the vast majority of FDM Conference participants (96%; n=201) agreed that the FDM Conference was a positive experience. Indeed, just over three-quarters of parents and two-thirds of family members “strongly agreed” that the conference had been a positive experience for them, while 79% of professionals also “strongly agreed.” However, seven of the 53 parents believed that the conference was *not* a positive experience; 1 parent and 1 family member were “unsure” as to whether or not they considered the conference to be a positive experience. See Figure 12 and Table 10. Typical explanations for why the experience was not positive, included that it was “too emotional” and parents felt “ganged up on.”

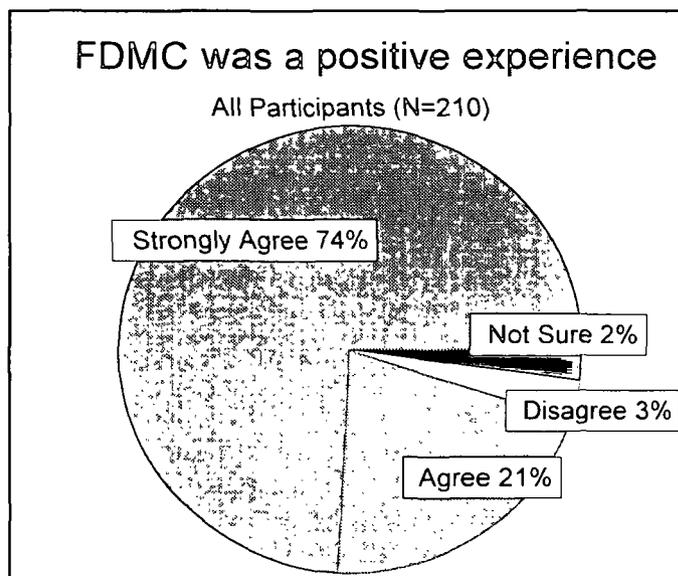
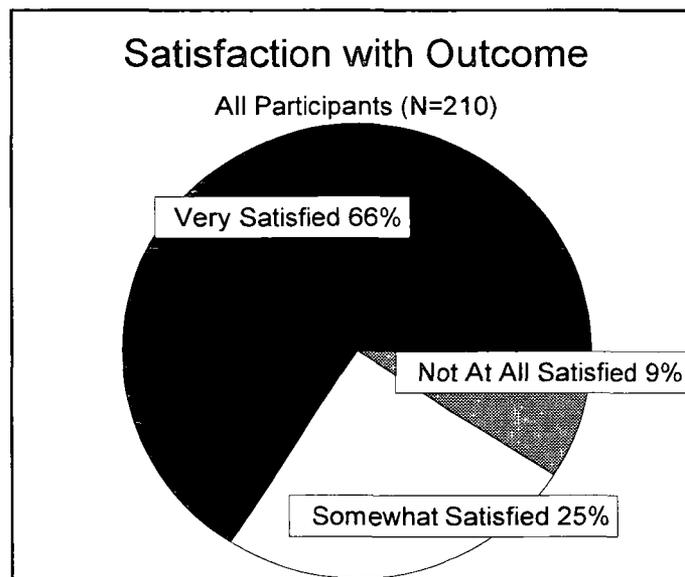


Figure 12

Table 10: The FDM Conference was a positive experience				
N=210	STRONGLY AGREE	AGREE	DISAGREE	NOT SURE
Parent (n=53)	35 (66%)	10 (85%)	7 (13%)	1 (2%)
Family Member (n=81)	62 (78%)	18 (24%)	–	1 (1%)
Professional/Provider (n=76)	60 (79%)	16 (21%)	–	–
Total	157 (75%)	44 (21%)	7 (3%)	2 (1%)

### **SATISFACTION WITH CONFERENCE OUTCOME**

Participants were asked to report how satisfied they were, overall, with the FDM Conference *outcome*. Although the majority of participants were satisfied with the outcome of the FDM Conference (n=191; 91%), only 2/3 of participants were “very satisfied.” One-quarter (n=53) of all participants were only “somewhat satisfied” with the outcome, and 9% (n=8) were “not satisfied at all.” See Figure 13.



**Figure 13**

Looking only at the satisfaction of parents with the outcome of the conference, just over half (55%; n=29) reported that they were “very satisfied” with the conference outcome, while 36% (n=19) indicated they were only “somewhat satisfied.” Only five parents (9%) were “not at all satisfied” with the conference, remarking that “there wasn’t enough time” (n=4) and the conference “just gave people a chance to gang-up on me” (n=1).

The majority of family members (n=78; 96%) were satisfied with the FDM Conference outcome, with 88% (n=71) reporting that they were “very satisfied” with the conference. Seven family members noted that they were “somewhat satisfied” (9%) with the FDM Conference, expressing concern that the parent “might not be able to follow through with the plan” (n=4) and that there “wasn’t enough time to address everything we needed to” (n=3). Only three family members reported that they were “not at all satisfied” with the conference outcome (4%). For these individuals, the conference had “been too stressful,” “was unproductive,” and “didn’t really reach a decision.”

Service providers in attendance reported that overall, they too were satisfied with the conference outcome (n=65; 86%). Half of the providers indicated that they were “very satisfied” with the outcome of the conference (n=38; 50%), while approximately one-third of providers (36%; n=27) indicated that they were only “somewhat satisfied.” Eleven providers were “not at all satisfied” with the outcome of the conference (14%), remarking that they were “concerned about safety issues” (n=8; 72%) and that the conference “took too long” to accomplish its goal (n=3; 27%).

Thus, overall, a higher proportion of family members were satisfied with the conference outcome when compared to parents and professional participants, with more family members indicating that they were “very satisfied” than any other group. See Figure 14 and Table 11.

Table 11: Satisfaction with Outcome of Conference			
N=210	VERY SATISFIED	SOMEWHAT SATISFIED	NOT AT ALL SATISFIED
Parent (n=53)	29 (55%)	19 (36%)	4 (8%)
Family Member (n=81)	71 (87%)	7 (9%)	3 (4%)
Professional/Provider (n=76)	38 (58%)	27 (41%)	11 (14%)
Total	138 (66%)	53 (25%)	8 (9%)

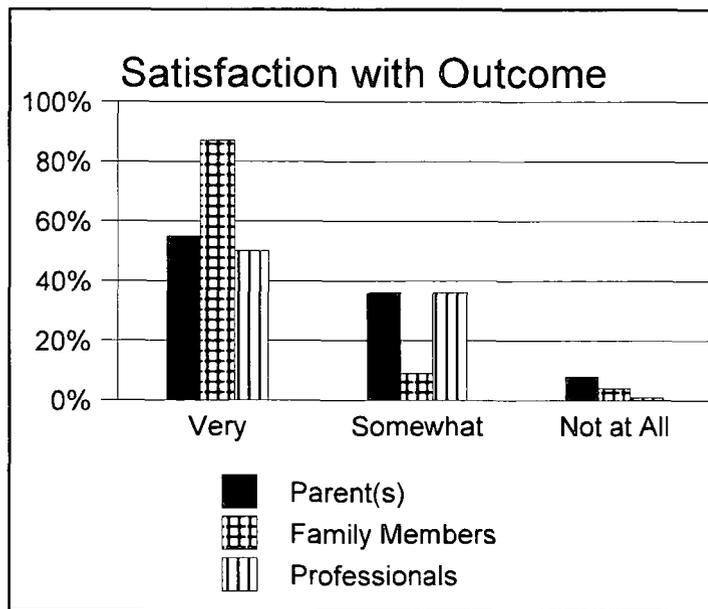


Figure 14

Most of the parents (n=42; 80%) stated that they would definitely participate again if asked. The eight parents (n=15%) who would not participate indicated that a conference would “not be needed.” An additional three parents (6%) were unsure about whether or not they would participate again. For these individuals, it “would depend if services [were] provided,” “if everyone could attend again,” and “if the judge thought it [was] a good idea.”

The majority of family members (82%; n=66) also indicated that they would definitely participate in another conference. Of the twelve family members reporting that they would not participate again, they noted that the conference was “too time consuming,” “too emotional,” and/or that some

key “people [were] missing from the conference.” Three family members reported that they “might” participate again, indicating that they would do so “if it was needed,” “if necessary to protect the child[ren],” or “if more people were included such as family friends.”

### **EMPOWERMENT OF FAMILY AS DECISION-MAKERS**

The process of FDM conferencing is based on the recognition that families have strengths that need to be recognized and respected to secure safety, permanency, and well-being for children. A strengths-based approach blends family responsibility and accountability, empowering the family members to make decisions about family outcomes. It encourages families to cooperate in order to ensure the best care for their children. It recognizes that family groups, who know the most information about themselves, can find safe solutions to abuse and neglect concerns. An underlying principle of FDMC, therefore, considers families and their kin as the best resource for protecting children from abuse and neglect. Family decision-making:

- increases a family’s sense of control;
- blends family responsibility and family accountability;
- encourages family buy-in and cooperation to protect children;
- counters isolation; and
- balances power through professional-family partnerships leading to family-generated, creative solutions.

This evaluation assessed the degree to which FDM conferencing in Miami empowered families as decision-makers by measuring the following variables:

- group value (e.g., treated with respect, felt listened to, feeling part of the planning process);
  - voice (e.g., adequate opportunity to speak, ability to ask questions); and
  - changing relationship between family and DCF worker.
- ***Perceptions of Group Value***

A considerable body of social psychological research and theory has demonstrated that ratings of fairness and satisfaction with outcomes are effected by the degree to which an individual identifies

with the group involved in the procedure or process.<sup>15</sup> This research indicates that individuals who perceive themselves to be a valued member of a group are more likely to put aside self-interest and act in a way that helps all group members. The extent to which individuals are offered opportunity to express their values and opinions, have those thoughts considered, and the extent to which they are treated with respect are factors that increase their identification with the “group.” In the context of FDMC, one would expect that the degree to which individual participants in the conference identified with the “group” will influence satisfaction with both the process and outcome of the program as well as their sense of empowerment as decision-makers.

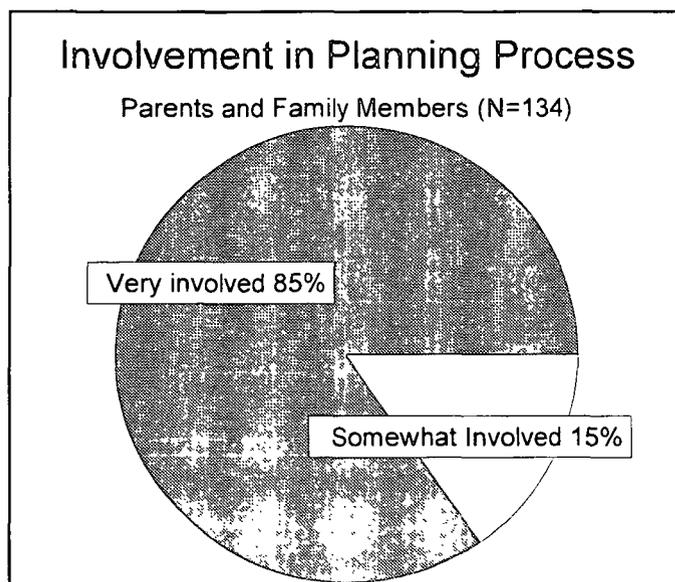
To empower the family as decision-makers, one of the goals of FDM processes is to create a sense of group value or sense of belonging by involving family members in the decision-making and planning process. Of those parents and extended family members and friends responding to the exit survey, the majority (85%; n=114) felt “very involved” in planning the FDM Conference, while 15% (n=20) felt only “somewhat involved.” None of the respondents indicated that they did not feel involved at least to some degree. See Figure 15 and Table 12.

N=134	<b>Very Involved</b>	<b>Somewhat Involved</b>	<b>Not at all Involved</b>	<b>Not Sure</b>
Parent (n=53)	46 (87%)	7 (13%)	–	–
Family Member (n=81)	68 (84%)	13 (16%)	–	–
Total	104 (78%)	20 (16%)	–	–

---

<sup>15</sup> For seminal works in this area see Lind, A., and Tyler, T. (1988). *The Social Psychology of Procedural Justice*. New York: Plenum; and Tajfel, H. (1978). *Differentiation between social groups: Studies in the social psychology of intergroup relations*. New York: Academic Press.

Knowing that they had some control over who attended and that they could invite whomever they wanted also helped to ease the anxiety of some parents. However, those parents that indicated that they felt only “somewhat” involved in planning the conference, noted that their understanding about who they could invite varied. Many reported that they thought only family members could be invited so they “didn’t even consider inviting supportive people outside of the family” (e.g., friends). Of those individuals



**Figure 15**

reporting that they felt only “somewhat” involved in the planning process (n=20), 100% said that there was someone missing from the conference and 88% (n=18) reported feeling ill-prepared for the conference.

***Practice Improvement Recommendation:***

***Consider steps that might be taken to more fully involve family members – especially extended family and family friends – in the planning for the FDM Conference.***

***For example, asking for input on who should participate in the conference, and making suggestions about who might be appropriate to invite, identifying issues and strengths, etc.***

To assess group value, parents were also asked to rate, on a scale from 1 (“strongly disagree”) to 5 (“strongly agree”), their level of agreement with the following statements:<sup>16</sup>

- I felt ignored and unimportant during the FDM Conference.
- I felt part of finding the answers to problems.
- The facilitator really listened to what I had to say.
- Others in the FDM Conference really listened to what I had to say.
- The facilitator treated me with respect.
- The facilitator treated my family with respect.
- Non-family members treated me with respect.
- Non-family members treated my family with respect.

Just over two-thirds of parents (68%) “strongly agreed” with the statement, “I felt part of finding the answers to problems” (average rating = 4.51), 79% “strongly agreed” that the facilitator really listened to what they had to say (average rating = 4.72), and 79% of parents “strongly disagreed” with the statement, “I felt ignored and unimportant during the FDM Conference” (average rating = 1.58). Two-thirds of the parents “strongly agreed” with the statement, “Others in the FDM Conference really listened to what I had to say” (average rating = 4.42).

Overall, parents seemed to feel that they, and their families, were treated with respect by the other participants in the conference, with the facilitator receiving the highest ratings. See Table 13.

<b>Table 13: Parents Sense of Group Value</b>						
<b>N=53</b>	<b>1 “strongly disagree”</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 “strongly agree”</b>	<b>Average</b>
I felt ignored and unimportant during the FDMC.	79%	4%	2%	9%	6%	1.58
I felt part of finding the answers to problems.	2%	2%	8%	21%	68%	4.51

---

<sup>16</sup> As a check for response sets (i.e., automatic circling of numbers without actually reading question stems or endorsement of same number for all question stems) some “reverse” statements were utilized.

The facilitator really listened to what I had to say.	–	4%	6%	15%	79%	4.72
Others in the FDMC really listened to what I had to say.	6%	–	8%	21%	66%	4.42
The facilitator treated me with respect.	–	–	–	9%	91%	4.91
The facilitator treated my family with respect.	–	–	2%	9%	89%	4.87
Non-family members treated me with respect.	9%	2%	2%	13%	74%	4.40
Non-family members treated my family with respect.	9%	2%	8%	11%	70%	4.30

Family members were asked parallel questions and the average ratings are very similar to those of the parents. See Table 14.

$N_{FM}=81$	1 "strongly disagree"	2	3	4	5 "strongly agree"	Average
I felt ignored and unimportant during the FDMC.	78%	5%	3%	9%	6%	1.60
I felt part of finding the answers to problems.	4%	1%	9%	20%	67%	4.44
The facilitator really listened to what I had to say.	1%	3%	4%	14%	79%	4.67
Others in the FDMC really listened to what I had to say.	6%	–	7%	19%	68%	4.42
The facilitator treated me with respect.	3%	–	–	8%	90%	4.83
The facilitator treated my family with respect.	3%	–	1%	9%	88%	4.79
Non-family members treated me with respect.	11%	1%	5%	10%	73%	4.32
Non-family members treated my family with respect.	11%	1%	7%	12%	68%	4.25

Overall, the most frequently endorsed statements by both family members and parents participating in the conference were, in order of frequency:

- “The facilitator treated me with respect” (parents: 4.91; family members: 4.83);
- “The facilitator treated my family with respect” (parents: 4.87; family members: 4.79);
- “The facilitator really listened to what I had to say” (parents: 4.72; family members: 4.67); and
- “I felt part of finding the answers to the problems discussed” (parents: 4.51; family members: 4.44).

All but one parent (n=52; 98%) felt that they played an important part in making their family case plan. The one individual who did not feel this way reported that “there wasn’t enough time” to make a contribution. An overwhelming majority of family members (98%; n=79) also reported that they played an important part in making the case plan, with only two individuals reporting that they did not. Both of these individuals also felt that they “did not get enough time” to focus on the case plan.

◦ ***An Opportunity for Voice***

Research has demonstrated that the more opportunity individuals have to express their thoughts and opinions, or have “voice” before decisions are made the more likely they are to be satisfied with those decisions.<sup>17</sup> This effect holds even if the ultimate decision is not in the favor of the individual.

Participants’ perspectives on the degree to which they had any “say” or influence in making decisions at the conference were gathered via closed-ended and open-ended questions on the exit survey. Factors contributing to parents believing that they had enough say in the conference were good preparation and being supported by the facilitator in the session (e.g., the degree to which the facilitator directed questions to the family members to draw them out).

---

<sup>17</sup> *Supra* note 12.

Parents were asked to rate, on a scale from 1 (“strongly disagree”) to 5 (“strongly agree”), their level of agreement with the following statements:<sup>18</sup>

- I had chance to express my feelings and concerns.
- I would have liked more opportunity to express my feelings and concerns.
- The facilitator made sure everyone had an opportunity to talk.

On average, parents seem to strongly agree that they felt they had a chance to express their feelings and concerns during the FDM Conference – the average rating on the 1-5 scale was 4.62, with 76% of the parents “strongly agreeing.” Parents also strongly agreed that the facilitator had made sure everyone had an opportunity to talk – the average rating on the 1-5 scale was 4.70, with 81% of the parents “strongly agreeing.” With an average rating of 2.43, parents were more equivocal about whether or not they would have liked more opportunity to express their feelings and concerns. It is important to note, however, that 42% of parents did not want more opportunity to express their concerns and feelings. See Table 15 and Figures 16 and 17.

Table 15: Parents Opportunity for Voice						
N=53	1 “strongly disagree”	2	3	4	5 “strongly agree”	Average
I had a chance to express my feelings and concerns.	2%	2%	4%	17%	76%	4.62
I would have liked more opportunity to express my feelings and concerns.	42%	15%	15%	15%	13%	2.43
The facilitator made sure everyone had an opportunity to talk.	2%	2%	2%	13%	81%	4.70

---

<sup>18</sup> As a check for response sets (i.e., automatic circling of numbers without actually reading question stems or endorsement of same number for all question stems) some “reverse” statements were utilized.

Family members were asked parallel questions and the average ratings are very similar to those of the parents. See Table 16 and Figures 16, and 17.

Table 16: Family Members Opportunity for Voice						
N=81	1 "strongly disagree"	2	3	4	5 "strongly agree"	Average
I had a chance to express my feelings and concerns.	4%	1%	5%	16%	74%	4.65
I would have liked more opportunity to express my feelings and concerns.	35%	21%	14%	14%	17%	2.58
The facilitator made sure everyone had an opportunity to talk.	3%	3%	1%	14%	80%	4.67

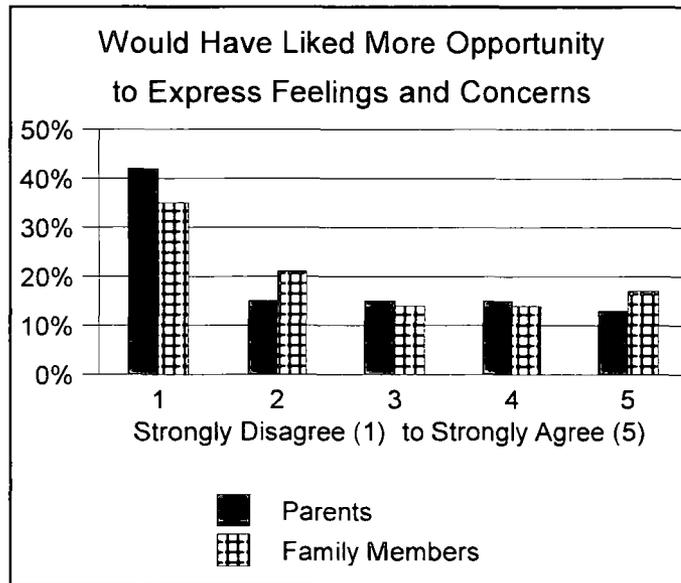


Figure 16

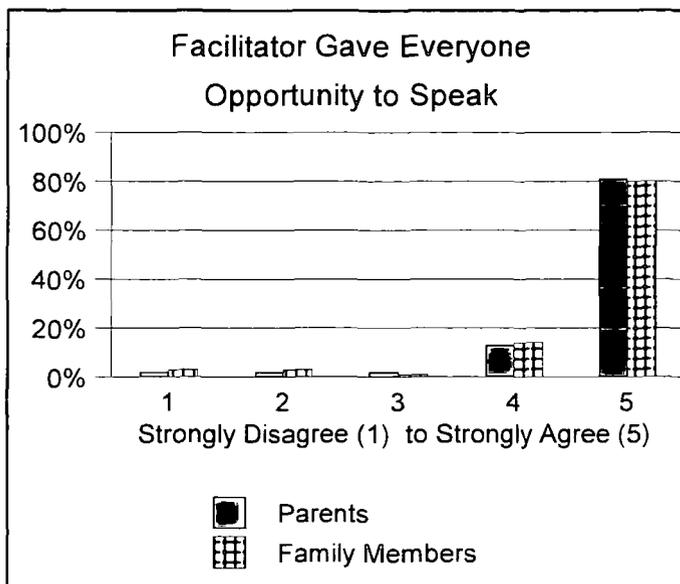


Figure 17

The majority of service providers and other professionals attending the conference reported that they were satisfied with the amount of information they were able to contribute during the conference (n=70; 92%).

**SAFETY**

When asked about the degree to which they felt safe during the conference, most parents (83%; n=44) felt “very safe” during the conference. Only 11% (n=6) felt “somewhat safe,” and only 3 parents (6%) were concerned about their safety. These parents represented three conferences in the sample studied. Similarly, most family members (n=66; 82%) felt “very safe” during the conference, with seventeen (21%) reporting that they felt “somewhat safe.” Nine (11%) family members reported that they did not feel safe during the conference – these family members represented two conferences in the sample studied.

**CHANGING RELATIONSHIP BETWEEN FAMILY AND DCF COUNSELOR**

The majority of parents reported that after participating in the conference the DCF counselor understood their concerns better (91%; n=48). When asked to explain why they felt this way, parents remarked that:

- “they became more aware of differences in the family.”
- “they have a better understanding of the services I need.”
- “she listened to my point of view.”
- “with input from us they have a better idea what is going on.”

The majority of parents (95%; n=51) also indicated that as a result of the conference, they understand the concerns of DCF better. The most frequent comments provided in explanation included:

- “they are looking out for the children.”
- “they are willing to work with families.”
- “they aren’t just focused on what’s wrong with our family.”

The majority of family members responding (92%; n=74) believed that as a result of the conference the DCF case worker understands their family a little better. Typical comments included:

- “I was able to express my feelings to the worker more clearly.”
- “the counselor was able to see the love we have for our child.”
- “she heard everyone, and you could tell she was listening.”
- “the way they expressed themselves changed.”
- “I know they are doing what is best for my family.”
- “it changed my perception of DCF.”

An overwhelming majority of the family members (97%; n=78) also indicated that they now understand the concerns of the DCF counselor better. The most typical comments included:

- “they are looking out for the best interests of the child.”
- “they care about the family’s concern for the child.”
- “they know what is best for my family.”
- “they finally explained what we didn’t understand.”
- “they are interested in your weak points and your strong points.”

Providers were asked to indicate to what extent they felt the conference had improved their relationship with the family. The vast majority (95%, n=73) reported that it had, explaining that:

- “I could demonstrate that I was there to support them.”
- “the mother really listened to what I had to say.”
- “I needed things for the child and they gave me a helping hand.”
- “it helped give us all a better understanding of the problems.”

### **PREDICTORS OF PROGRAM SUCCESS**

In order to determine which programmatic features are most predictive of program success, a logistic regression analysis was run on key program features and their relationship to outcomes. Only those programmatic and process variables that were *statistically* significant predictors of successful outcomes are reported below.

### **FACTORS PREDICTING SUCCESS OF FDM CONFERENCE FOR PARENTS**

- ***Perceptions of Group Value***

- Extent to Which Parents Were Involved in Planning the FDM Conference***

- The extent to which parents felt they were involved in the planning of the FDM Conference was a statistically significant predictor of overall parental satisfaction with the FDMC outcome ( $p < .004$ ).
    - The extent to which parents felt they were involved in planning the FDM Conference was a statistically significant predictor of parents' satisfaction with the case plan developed ( $p < .004$ ).

- Degree to Which Parents Felt Sufficiently Prepared for FDM Conference***

- The degree to which parents felt they had been sufficiently prepared for the FDM Conference was a statistically significant predictor of parents' overall satisfaction with the facilitator ( $p < .001$ ).
    - The degree to which parents felt they had been sufficiently prepared for the FDM

Conference was a statistically significant predictor of how useful parents viewed the private family time ( $p < .03$ ).

- ***Being Treated with Respect***

- Parental perceptions of the degree to which they were treated with respect by conference participants was a statistically significant predictor of parents' satisfaction with the facilitator ( $p < .01$ ).
- Parental perceptions of the degree to which they were treated with respect by conference participants was a statistically significant predictor of parents' overall satisfaction with the FDMC outcome ( $p < .03$ ).
- Parental perceptions of the degree to which they were treated with respect by conference participants was a statistically significant predictor of parents' satisfaction with the case plan developed ( $p < .03$ ).

- ***Perceived Opportunity for Voice***

- The perceived opportunity for voice was a statistically significant predictor of how satisfied parents were with the facilitator ( $p < .001$ ).
- The perceived opportunity for voice was a statistically significant predictor of how helpful parents rated the FDM Conference process ( $p < .003$ ).
- The perceived opportunity for voice was a statistically significant predictor of how useful parents viewed the private family time ( $p < .05$ ).

- ***Empowerment – Being Part of the Solutions Generated***

- Parents' perceptions that they were part of the solutions generated was a statistically significant predictor of parents' satisfaction with the facilitator ( $p < .003$ ).
- Parents' perceptions that they were part of the solutions generated was a statistically significant predictor of parents' overall satisfaction with the FDMC outcome ( $p < .01$ ).
- Parents' perceptions that they were part of the solutions generated was a statistically significant predictor of parents' satisfaction with the case plan developed ( $p < .01$ ).

## **FACTORS PREDICTING SUCCESS OF FDM CONFERENCE FOR FAMILY MEMBERS**

- ***Perceptions of Group Value***
  - Extent to which Family Members Were Involved in Planning the Conference***
    - The extent to which family members were involved in planning the conference was a statistically significant predictor of family members' satisfaction with the case plan developed ( $p < .001$ ).
    - The extent to which family members were involved in planning the conference was a statistically significant predictor of how helpful family members rated the FDM Conference process ( $p < .01$ ).
    - The extent to which family members were involved in planning the conference was a statistically significant predictor of how helpful family members rated the private family time ( $p < .02$ ).
  - Degree to Which Family Members Felt Sufficiently Prepared for FDM Conference***
    - The degree to which family members felt they had been sufficiently prepared for the FDM Conference was a statistically significant predictor of family members' overall satisfaction with the FDMC outcome ( $p < .05$ ).
- ***Being Treated with Respect***
  - Family member perceptions of the degree to which they were treated with respect by conference participants was a statistically significant predictor of family members' satisfaction with the case plan developed ( $p < .003$ ).
- ***Perceived Opportunity for Voice***
  - The perceived opportunity for voice was a statistically significant predictor of family members' overall satisfaction with the case plan developed ( $p < .001$ ).
  - The perceived opportunity for voice was a statistically significant predictor of how helpful family members rated the FDM Conference process to be ( $p < .05$ ).

- ***Facilitator Effectiveness***
  - The degree to which family members rated the facilitator as effective was a statistically significant predictor of how helpful they rated the FDM Conference process ( $p < .05$ ).

**FACTORS PREDICTING SUCCESS OF FDM CONFERENCE FOR PROFESSIONALS AND PROVIDERS**

- ***Clear Understanding of the Purpose of the FDM Conference***
  - The extent to which professionals/providers had a clear understanding of the purpose of the conference was a statistically significant predictor of how helpful professionals/providers rated the FDM Conference process ( $p < .001$ ).
- ***Opportunity for Voice***
  - The perceived opportunity for voice was a statistically significant predictor of professionals/providers' overall satisfaction with the FDM Conference outcome ( $p < .001$ ).
  - The perceived opportunity for voice was a statistically significant predictor of how helpful professionals/providers rated the FDM Conference process ( $p < .001$ ).
- ***Facilitator Effectiveness***
  - The degree to which professionals/providers rated the facilitator as effective was a statistically significant predictor of how helpful professionals/providers rated the FDM Conference process to be ( $p < .001$ ).

***Practice Improvement Recommendation:***

***Care should be taken by program personnel and administration to ensure that all predictive factors are enhanced to every extent possible.***

**The Miami Model Court Family Decision-Making Conference Program:  
Program Goal Achievement**

The articulated goals of the Miami Model Court Family Decision-Making Conference Program are to:

- ▶ assist families with identifying strengths and to resolve their own problems;
- ▶ identify appropriate resources within the family and the community;
- ▶ facilitate the development of early, appropriate and comprehensive service plans that serve to protect the safety and best interests of the child;
- ▶ provide an efficient process for resolving cases quickly;
- ▶ empower family members as decision-makers;
- ▶ increase participants' satisfaction with the child protective process and outcomes;
- ▶ improve relationships between DCF counselors, the court, and families; and
- ▶ reduce the amount of time that children spend waiting for permanency.

This section presents results from both the process and outcome components of the research as they relate to each goal of the program.

**FINDINGS BY GOALS**

**GOAL:** To assist families with identifying strengths and to resolve their own problems.

**FINDING:** Results of the evaluation demonstrate that FDM Conferences are assisting families with identifying strengths and resolving problems.

- 99% of FDM Conference participants agreed that the FDM Conference was helpful in addressing the concerns of the family, with 85% of parents and 75% of family members “strongly” agreeing.
- over three-quarters of parents and two-thirds of family members “strongly agreed” that the conference had been a positive experience for them, while 79% of professionals also “strongly agreed.”
- 91% of participants were generally *satisfied with the outcome* of the FDM Conference.

- 2/3 of all participants were “very satisfied”
- 1/4 of all participants were only “somewhat satisfied”
- 9% of all participants were “not satisfied at all”

**GOAL:** To identify appropriate resources within the family and the community.

**FINDING:** The FDMC program has successfully mobilized family and community resources.

**FINDING:** Although successful at mobilizing family members as resources, almost half of the participants indicated that someone that should have been included was missing from the conference.

- 40% of family members participated in order “to support the family,” 31% “to be involved in decisions concerning the child,” and 26% “because I was concerned for the child(ren).”
- 76% of professionals/providers participated in the conference “to support the family/parent,” 33% “to help the family understand the dependency process,” 20% “to help the family understand the substance abuse issues involved,” 16% “to work with the parent through intensive case management,” and 5% “to share my information.”
- 95% of family members agreed to provide child care when needed.
- 86% of family members assumed responsibility for ensuring parental compliance with substance abuse treatment programs (e.g., providing transportation to meetings and treatment sessions, providing emotional support).
- 73% of family members agreed to provide social activities for the child(ren).
- 68% of family members assumed responsibility for ensuring parental compliance with job counseling and job skills training (e.g., ensuring that the parent attended, providing transportation assistance if necessary).
- 43% of family members assumed responsibility for ensuring that the parent complied with general educational requirements (e.g., completion of GED).

- 93% of service providers assumed responsibility for placement.
- 86% of service providers assumed responsibility for visitation.
- 68% of service providers assumed responsibility for providing counseling and mental health services.
- 75% of parents indicated someone was missing from the conference.
  - 70% of these parents indicated that a non-relative support person should have attended.
  - 18% of these parents noted that their attorney should have been present.
- 26% of family members indicated that someone was missing from the conference.
  - 20% of these parents and family members identified the father as the missing person.
  - 20% of these parents and family members identified some *other relative* as missing.
- 50% of the professionals indicated that someone was missing from the conference.

**GOAL:** To facilitate the development of early, appropriate and comprehensive service plans that serve to protect the safety and best interests of the child.

**FINDING:** Plans developed as a result of FDM Conferences were not only early, but were also appropriate and relatively comprehensive.

- the FDM Conference is held an average of 48 days from removal.
- 100% of case plans reviewed addressed presenting child protection and attachment concerns in the development of the plan.
- 100% of case plans reviewed addressed services/needs and requirements of the parents.
- 86% of case plans addressed tasks/follow-up for the family members.
- 72% of case plans addressed specific tasks for social workers.

- 62% of case plans addressed visitation schedules.
- 98% of parents reported that the plan developed as a result of the conference was one “they could stick with.”
- 90% of extended family members reported that the case plan generated was one the parents could “stick with.”
- 89% of professional service providers reported that the case plan generated was one the parents could “stick with.”
- 92% of case plans generated by the FDM Conference were approved by the court.

**GOAL:** To provide an efficient process for resolving cases in a timely manner.

**FINDING:** Although the FDMC program appears to be running relatively efficiently and resolving cases in a timely manner, a number of areas of the pre-conference planning process (e.g., identification and involvement of family members, clear articulation of conference purpose and goals) need improvement.

**FINDING:** The FDMC program appears to be adequately providing necessary pre-conference services.

**FINDING:** FDM Conference participants report that conference facilitators are knowledgeable and effective.

*Participant Understanding of FDM Conference Purpose*

- 68% of participants had a clear understanding of the purpose of the FDM Conference before it was held.
- 26% of participants did *not* have a clear understanding of the purpose of the FDM Conference before it was held.
  - in every category of participant – whether parent, family member, or professional – an average of one-quarter of participants lacked a clear understanding of the purpose of the FDMC prior to attending the conference.

*Level of Participant Preparation*

- 53% of family members and parents indicated that they felt “very prepared,” 40% indicated that they felt “somewhat prepared,” and 7% indicated that they were “not at all prepared” for the FDM Conference.
- 47% of the parents and family members felt that their preparation was lacking in some way.

*Provision of Pre-Conference Services*

- 87% of all respondents agreed that the MMC Counselor had offered and provided the family with adequate services.
  - 90% of parents and family members agreed that the MMC Counselor had offered and provided the family with adequate services, with 78% indicating “strong agreement.”
- 12% of all respondents were “unsure” if the MMC Counselor had offered and provided the family with adequate services.
- 6% of respondents did not believe that the MMC Counselor had offered and provided the family with adequate services.
- there was slightly more disagreement among the professionals participating in the FDM Conferences – 80% of professionals agreed that adequate services had been offered and provided, but 1/3 of professional respondents (68%) indicated “strong agreement.”

*Facilitator Effectiveness*

- 86% of participants felt that the facilitator was fair in the way he/she conducted the conference.
- 73% of the participants reported that they were satisfied or very satisfied with the facilitator.
  - 88% of parents.
  - 75% of extended family members and friends.
  - 59% of professionals.
- 71% of participants “strongly agreed” that the facilitator was knowledgeable and effective.

- 84% of family members “strongly agreed” that the facilitator was knowledgeable and effective.
- 57% of parents “strongly agreed” that the facilitator was knowledgeable and effective.
- 2/3 of professionals/providers “strongly agreed” that conference facilitators were knowledgeable and effective.

*Use of Family Time*

- 46% of parents and family members found the private family time to be “very useful.”
- 14% of parents and family members found the private family time to be only “somewhat useful.”
- 37% of parents and family members found the private family time to be “not at all useful.”

**GOAL:** To empower parents and family members as decision-makers.

**FINDING:** The FDMC program successfully empowers parents and family members as decision-makers.

- 85% of parents and family members felt “very involved” in planning the FDM Conference and 15% felt only “somewhat involved.”
- on average, parents seem to strongly agree that they felt they had a chance to express their feelings and concerns during the FDM Conference.
- parents strongly agreed that the facilitator had made sure everyone had an opportunity to talk.
- 68% of parents “strongly agreed” with the statement, “I felt part of finding the answers to problems.”
- 79% “strongly agreed” that the facilitator really listened to what they had to say.
- 79% of parents “strongly disagreed” with the statement, “I felt ignored and unimportant during the FDM Conference.”

- 2/3 of the parents “strongly agreed” with the statement, “Others in the FDM Conference really listened to what I had to say.”
- parents seemed to feel that they and their families were treated with respect by the other participants in the conference, with the facilitator receiving the highest ratings.
- 98% of parents felt that they played an important part in making their family case plan.
- 98% of family members reported that they played an important part in making the case plan.
- 80% of parents stated that they would definitely participate again if asked.
- 82% of family members indicated that they would definitely participate in another conference.

**GOAL:** To increase participants’ satisfaction with the child protective process and outcomes.

**FINDING:** Participants were generally very satisfied with the FDM process and outcomes.

**FINDING:** Most participants felt safe during the FDM Conference.

*Process and Outcomes*

- 99% of FDM Conference participants agreed that the FDM Conference was helpful in addressing the concerns of the family, with 85% of parents and 75% of family members “strongly agreeing.”
- 91% of participants were satisfied with the outcome of the FDM Conference.
  - 2/3 of participants were “very satisfied.”
  - 1/4 of participants were “somewhat satisfied” with the outcome.
  - 9% of participants were “not satisfied at all.”
- 71% of the providers indicated that they found the FDM Conference to be very helpful for them.

- 96% of FDM Conference participants agreed that the FDM Conference was a positive experience.
- majority of participants indicated that they would participate in another FDM Conference if needed.

*Safety*

- 83% of parents felt “very safe” during the conference.
- 11% of parents felt “somewhat safe.”
- 6% of parents were concerned about their safety.
- 82% of family members felt very safe during the conference.
- 21% of family members felt “somewhat safe.”
- 11% of family members reported that they did not feel safe during the conference – these family members represented two conferences in the sample studied.

**GOAL:** To improve relationships between DCF counselors, the court, and families.

**FINDING:** The FDMC program has improved the relationships between DCF counselors, the court, and families.

- 91% of parents reported that after participating in the conference the DCF counselor understood their concerns better.
- 95% of parents indicated that as a result of the conference, they understood the concerns of DCF better.
- 92% of family members believed that as a result of the conference the DCF case worker understands their family a little better.
- 95% of providers reported that the conference has improved their relationship with the family.

**GOAL:** To reduce the amount of time that children spend waiting for permanency.

**FINDING:** Although the current research lacks a comparison sample, 53% of the children were returned within 6 months following the conference.

**FINDING:** Of those children who do not return home within 6 months of the conference, 92% are in a stable placement with no placement moves.

**FINDING:** Of those children who do not return home within 6 months of the conference, 72% are in relative placements.

- 12% of the children were returned home within four months following the conference.
- 53% of the children were returned home within 6 months following the conference.
- the overall time frame for those children returned home following the conference ranged from 2.8 months to 10.7 months following the conference.
- of the children who did not return home within 6 months of the conference, 92% were in a stable placement and had remained in that *same* placement for the entire period; 72% of these stable placements were with relatives.
- 8% of the 89 cases involved more than one placement during the 6 month follow-up post-conference period.

*Case Processing Time Frames*

- average time frame for removal to shelter hearing: 3 days for entire sample; 1.7 days for sample without outlier cases.
- average time frame from removal to FDM Conference: 48 days for entire sample; 45 days for sample without outlier cases.
- average time frame from removal to adjudication: 101 days for entire sample; 88 days for sample without outlier cases.
- average time frame from removal to disposition: 135 days for entire sample; 101 days for sample without outlier cases.
- average time frame from removal to 1<sup>st</sup> judicial review: 152 days for entire sample; 140 days for sample without outlier cases.
- given that on average the FDM Conference was held 48 days after removal for the entire sample, 53% of the children were being returned home within 7.7 months (231 days) of removal.

- large number of extended family and friends (non-professional resources) attending the conference; allegation petitions not involving criminal history or incarceration; and allegation petitions not involving mental illness were significantly associated with a return home and/or a stable relative placement by the 6 month post-conference period.

### **PREDICTORS OF PROGRAM SUCCESS**

In order to determine which programmatic features are most predictive of program success, a logistic regression analysis was run on key program features and their relationship to outcomes. Only those programmatic and process variables that were *statistically* significant predictors of successful outcomes are reported below.

Those factors predicting success of FDM Conference for *parents* were:

- Parental perceptions of group value – that is, the extent to which parents were involved in planning the FDM Conference, the degree to which parents felt sufficiently prepared for the FDM Conference, and the parents' perception of the degree to which other conference participants treated them with respect.
- Parental perceptions of the opportunity for voice.
- Parental perceptions of the degree to which they are part of the solutions being generated.

Those factors predicting success of FDM Conference for *family members* and friends were:

- Family member perceptions of group value – that is, the extent to which family members and friends were involved in planning the FDM Conference, the degree to which family members and friends felt sufficiently prepared for FDM Conference, and the family members' and friends' perception of the degree to which other conference participants treated them with respect
- Family members' and friends' perceived opportunity for voice.
- Perceptions of facilitator effectiveness.

Those factors predicting success of the FDM Conference for *professionals/providers* were:

- A clear understanding of the purpose of the FDM Conference.
- Perceived opportunity for voice.
- Perceptions of facilitator effectiveness.



# APPENDIX







**FATHER A:** Ethnicity [ ] Age \_\_\_\_\_ Martial Relationship to M: [ ]  
Paternity at Issue  No  Yes If Yes, date Established: \_\_\_/\_\_\_/\_\_\_  Pending  
Whereabouts at Issue  No  Yes If Yes, date Located: \_\_\_/\_\_\_/\_\_\_  Unknown  
 Deceased  Incarcerated

Comments: \_\_\_\_\_

**FATHER B:** Ethnicity [ ] Age \_\_\_\_\_ Martial Relationship to M: [ ]  
Paternity at Issue  No  Yes If Yes, date Established: \_\_\_/\_\_\_/\_\_\_  Pending  
Whereabouts at Issue  No  Yes If Yes, date Located: \_\_\_/\_\_\_/\_\_\_  Unknown  
 Deceased  Incarcerated

Comments: \_\_\_\_\_

**FATHER C:** Ethnicity [ ] Age \_\_\_\_\_ Martial Relationship to M: [ ]  
Paternity at Issue  No  Yes If Yes, date Established: \_\_\_/\_\_\_/\_\_\_  Pending  
Whereabouts at Issue  No  Yes If Yes, date Located: \_\_\_/\_\_\_/\_\_\_  Unknown  
 Deceased  Incarcerated

Comments: \_\_\_\_\_

**FATHER D:** Ethnicity [ ] Age \_\_\_\_\_ Martial Relationship to M: [ ]  
Paternity at Issue  No  Yes If Yes, date Established: \_\_\_/\_\_\_/\_\_\_  Pending  
Whereabouts at Issue  No  Yes If Yes, date Located: \_\_\_/\_\_\_/\_\_\_  Unknown  
 Deceased  Incarcerated

Comments: \_\_\_\_\_

**FATHER E:** Ethnicity [ ] Age \_\_\_\_\_ Martial Relationship to M: [ ]  
Paternity at Issue  No  Yes If Yes, date Established: \_\_\_/\_\_\_/\_\_\_  Pending  
Whereabouts at Issue  No  Yes If Yes, date Located: \_\_\_/\_\_\_/\_\_\_  Unknown  
 Deceased  Incarcerated

Comments: \_\_\_\_\_

**FATHER F:** Ethnicity [ ] Age \_\_\_\_\_ Martial Relationship to M: [ ]  
Paternity at Issue  No  Yes If Yes, date Established: \_\_\_/\_\_\_/\_\_\_  Pending  
Whereabouts at Issue  No  Yes If Yes, date Located: \_\_\_/\_\_\_/\_\_\_  Unknown  
 Deceased  Incarcerated

Comments: \_\_\_\_\_

**FATHER G:** Ethnicity [ ] Age \_\_\_\_\_ Martial Relationship to M: [ ]  
Paternity at Issue  No  Yes If Yes, date Established: \_\_\_/\_\_\_/\_\_\_  Pending  
Whereabouts at Issue  No  Yes If Yes, date Located: \_\_\_/\_\_\_/\_\_\_  Unknown  
 Deceased  Incarcerated

Comments: \_\_\_\_\_

**FATHER H:** Ethnicity [ ] Age \_\_\_\_\_ Martial Relationship to M: [ ]  
Paternity at Issue  No  Yes If Yes, date Established: \_\_\_/\_\_\_/\_\_\_  Pending  
Whereabouts at Issue  No  Yes If Yes, date Located: \_\_\_/\_\_\_/\_\_\_  Unknown  
 Deceased  Incarcerated

Comments: \_\_\_\_\_

**CASE FLOW**

Removal \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Detention Petition/Shelter Hrg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Dependency Petition \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Family Decision Making Conference \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Plan:  Yes  No

Adjudicatory Hrg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Dispositional Hrg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Admit/Consent/Plea  Denial

Judicial Review 1 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Judge  FCR  GM

Judicial Review 2 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Judge  FCR  GM

Permanency Hrg. 1 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Goal:  Reunification  
 Independent Living

Guardianship  Adoption [*Check if Kinship Adoption*   
 Other \_\_\_\_\_

Judicial Review 3 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Judge  FCR  GM

Judicial Review 4 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Judge  FCR  GM

Permanency Hrg. 1 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Goal:  Reunification  
 Independent Living

Guardianship  Adoption [*Check if Kinship Adoption*   
 Other \_\_\_\_\_

TPR Petition Filed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
TPR Trial \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
TPR Final Judgement \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Judgement:  M-TPR  M-Not TPR  FC-TPR  FD-TPR  FE-TPR  
 FA-TPR  FB-TPR  FH-TPR  
 FG-TPR

Appeal Filed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Adoption Petition Filed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Adoption Final: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Case Closure: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reason:  Reunification  Adoption [*Check if Kinship Adoption*   
 Guardianship  LT Relative Care  Dismissal

Adoption Disrupted:  yes  no Reason: \_\_\_\_\_

Mediation -1:  yes  no Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Resolution:  Full  Partial  No  INAP  
Mediation -2:  yes  no Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Resolution:  Full  Partial  No  INAP

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPORTS**

Agency

Date

DCF


GAL


EDUC


MEDIC


PSYCH


OTHER


**CASE PLAN**

[If more than 2 plans, code first plan and most recent plan]

**PLAN 1**  
 \_\_\_/\_\_\_/\_\_\_  
 \_\_\_/\_\_\_/\_\_\_

Date Filed  
 Date Hearing Re: Plan

**MOST RECENT PLAN**  
 \_\_\_/\_\_\_/\_\_\_  
 \_\_\_/\_\_\_/\_\_\_

[ ]  
 [ ]

DEVELOPED THRU FDMC  
 NO CASE PLAN IN COURT FILE

[ ]  
 [ ]

**BREADTH OF CONTENT AREAS ADDRESSED**

[ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]

Specific reasons why child in foster care  
 Needs of child while in foster care  
 Specific tasks required for parents to eliminate problem  
 Deadlines for parental tasks stated  
 Financial responsibilities of parent to support child  
 Permanency goal stated  
 Date of Permanency goal stated  
 Tasks for Custodian  
 Tasks for Caseworker  
 Tasks for children

[ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]  
 [ ]

**VISITATION**

Visitation (terms not specified)	M	FA	FB	FC	FD	FE	FG	FH	MGM	MGF	PGM	PGF	M-OR	P-OR	Sib
	<input type="checkbox"/>														
	Other _____														
Visitation, Supervised	M	FA	FB	FC	FD	FE	FG	FH	MGM	MGF	PGM	PGF	M-OR	P-OR	Sib
	<input type="checkbox"/>														
	Other _____														
Visitation, Unsupervised	M	FA	FB	FC	FD	FE	FG	FH	MGM	MGF	PGM	PGF	M-OR	P-OR	Sib
	<input type="checkbox"/>														
	Other _____														
Other	M	FA	FB	FC	FD	FE	FG	FH	MGM	MGF	PGM	PGF	M-OR	P-OR	Sib
	<input type="checkbox"/>														
	Other _____														

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONCURRENT PLAN**

Concurrent Plan  Yes  No

If Yes,  
 GOAL A      A: \_\_\_\_\_      E: \_\_\_\_\_  
                   B: \_\_\_\_\_      F: \_\_\_\_\_  
                   C: \_\_\_\_\_      G: \_\_\_\_\_  
                   D: \_\_\_\_\_      H: \_\_\_\_\_

GOAL B      A: \_\_\_\_\_      E: \_\_\_\_\_  
                   B: \_\_\_\_\_      F: \_\_\_\_\_  
                   C: \_\_\_\_\_      G: \_\_\_\_\_  
                   D: \_\_\_\_\_      H: \_\_\_\_\_



**CASE PLAN (Continued)**

**Case Plan includes signatures of the following participants:**

**Plan 1**

- |  |   |  |                                      |  |
|--|---|--|--------------------------------------|--|
| <input type="checkbox"/> Mother            | <input type="checkbox"/> Counsel/Mother | <input type="checkbox"/> Counsel/Child | <input type="checkbox"/> CASA        | <input type="checkbox"/> Child           |
| <input type="checkbox"/> FA                | <input type="checkbox"/> Counsel/FA     | <input type="checkbox"/> FD            | <input type="checkbox"/> Counsel/FD  | <input type="checkbox"/> Caseworker      |
| <input type="checkbox"/> FB                | <input type="checkbox"/> Counsel/FB     | <input type="checkbox"/> FE            | <input type="checkbox"/> Counsel/FE  | <input type="checkbox"/> Supervisor      |
| <input type="checkbox"/> FC                | <input type="checkbox"/> Counsel/FC     | <input type="checkbox"/> FF            | <input type="checkbox"/> Counsel/FF  | <input type="checkbox"/> Agency Attorney |
| <input type="checkbox"/> Relative(s) _____ | _____                                   | _____                                  | <input type="checkbox"/> Other _____ | _____                                    |
| <i>[Relationship to Child]</i>             | <i>[Relationship to Child]</i>          | <i>[Relationship to Child]</i>         | <i>[Relationship to Child]</i>       |  |

**Plan 2**

- |  |   |  |                                      |  |
|--|---|--|--------------------------------------|--|
| <input type="checkbox"/> Mother            | <input type="checkbox"/> Counsel/Mother | <input type="checkbox"/> Counsel/Child | <input type="checkbox"/> CASA        | <input type="checkbox"/> Child           |
| <input type="checkbox"/> FA                | <input type="checkbox"/> Counsel/FA     | <input type="checkbox"/> FD            | <input type="checkbox"/> Counsel/FD  | <input type="checkbox"/> Caseworker      |
| <input type="checkbox"/> FB                | <input type="checkbox"/> Counsel/FB     | <input type="checkbox"/> FE            | <input type="checkbox"/> Counsel/FE  | <input type="checkbox"/> Supervisor      |
| <input type="checkbox"/> FC                | <input type="checkbox"/> Counsel/FC     | <input type="checkbox"/> FF            | <input type="checkbox"/> Counsel/FF  | <input type="checkbox"/> Agency Attorney |
| <input type="checkbox"/> Relative(s) _____ | _____                                   | _____                                  | <input type="checkbox"/> Other _____ | _____                                    |
| <i>[Relationship to Child]</i>             | <i>[Relationship to Child]</i>          | <i>[Relationship to Child]</i>         | <i>[Relationship to Child]</i>       |  |

**PLACEMENT HISTORY**

PLACEMENT	DATE	REASON FOR CHANGE IN PLACEMENT
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**Last Activity on file:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAMILY DECISION-MAKING CONFERENCE (FDMC)  
FAMILY MEMBER FEEDBACK FORM**

DATE OF FDMC: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
FAMILY NAME (S): \_\_\_\_\_

**Thank you for participating in the Family Group Conference. We are interested in how you felt about the process. Your answers to these questions will be used to improve our program. We appreciate the time you are taking to complete this form.**

1. What is your relationship to the child(ren)? Please check appropriate box.  
 Mother  Father  Grandmother  Grandfather  Aunt  Uncle  Brother/Sister  
 Family Friend  Other (Please Specify): \_\_\_\_\_

2. How were you made aware of the Family Decision-Making Conference? Please check all that apply.  
 DCF Counselor  Court Personnel  Family Member  Friend  Other: \_\_\_\_\_

3. Why did you choose to participate in a Family Decision-Making Conference? \_\_\_\_\_  
\_\_\_\_\_

4. *Before* attending the Family Decision-Making Conference, did you have a clear understanding of its purpose?  Yes  No Please explain: \_\_\_\_\_  
\_\_\_\_\_

5. What was the purpose of the Family Decision-Making Conference, as you understood it? \_\_\_\_\_  
\_\_\_\_\_

6. What did the DCF Counselor help you or the family with *before* the Conference? Please check all that apply.  
 Transportation arrangements  Child care arrangements  Hotel arrangements  
 Contacting family members and friends to attend  Housing  Food  Clothing  
 Other (Please Specify): \_\_\_\_\_

7. How prepared were you for the Family Decision-Making Conference?  
 Very Prepared  Somewhat Prepared  Not at all Prepared  
7A. What additional information would you have liked? \_\_\_\_\_  
\_\_\_\_\_

8. How involved did you feel in planning the Family Decision-Making Conference?  
 Very involved  Somewhat involved  Not at all involved

9. Was there any one missing from the Conference that you wish would have attended?  Yes  No  
9A. If yes, who should have been there but was missing?

Relationship to Child	Reason you would have liked him/her to be at the conference
_____	_____
_____	_____

10. Did the DCF Counselor clearly state their concerns about the safety of the child(ren)?  Yes  No

11. How safe did you feel during the Conference?  
 Very safe  Somewhat safe  Not at all safe  
11A. Why do you say that? \_\_\_\_\_  
\_\_\_\_\_

12.	Please circle the number, which best describes how strongly you agree with the following statements.								
		Strongly				Strongly			
		Disagree				Agree			
	A. "I had a chance to express my feelings and concerns"	1	2	3	4	5			
	B. "The facilitator really listened to what I had to say"	1	2	3	4	5			
	C. "The other people in the conference really listened to what I had to say"	1	2	3	4	5			
	D. "I would have liked more opportunity to express my feelings and concerns"	1	2	3	4	5			
	E. "I felt ignored and unimportant during the family decision-making conference"	1	2	3	4	5			
	F. "The facilitator made sure that everyone had an opportunity to talk"	1	2	3	4	5			
	G. "I felt part of finding the answers to the problems we discussed"	1	2	3	4	5			
	H. "The facilitator treated <i>me</i> with respect"	1	2	3	4	5			
	I. "The facilitator treated <i>my family</i> and other participants with respect"	1	2	3	4	5			
	J. "Non-family members treated <i>me</i> with respect"	1	2	3	4	5			
	K. "Non-family members treated <i>my family</i> with respect"	1	2	3	4	5			
	L. "The facilitator made me feel like I was an important part of the Conference"	1	2	3	4	5			
	M. "The facilitator was knowledgeable and effective"	1	2	3	4	5			
	N. "The facilitator was fair in the way he/she conducted the conference"	1	2	3	4	5			
	O. "The model court counselor has provided the family with adequate services"	1	2	3	4	5			
	P. "Overall, the conference was a positive experience for me"	1	2	3	4	5			

13. Overall, how satisfied are you with the way the *facilitator* handled the group?  
 Very satisfied     Somewhat satisfied     Not at all satisfied  
 13A. Why do you say that? \_\_\_\_\_

14. Were the services that you needed offered to you so that you could make your family case plan?  
 Yes     No  
 14A. If no, what additional services do you think you need? \_\_\_\_\_

15. Do you feel that you played an important role in making your family case plan?  
 Yes     No  
 15A. If no, why not? \_\_\_\_\_

16. Is this a family case plan that you can stick with?  
 Yes     No  
 16A. If no, why not? \_\_\_\_\_

17. How satisfied are you with the case plan that was developed during the Family Decision-Making Conference?  
 Very satisfied     Somewhat satisfied     Not at all satisfied

18. Do you think that after participating in the Family Decision-Making Conference, the DCF counselor understands *your family* a little better?  
 Yes     No  
 18A. Why do you think so? \_\_\_\_\_

19. Do you think that after participating in the Family Decision-Making Conference, you understand the concerns of the *DCF counselor* a little better?  
 Yes     No  
 19A. Why do you think so? \_\_\_\_\_

20. How useful was the private family time during the FDMC for you and your family?  
 Very useful     Somewhat useful     Not at all useful  
 20A. Why do you say that? \_\_\_\_\_









For additional copies of this  
*Technical Assistance Bulletin*,  
please contact the PPCD Information Specialist.

**PHONE**

(775) 327-5300

**FAX**

(775) 327-5306

**E-MAIL**

[ppp@pppncjfcj.org](mailto:ppp@pppncjfcj.org)

**WEBSITE**

[www.pppncjfcj.org](http://www.pppncjfcj.org)

NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES

P.O. Box 8970  
Reno, Nevada 89507