

FAMILY CENTERED PRACTICE IN
THREE FLORIDA INNOVATION SITES
EVALUATION 2010-2011



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INTRODUCTION

Florida’s interest in and commitment to Family Centered Practice (FCP) gained momentum in response to its most recent federal Child and Family Services Review in 2008. The review assessed the Florida Department of Children and Families’ performance in achieving positive outcomes for children and families and offered recommendations for improvement. Implementing a FCP approach to child welfare services was one of five goals identified in Florida’s 2009 Quality Improvement Plan. A basic premise of FCP is respectful and inclusive engagement of each family in decisions that ensure **child safety, well-being, and an ongoing stable home environment.**

The FCP implementation evaluation began in July 2010 and included three “innovation sites.” The evaluation was funded by Casey Family Programs and was conducted in two phases. Phase 1 ended in January 2011 and Phase 2 was concluded in December 2011. The evaluation team worked with an advisory group that included representatives from the Department of Children and Families, Community-based Care agencies, Casey Family Programs and the Florida judiciary. The innovation sites were located in Circuits 1 (Escambia, Okaloosa, Santa Rosa, and Walton counties), 3/8 (Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Suwannee, Taylor and Union counties) and 11 (Miami-Dade County).

The evaluation incorporated quantitative and qualitative data collection methods. These methods included online surveys of child welfare staff working with families at each innovation site, 20 case file reviews (6 to 7 at each innovation site), interviews with child welfare staff who served the families in each case, focus groups with child welfare staff and service providers, interviews with families served in each site, and interviews with dependency court judges, Children Legal Services attorneys, and Guardian ad Litem volunteers.

Based on *Florida’s Framework for Family Centered Practice* and research literature, six constructs were developed for measuring FCP implementation: (1) Family Inclusion, Accommodation, and Participation, (2) Family Engagement, (3) Flexible, Adaptable and Individualized Services, (4) Strength and Needs Based, (5) Family Empowerment and Autonomy, and (6) Family Bonding and Strengthening. A “mixed methods” approach was used to compare and triangulate findings across innovation sites and staff positions.

Family Centered Practice Framework

- Focuses on the whole family in the context of their culture and community
- Builds trust, genuineness, respect, and empathy with the family
- Engages the family as a partner to identify problems, build on strengths, and develop solutions that avoid circumstances putting children at risk
- Involves the child and family in assessment, planning, decision-making, and participation in services so the safety and well-being of the child are ensured

FINDINGS

The online surveys solicited responses appropriate for measuring and developing benchmarks for FCP based on knowledge, implementation activities and techniques, and satisfaction from a wide range of child welfare staff working with families at each innovation site. Survey responses in 2011 indicate that a high percentage of staff:

- Know what FCP is (95.8% for Case Managers, 94.4% for CPIs)
- Are confident that they use FCP (88.4% for Case Managers and 80.3% for CPIs)
- Believe that families benefit from FCP (92.7% for Case Managers and 85.9% for CPIs)
- Believe that FCP improves their ability to achieve goals, especially those related to family preservation (83.3%), child safety (79.2%), family reunification (78.7%) and child-well being (77.8%).

When respondents were asked to identify the best example of FCP in their circuit or county, family team conferencing was mentioned across all three innovation sites. Among the case managers responding in the 2011 survey, 90 percent indicated that they had participated in at least one family team conference. Still, staff identified

several logistical challenges to scheduling family team conferences including dispersed geographic locations, heavy caseloads, and differing schedules, as well as barriers to successful family team conferences that included unprepared families, unclear goals, and inadequate facilitation.

Focus groups and interviews with child welfare staff (child protection investigators, case managers, supervisors, and service providers) were conducted at each innovation site to obtain views on training, implementation challenges, benefits to families, and the essential steps, activities, approaches, or services that contribute to successful FCP implementation.

Interviews with families served at each innovation site provided confirmation of the evidence of knowledge and use of FCP shared by child welfare staff, and additional perspectives on FCP implementation.

Interviews in the judiciary provided evidence of and insight into how FCP was present when working with families in cases with court orders. Information gathered in the evaluation also provided evidence of FCP implementation across respondent categories (investigators, case managers, CPI and CM supervisors, service providers, families and other caregivers, and positions in the judiciary) for all six constructs of FCP.



A summary of some of the most prevalent responses for each construct are provided here.

Construct 1 - Family Inclusion, Accommodation, and Participation: The family was an important part of the team and included in the decision-making process. The input and opinions of parents and members of the family’s support system were actively sought.

Construct 2 - Family Engagement: This was demonstrated when showing respect for the families served by listening to what they had to say and providing honest feedback and encouragement in non-judgmental terms that were easy to understand.

Construct 3 - Flexible, Adaptable, and Individualized Services: Recognition that families are the experts when it comes to their needs and preferences was key in the evidence for this construct. Family input helped determine what services/providers would help address all the family’s needs. The services provided were based on a joint assessment of each family’s strengths and needs. Services were adjusted as families progressed and/or their needs changed.

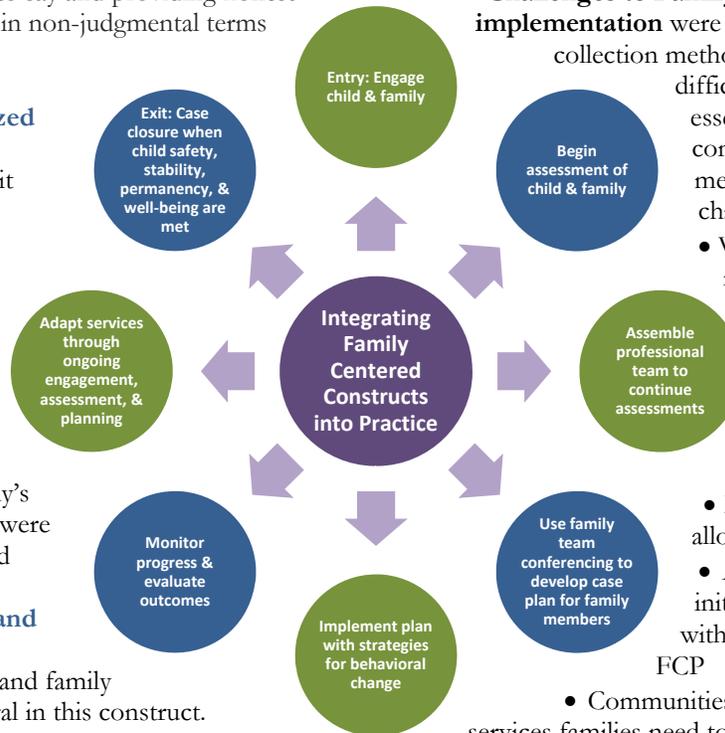
Construct 4 - Strength and Needs Based: Working with families to identify individual and family strengths and needs was central in this construct. These interactions were positive and focused on what that family did well, or was capable of doing well, and how to build on their existing strengths.

Construct 5 - Family Empowerment and Autonomy: Helping families learn the skills they need to have a sustainable impact on family functioning and self-sufficiency was a focus in this construct. Services focused on the parents taking responsibility for the well-being of their children and learning how to take ownership and assume control over family circumstances.

Construct 6 - Family Bonding and Strengthening: In-home services to improve relationships and avoid removal were provided when appropriate and possible. When children were removed, staff worked to identify relative placements or other placements that encouraged visitation and bonding. Co-parenting between biological and foster parents was encouraged and facilitated. Reuniting families as soon as possible was a shared goal.

The case file reviews supplemented and confirmed several findings from the online survey, interviews, and focus groups. Case files were reviewed to identify relevant content

regarding interaction with the families in case notes, activities, and decisions reflective of the six FCP constructs. Each construct was rated on a 3-point scale (1 = little or no evidence; 2 = moderate evidence; and 3 = substantial evidence). For the three innovation sites combined, the rating for each construct provided moderate evidence for the implementation of FCP. Construct 3 (Flexible, Adaptable and Individualized Services) received the highest rating (2.6 out of 3).



Challenges to Family Centered Practice

implementation were shared across several data collection methods and innovation sites. The difficulty of scheduling time for essential staff to meet and conference with families was mentioned, along with other challenges including:

- Working with families for whom no relative or family supports were available for child placements
- Working with families unwilling or unmotivated to actively participate in services
- Heavy caseloads that do not allow sufficient time with families
- Addressing situations where initial staff attitudes or interaction with a family are inconsistent with FCP

- Communities that lack the resources and services families need to ensure child safety and well-being
- Inconsistent “buy in” to the FCP philosophy among agency staff, contract agencies, and the judiciary serving a family

CONCLUSION

Despite a variety of challenges, progress has been made toward implementing FCP at the three innovation sites. Key staff implementing FCP in the child welfare system noted a more coordinated working relationship between investigators and case management agencies and facilitation of quality casework. They reported a more positive community perception of the Department of Children and Families and a shift in broader community beliefs and values toward preserving families while keeping children safe.

The full Family Centered Practice Evaluation Brief is available at http://www.ounce.org/pdfs/FL_FCP_Brief_2.pdf and <http://centerforchildwelfare.fmhi.usf.edu/kb/FamilyCenteredPractice/Forms/AllItems.aspx>. For more information on Family Centered Practice in Florida, contact Florida Department of Children and Families, Linda Radigan, Linda_Radigan@dcf.state.fl.us or Ounce of Prevention Fund of Florida, Terry J. Rhodes, trhodes@ounce.org.

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