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TEAM DECISION-MAKING AND CHILD/FAMILY TEAM MEETINGS: A SOCIAL WORKERS PERSPECTIVE

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

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by

Marian Buzga

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ABSTRACT

This qualitative study was conducted with participation from social workers employed at a Southern California child welfare agency and researched whether the use of Child/Family Team-Decision Making meetings were a benefit to social workers' practice. Furthermore, the study examined social workers' beliefs about the meetings' impact on foster children and their families in connection with the outcomes of safety, permanence and well-being. Safety, permanence and well-being are the three domains used to evaluate the success of foster children and their families.

Family team-decision making meetings have the common goals of safety, permanence and well-being through promoting shared decision-making, empowerment and continued relationships between workers and the families they serve.

The 10 participants of this study were recruited by the researcher through self- knowledge of employees and their job function. Data was gathered through in-person interviews with participants as well as the participants they referred. The data in this study was qualitative and was gathered in two phases then recorded and analyzed using open coding followed by axial coding.

The findings of this study revealed that including all of the people who are affected by the decisions made in these meetings is essential to good child welfare social work practice. Concepts such as engagement, group and community cooperation and dynamics, social worker training and knowledge and

agency support were themes that permeated throughout the data. These themes were intertwined with foster child safety, permanence and well-being. This study also concluded that attending and participating in CFTDMs enhances a social worker's knowledge base and assists in their feelings of competence and confidence in their job performance.

ACKNOWLEDGEMENTS

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CHAPTER ONE

ASSESSMENT

Introduction

The goal of this study is to examine child welfare social workers'

perspectives on Family/Team Decision-Making Meetings. The concept of team

decision-making meetings, inclusive of the family, began in New Zealand in 1989

and since, has proliferated to North America and abroad. During a family's

involvement in the child welfare system, these meetings allow the family to

participate in decisions about their lives. In the past, child welfare agencies

operated akin to an autocracy leaving families feeling powerless, disenfranchised

and disengaged. The safety, well-being and permanence (i.e., poor outcomes) of

foster children and their families was unacknowledged, at best. The valuation of

poor outcomes triggered the need for a more varied strengths-based intervention

in child welfare agencies, and family-centered meetings have since become the

mainstay in the United States (LaBrenz & Fong, 2016).

Family/Team Decision-Making Meetings are family/child driven, highly

collaborative, and strengths-based. They serve to enhance the relationship

between service providers and foster children and their families. Additionally,

these meetings are designed to develop a plan of action to meet family and child

identified goals in an effort to increase their safety, well-being and permanence.

The paradigm chosen to research this study is that of the constructivist approach.

Past research about Family/Team Decision-Making Meetings indicates a strong

correlation between a practicing social workers sense of self-competence and commitment to their job as well positive outcomes for foster children. The theoretical orientation of this study is the systems and ecological theories with attention being given to their corollaries of contingency theory and decision-making ecology, respectively. This study offers a comprehensive variety of implications toward a macro and micro practice in that Family/Team Decision-Making meetings are used commonly across the United States, and any evidence or information gained through this study could be used to enhance practice on an individual, family and organizational level.

Research Focus

The focus of this study is to examine how child welfare agency social workers perceive the practicality and benefit of Family/Team Decision-Making Meetings, not only to foster children, but as to their ability to do their job well and productively. There are many different types of such collaborative group meetings, and for the purposes of this study, the focus will be on Child/Family Team-Decision Making Meetings (CFTDMs), utilized by the study site.

CFTDMs are defined as a child/family collaborative process that is structured and strengths-based, with behaviorally specific strategies to meet specified goals, with an end result of achieving safety, permanency and well-being of foster children. The California Welfare and Institutions Code (WIC) section 16501 defines CFTDMs as a group of individuals, convened by a placing agency, to recognize the strengths of each member as well as their needs. The

group of individuals is to assist in the development of a case plan in conjunction

with the aforementioned behaviorally specific strategies and goals, and to

achieve safety, permanency and well-being of the foster child(ren) (California

Legislative Information, 2018). Decisions regarding a foster child's placement

and service provision are made through a committee consisting of social

workers, family members, community members, service providers, caregivers,

and anyone who has a vested interest in the well-being of a child involved in the

child welfare system (Kim, Pierce, Jaggers, Imburgia & Hall, 2016; Crea, Usher &

Wildfire, 2009). Positive child welfare outcomes, more specifically defined, for the

purpose of this study are: safety, well-being and permanence. The philosophy of

using the approach of team-decision making meetings as an action base for

foster children developed from a "strengths based" perspective where families

were deemed to be experts on themselves (Family to Family California, 2017).

Paradigm and Rationale

The paradigm chosen to implement this research study is that of the

constructivist approach. A constructivist paradigm negates an objective reality

and assumes that the human understanding is best understood in a subjective

manner (Morris, 2013). Constructivist theory proposes the only way to

understand the human condition, is to immerse oneself in the experiences of the

people involved. The constructivist approach is the most suitable paradigm for

this study because subjective data will be gathered so as to "construct" reality

(Morris, 2013). The initial participants in this study will be "key stakeholders" in

CFTDMs and will include social workers, their supervisors, and facilitators. Key stakeholders will be asked questions to which they will be able to provide subjective, personal, pertinent information. This subjective information develops into a "joint construct." The constructivist approach allows for multiple perspectives of input to be studied and in this research, the focus could and might change as the study progresses.

This paradigm was also chosen because it is the best method to uncover beliefs and perceptions of social workers who have direct participation in CFTDMs (Morris, 2013). A constructivist approach fosters the obtainment of qualitative information provided by participants, which allows for rich ideations from which to build. This is the best way to study this topic because it directly involves gathering information from people who have heightened knowledge of CFTDMs. In addition, through the use of the constructivist paradigm, participants will have the opportunity to review the final joint construct so as to come to a conclusion about what actions could and potentially should be taken to enhance social work practice.

Literature Review

The literature review will serve to create its own construct in the constructivist paradigm, to be used in conjunction with the other parts of the study. Much of the literature suggests that social workers perceive the use of team-decision making meetings as a benefit to foster children and additionally produce better outcomes for foster children. The emerging themes that permeate

the literature about team decision-making meetings are the benefits and frustrations of having these meetings, and outcomes for foster children and their families. Additionally, the literature submits that team-decision making meetings are at their best when they are appropriately facilitated and have a core group of participants in attendance who have been adequately trained with respect to the process. Also, research indicates team decision-making meetings produce better client engagement and better outcomes for the children and families who participate. Lastly, research points at the correlation between agency attitudes and resources allocated for these meetings and their success, and how steadfast social workers are to this achievement.

<u>Positive Outcomes</u>

The Children's Bureau operates under the auspices of the United States Department of Health and Human Services (DHHS). The 1994 Amendments to the Social Security Act enabled the DHHS to create an oversight committee designed to review each state's child and family services programs to ensure compliance to titles IV-B and IV-E. This was done to ensure the adherence to federal regulations, evaluate and assess families involved with child welfare agencies and assist in a state's ability to help said children and families. The Children's Bureau is responsible for the evaluation and through its Children's Family Services Review (CSFR) developed seven outcomes, across three domains, for children and families who receive services. They are safety, permanency and well-being. Safety, defined as protecting children from abuse

and neglect and maintaining them in the homes, whenever possible. Permanency, defined as children having stability in their living arrangements and having an ongoing relationship with family. And, well-being defined as children receive appropriate educational, physical and mental health services and families having the capacity to provide care (The Children's Bureau, n.d.).

Family team-decision making meetings have the common goals of safety, permanence and well-being through promoting shared decision-making, empowerment and continued relationships. Research has shown that there is an improvement in foster child outcomes when utilizing such meetings (Crea, Crampton, Madden-Abramson & Usher, 2008; Harlow & Shardlow, 2006; Kim et al., 2016; California Department of Social Services and California Department of Health Care Services, 2017).

Despite much evidence that team-decision making meetings are beneficial, some studies have revealed mixed results on the outcomes. Much of the negativity however, stems from impediments to the meetings' proper progression. Some such barriers were documented as logistical, lack of participation on the part of the family and other participants, group conflict and power dynamics. Kim et al. (2016) researched these barriers and found they exist but that sparse studies have been conducted on team dynamics related to these goals.

Interprofessional Partnership/Cooperation

Harlow and Shardlow (2006) studied interagency, interprofessional and interpersonal partnerships in association to child welfare, based on both empirical and theoretical data. The study explored whether including a "core group" of participants in decision-making meetings was a benefit to the child protection process. The study concluded that involving parents, children, and other professionals, even advocates and friends of the family in the decision-making process was a benefit to foster children and their families. This study addressed the concept of group dynamics and inter-agency cooperation in the success of team meetings and stressed the importance of a shared understanding within the group so that the risk and safety concerns of foster children could be addressed.

Similarly, a study conducted by Kim and colleagues (2016) found substantial tensions and power struggles within the core group of participants at these meetings. These tensions occurred between social workers and Court Appointed Special Advocates and negatively impacted outcomes for children and families.

Organization/Agency Attitudes

Crea and colleagues (2008) found that when a child welfare agency's administration promotes and allocates adequate resources for team-decision making meetings, positive outcomes for children in the child welfare system materialize. Specifically, they reported fewer placement episodes and less out of

family placements. This is an area of particular import to this study as it contends with the perceived benefit of team-decision making meetings involving foster children and their family from the perspective of social workers who are engaged in the shared process.

Further research has found that the attitudes of social workers with respect to team-meetings are affected by their organization's culture and that these projections are strongly related to social workers' beliefs and more importantly their priorities. That is, whether the social worker finds the meetings particularly helpful, how much time they dedicate to involving and informing the family, and their active participation in the meetings (Crea et al., 2008; Vis & Fossum, 2015).

Additional literature suggests that the roles of social workers (job functions) in an agency will shape and change the way decisions are made about a particular family leading to disparate service provision. For example, a social worker managing cases versus investigating allegations of abuse and neglect will recommend and refer families and foster children to different services dependent on their perceived need. Furthermore, studies have shown that an organization's values and principles strongly affect a social worker's job satisfaction and in turn confidence in decision making (Fluke, Corwin, Hollinshead & Maher, 2016).

The influence of the organization on professional practices when there are strict guidelines on the duties a social worker must complete was also researched. The findings were that when servicing social workers' responsibilities

were lengthy, their effectiveness was restricted because more time was spent complying with agency tasks and the gathering of information rather than implementing an action designed to quell the problem. With respect to team decision-making meetings, the agency should manage caseloads and the requirements therein so that participation by the assigned social worker is strong (Bountanquoi, Bournel-Bossom & Minary, 2013).

Social Worker Attitude and Competency

A study conducted in the State of Maryland researched implementation fidelity as to a decision-making meeting model and found that most areas of improvement lay in the competencies of the facilitator of the meeting (Greeno, Murray & Rushovich, 2013). The study identified that in some cases families weren't briefed on the process of the meetings and that had a negative impact on the meeting itself. The findings indicated that perhaps if the facilitator would have put more effort into gaining family members participation, a richer environment could have developed and perhaps a better outcome.

In a study conducted by Bountanquoi and colleagues (2013), group work, and by extension CFTDMs, are a place of security and support for social workers from their peers and supervisors in meeting the demands of the organization. Team-meetings are a place where there is an exchange of information about foster children and their birth family, that when spread across a core group of participants can support the social worker's point of view and lend competence to their job function.

Core Participant's Skills/Training

Stanley (2006), noted that differences in the practical and theoretical knowledge bases of professionals would need to be overcome before greater gains are made. This study is important because it points to the training that social workers are provided and the support and attitude of management in achieving the goals of the team-decision making process.

Additionally, team decision-making meetings are composed of group members often called "core participants" who have different personalities and levels of participation. The role of the facilitator is key in this area and to have an effective, generative environment for discussion, the facilitator needs to encourage participation from low-level contributors so that everyone at the meeting participates and contributes to the goals at hand. Concerning group conflict, the facilitator should be skilled, according to research, so that these conflicts can be productive. Research in this area has concluded that adequate training and a broad knowledge base of not only the tenets of team-decision making meetings, but the family at the meeting, is imperative to its success (Crampton & Natarajan, 2005).

Team dynamics, including familial conflict, and group conflict can hinder progress toward positive outcomes for foster youth. These include parents unwilling to share information (i.e., participate) because of fear of blame, disrespect, stigma and discord. In other words, parents of children who have been removed from their care can be hesitant to share information for fear of

being judged, shamed and blamed by other group members but predominantly by their own family. Conflict with non-family group members includes incompatible goals, expectations and approaches. These hindrances to participation should be addressed by the facilitator so as to not only allay fears of the parents and children but to promote positive participation by other members of the groups (Kim et al., 2016).

In the same study, follow-up or monitoring of the family as to the action plan was also shown to be a barrier to positive outcomes of the meeting. Monitoring the family on the consensus of the goals of the meeting is one of the main functions of the process, and if it is lacking, the meeting is unproductive. Researched conducted by Kim et al. (2016) has shown that a well-prepared, well-practiced and experienced team of core participants is highly associated with the safety, well-being and permanence of foster children. The causes of these barriers are about a family's internal factors, (i.e., knowledge of the function of the group) and external factors, (i.e., organizational resources and supports) and are closely tied to engagement within the group and in turn the success of the group. Disagreements between core participants was revealed to be the most common challenge to effective engagement and group participation and this is linked to the participants' knowledge base, skills and training and whether management allocates enough resources and training (Kim et al., 2016).

Preparation prior to team meetings has been reported to be a significant factor for engaging team members. According to research conducted by Kim et

al. (2016), it includes preparing the family as to the purpose and content of the meetings, as well as prepping the team members on unified goals. If preparation for these meeting is lacking, team-decision making meetings have proven to be ineffective.

In a study conducted by Healy, Darlington and Yellowlees (2012), families invited to participate in meetings commended the invitation but also expressed concerns. Some concerns noted were that there were more service providers than family, the meetings felt hurried and parents felt powerless over the decision-making procedure. The study concluded by making recommendations that families be well-informed about the meetings, that more family be included, that the environment and location be seriously considered so as to be convenient for the family. This again points to adequate skills training and education.

Essentially, past research indicates that there is a robust link between the support of the agency, and a social work practitioner's sense of commitment to the meetings. Also, adequate training of the core group of participants in these meetings, as well as advanced preparation of the families prior to the meeting, was found to be significant for any achievements gained. When there is a strong commitment to team-decision making meetings, and it has been implemented and communicated aptly, social workers are more likely to feel secure in their practice. Also, foster children are referred to appropriate services, families are engaged and well-informed, and the core group of participants, which oftentimes includes community partners, and service providers are involved and engaged,

and this produces better service delivery and ultimately outcomes for foster youth and their families.

Theoretical Orientation

The overarching theoretical orientation of this study is that of the systems theory. Systems theory focuses on individuals interacting within their environment. Systems theory hypothesizes that systems are made up of interrelated parts that are transactional, and have subsystems that can and do affect the scheme of the system. Additionally, systems theory purports that systems can be closed or open. Systems theory provides for a holistic view of the person in the environment and enhances understanding between the micro, mezzo, and macro processes of an organization (Hepworth, Rooney, Rooney, G. D. & Strom-Gottfried, 2013).

An additional theoretical orientation used in this study is that of contingency theory from a systems perspective. Contingency theory addresses how individuals and groups become empowered, gain access to resources and control over their lives through a collective activity, such as a team-decision making meeting. The main concepts of this theory are that groups are open, dynamic and that change and conflict are present in the group which can oftentimes be stratified (Azusa Pacific University-California, 2008; Thyer,1987).

This study also relies upon an expansion of Bronfenbrenner's ecological systems theory called decision-making ecology (DME) (Bronfenbrenner, 1979; Fluke et al., 2016; The Psychology Notes HQ). DME takes into account the effect

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of the family, the child welfare agency, the social worker, and such things as the law and demographics in decision making, coupled with the relationship between the aforementioned and desired outcomes. More succinctly, this theory implies the differences in the social worker, the family, the agency and other outside sources, affect and create differences in the decisions about a case and by extension, affect positive outcomes in the lives of foster children. DME is organized in such a way that it takes into account actual service operations in the field. According to Fluke, Corwin, Hollinshead & Maher (2016), this is the case because in child welfare decisions are not made in a vacuum, but rather within the organization's culture, management, staff, social workers, parents, service providers, courts and the foster children. More succinctly put, there are the outcomes of decisions made, influenced by external, organizational, and social worker factors, as well as the facts of the case. Each one of these inputs of information will determine the ultimate decision about a foster child and their family (Fluke et al., 2016; Baumann, Dalgleish, Fluke, & Kern, 2011).

Family team-meetings do not rely on a single theory but rather operate as a flexible practice framework that is family driven, youth guided, collaborative, cooperative and sustainable. Family-team meetings have been investigated using a number of differing theories including ecological systems theory, decision-making ecology and a mixture of theories and models guided by a practice framework of Family Team Conference that was originally developed by the Child Welfare Policy and Practice Group (Kim et al., 2016).

This study proceeded with an amalgam of theories but was most closely rooted in systems and ecological theory with corollary theories of contingency theory and decision-making ecology.

This study examined both the macro and micro practice of social work at an organizational and individual level. In this study, social workers who participated in CFTDMs were questioned as to their perceptions of these meetings in an effort to find linkages related to child safety, well-being, and permanency. This study focused on intervention at the individual, family, group and organization level, but primarily contended with decision-making that involved the child, the family, the social worker and other agency social workers, service providers and community partners.

Contribution to Social Work Practice

This study has the potential to improve practice at the individual, family, group, community and organizational levels and will augment the knowledge base of the use of CFTDMs and their relationship toward a macro and a micro practice. This study also has to potential to change the way in which social workers interact with clients. Since CFTDMs are now utilized by many jurisdictions across the United States, any additional information gained by this research would have macro implications such as policy change and amendments to existing mandated state practices. A study such as this, with its macro implications, could portend the utilization of CFTDMs across the country when servicing clients. Family team meetings such as CFTDMs are useful approaches

designed to encourage family strengths, while improving child welfare outcomes (Kim et al., 2016). The implications of research such as this provides for changes in social work practice and family engagement and empowerment.

Summary

This research study focused on the perceptions of social workers as to the use of CFTDMs in the protection of vulnerable, abused and/or neglected children. This study utilized a constructivist paradigm which offered the capacity to take subjective information and data as evidence toward a "joint construct." The literature review indicated the use of family meetings toward the betterment of social work practice aimed at the protection of children. The theoretical orientation is that of contingency theory from the systems perspective

This research offers a wide variety of implications toward a macro and micro practice in that CFTDMs are widely utilized across the United States and any evidence of information gained through this study could be used to enhance practice on an individual, family, community and organizational level.

CHAPTER TWO

ENGAGEMENT

Introduction

Rapport building and engagement were an integral part of this research project and the constructivist paradigm. Networking and in-person contact was required as a means to engage "key stakeholders" in this study. This being a constructivist study, the researcher had the capability to affect the study's participants and as such, keen self-preparation was taken to avoid any adverse effects. Issues surrounding diversity, ethics and politics were addressed and issues of confidentiality with respect to the participants were controlled. As well, the role of technology was utilized to support interactions with "key stakeholders" concerning the information they provided relevant to the study.

Study Site

In this study, engaging with the research site was the first step taken as this helped the researcher become more knowledgeable concerning key stakeholders. The researcher is an employee of the research site, and familiar with many potential participants. The participants were identified as those who had experience participating in, or facilitating CFTDMs across service programs. The study site was a county children's services agency in Southern California. This agency works with the Juvenile Court in ensuring child safety, but can operate independently, without court intervention. This agency offers services such as parenting education, substance abuse counseling, mental health

counseling, and public health nurses. The types of clients served are parents and extended family members of children who either have Juvenile Court involvement or are in need of services to avoid Juvenile Court involvement. Additionally, clients are children whose parents or caretakers have had allegations of abuse or neglect levied against them, and allegations of which were found to be true. Whereas services are typically contracted out, CFTDMs are held at the child welfare office site. This site was used with the permission of the administration and only for the purpose of conducting interviews and communicating with participants, either through email or telephonically or in-person.

Engagement Strategies for Gatekeepers at Research Site

This proposal was provided to the administration of a child welfare agency in Southern California outlining the course of the research study to include the type of study, participants, expected duration, research setting and goals of research. The approving child welfare administrative representative was made aware that this was a constructivist study and that questions related to the thoughts, perceptions and opinions about the efficacy of CFTDMs would be asked of social workers. Permission to conduct this study was then provided in order for the study to commence.

The study was outlined and briefed participants on the phases of research and expected termination. The expectation of what this study was hoped to provide the organization was also imparted onto participants. It was hoped that

the information gained through this research would enhance the agency's practices in an effort to continue a dialogue about the benefits of CFTDMs.

Strategies for engaging key participants were to pique their interest in the project by expressing the importance of such a research study. This was imparted in such a way as to show its ability to empower, educate and connect participants (Morris, 2013, p. 79). It was made known to participants that the researcher was not entering the site as a "data gatherer," but rather as a conduit for information in equal partnership. Participants were advised of the necessity that they understand the process of the research through the constructivist paradigm. Furthermore, effective listening and attending skills were called for when engaging gatekeepers and the researcher was mindful of effective questioning and discussion (Morris, 2013). Morris (2013) suggests beginning "…where the client is" (p. 67). During the initial engagement with participants, a commitment to this study was forged by developing a dialogue between them and the researcher about the values inherent in this study and its benefit. The cooperative relationship between the researcher and participants was paramount in this study and all efforts to cultivate and promote a supportive partnership were undertaken.

Self-Preparation

The process by which self-awareness was managed was by the researcher being vigilant of the ability to affect the outcome of this study. A constructivist study demands a high level of interaction between researcher and

subject. This process was necessary and the researcher was prepared and made all attempts to be impartial. Additionally, self-preparation included being aware of the time it took to interview participants and complete the study and in that conducting as much preparation ahead of time so that the study proceeded as seamlessly as possible. This proved effective in time management. Another important component of self-preparation was being aware of the population's backgrounds and potential sensitivity to the topic being researched. Issues such as gender, socio-economic status, employment status and education were all factors for which the researcher was prepared.

There were characteristic differences between the participants and the researcher, such as educational level, gender and employment status. One such issue was that of the educational level between the researcher and the participant. The researcher is pursuing a Master's degree. Considering that some of the participants in this study might not have attained that educational degree could have affected the interview process and in turn skewed the results. Another tangible difference between the researcher and the participants was that the researcher is in a position of authority over many of the participants; the researcher is a supervisor and over half the participants are in a lower job category and have less tenure than the researcher. The researcher was prepared for these issues by practicing self-humility, being aware of the history of the participants being studied, being aware of their demographic characteristics, such as ethnicity, and work history.

<u>Diversity Issues</u>

Differences in appearance, power, language and educational backgrounds were important to consider in this research. Issues related to power were important to address as the participants in this study were asked questions about their opinions which might or might not have been aligned with people who are in a higher position at their place of employment. Other issues of diversity that were considered were that of gender, ethnicity, sexual orientation and education level. Bringing these issues to the forefront and offering as much transparency as possible fostered a level of trustworthiness and further allowed for adequate engagement of the study focus. The researcher addressed these issues by being as transparent as possible about this research to those being studied, taking into full account their position in the agency, their length of employment at the agency and their demographics, and any other known past experiences they might have had concerning the subject under study.

Additional considerations concerning diversity that were identified by being acknowledged and studied were issues of power and language. These issues were handled by attending and listening in the most appropriate way possible to include paying attention to body language, having appropriate eye contact and adequately listening and being attentive, and reflecting information back to the study participant (Morris, 2013) The researcher periodically checked with the participants as to their level of comfort as the study progressed to assist in this

area. The researcher also recited the participants' answers back to them when necessary so that a clear understanding of their opinions was understood.

Ethical Issues

Ethical issues in this study were that of confidentiality and anonymity. Anonymity was not possible as all members were made aware of each other's construct in the final emailed group construct. However, confidentiality of the data captured was possible. Prior to the commencement of this study, participants were made aware of the lack of anonymity with respect to other participants and advised that they can withdrawal if they chose. Another issue of anonymity was that half of the participants referred the other half.

Any information provided and/or identifying records remain confidential and kept in a locked file and/or password-protected computer file in the researcher's office for a minimum of five years. The digital voice recorder data was erased after the data was extracted and transcribed. Control of the collected data was solely with the researcher and the researcher's advisor. The results of this research project might be made public and information quoted in professional journals and meetings, but information from this study will only be reported as a group, and not individually.

Political Issues

The political issues inherent in this study were addressed prior to its beginning. One such consideration was that the researched agency might present information that functioned to dispel any negative perceptions about the

use of CFTDMs, or the opposite. To follow through with a constructivist study and in that be honest, and committed to the process, it was made clear that there was a sharing of power and that the intent of this study was to promote child safety through a joint construct of ideas. The researched child welfare agency was made aware, prior to the study's commencement, that the researcher's goal was to build a "joint construct" in an attempt to improve practice and child welfare outcomes. Additionally, it was expressed that the study provided would be utilized for the betterment of the services provided in the agency. Questions were asked of the research participants were also provided to the child welfare agency prior to this study's start to alleviate any concerns in this area.

The Role of Technology in Engagement

Email and telephone contact were used after the initial face to face contact. While it was imperative that the first contact between the researcher and participant occur in person, there were two participants who were unable to meet after continued re-scheduled appointments. For two participants, the interview occurred via telephone. For those participants who were interviewed in-person, this occurred as to enhance engagement and commitment to this study and additionally serviced to build rapport.

Summary

Engagement is imperative in a constructivist study. Adequate engagement with key participants was necessary and there were various techniques used to achieve a high level of interaction, listening and attending skills of the researcher

being two of them. Additionally, prior to beginning this study, the researcher self-prepared as much as possible as this encouraged and augmented the engagement process and in turn lead to a better study. Issues surrounding diversity, ethics and politics were identified in this stage as well as informed consent.

CHAPTER THREE

IMPLEMENTATION

Introduction

This research was completed at a child welfare agency in Southern

California. The participants of this study were recruited by the researcher through

self- knowledge of employees and their job function. Key stakeholders were

asked to refer other participants to this study per "snowball chain sampling."

Data was gathered through in-person interviews with key stakeholders as well as

the participants they referred. Two participants, who were part of the referred

group of participants, were interviewed telephonically. The data in this study is

qualitative and was gathered in two phases. Data was recording and analyzed

using open coding followed by axial coding. After the transcripts and interviews

were validated, an evaluation occurred using a bottom-up approach by way of

open coding and then axial coding. Communication of the findings, termination

and follow-up was also discussed in a group email to all the participants.

Study Participants

Study participants were obtained by the researcher's knowledge of social

workers who work in various service components, as well as facilitators across

the agency. The participants were employees of a Southern California child

welfare agency, and ranged from case-carrying social workers and CFTDM

facilitators to supervising social workers. The process of data collection ultimately

resulted in the formation of a "joint construction," but began with the selection of

participants. Initially, it was hoped that some of the participants would include the Assistant Director, Deputy Director and Regional Manager but upon further reflection, it was decided that the best way to study the perspectives of social workers regarding CFTDMs was to ask them.

The key stakeholders were: One (1) supervisor of case-carrying social workers whose job and role is to provide oversight and support to social workers servicing adjudicated cases. Case-carrying supervisors are important child welfare staff to interview as they directly supervise case carrying social workers and ultimately assist and sometimes direct the decision-making about foster children and very often attend CFTDMs. One (1) TDM/CFT facilitator whose job and role is to facilitate and lead team decision making meetings involving families, children, service providers and child welfare staff in the determination of key decisions. This participant was important to this study because they directly facilitate CFTDMs and also have first-hand knowledge of the content of these meetings. This participant had the potential to share their experiences collaborating in CFTDMs and provide rich information as to their successes, failures, areas of improvement and recommended modifications to the process. One (1) case-carrying social worker whose job and role is to manage cases wherein children have been adjudicated dependents of the court and offered services designed to reunify them with their family. This participant was important to this study because they directly have experience attending CFTDMs and have first-hand knowledge of the content of these meetings. This participant also has a

great deal of interaction with the families involved in these meetings and this

offered a rich perspective of the intended study. This participant had the

opportunity to share their experiences collaborating in CFTDMS and provided

great information as to their successes or failures. One (1) Investigative Services

social worker whose job function serves to respond and investigate allegations of

child abuse and neglect. This participant was selected because of their job

function in that they are the first to interact with a family and make a

determination as to whether the child is safe in the home. If the determination is

made by this social worker that children in the home are unsafe, removal from

that home occurs and juvenile Court proceedings begin. This type of social

worker primarily participates in team meetings, prior to the removal of the

children from the parents to mitigate safety issues. This social worker was able to

offer a different perspective of the process than social workers managing cases

as the focus of the team meeting is often different and requires a specialized

focus. Lastly, one (1) Resource Family Approval (RFA) social worker whose

primarily job function is to assess and approved relative or kinship homes for

foster children. This social workers' perspective was important because it offered

a different perspective to these meetings in that the reason RFA social workers

attend team meetings is to discuss kinship placement of foster children.

These key stakeholders were asked to provide the names of one other

social worker of the child welfare agency of whom they felt would offer differing

information regarding CFTDMs. From the first round of participants, a second

emerged and they included: One (1) Investigative Services social worker was interviewed, in addition to one (1) TDM/CFT facilitator. Two additional case carrying social workers were also referred and participated. One referred participant failed to contact the researcher after repeated attempts and, as a result, another TDM/CFT facilitator was chosen to participate in the study.

These participants all had at least a Bachelor's Degree in Psychology or Social Work and consisted of one male and nine females. Also of consideration as a participant in this study was the researcher. The researcher created their own construct to this study by practicing social work and being an equal partner in this study.

Selection of Participants

Participants were chosen based on the researcher's knowledge of key stakeholders at a child welfare agency. Second to that, initial participants (after the initial interview) were asked to refer others who might have a different opinion regarding the utilization of CFTDMs. Participants were chosen through purposive sampling by way of "snowball" or "chain sampling." "Purposive sampling" using "maximum variation sampling" is defined as intentionally choosing participants so as to identify "…the diversity of experiences with a social phenomenon and gives in depth descriptions of unique cases as well as any important shared patterns" (Morris, 2013, p. 124). Morris (2013) cites that "snowball or chain sampling" relates and connects people in relation to the study topic. This type of selection of participants was implemented so that after one person was interviewed they

were asked to refer or identify another person within the same agency that has or had knowledge of or who worked directly with CFTDMs.

Key stakeholders were comprised of one (1) case carrying social worker, one (1) case-carrying supervisor, one (1) TDM/CFT supervisors, one (1) case-carrying social worker, one (1) Investigative Services social worker and one (1) RFA social worker. This was part of the "purposive sampling technique." In that, this study was crafted in such a way as to specifically choose participants that had knowledge of CFTDMs. Each of these key stakeholders were asked to recommend one other social worker of the child welfare agency to this study; people of whom key stakeholders felt had different information that would add to this study's research. This offers the "maximum variation." The process by which the initial participants recommended other participants is called the "snowball" method (Morris, 2013). The second phase of this data collection was to interview the second set of recommended participants and ask them questions related to their experiences working in the child welfare field in addition to their experiences with CFTDMs and the benefits to families therein. In total, the study included 10 participants, and these participants composed the "hermeneutic dialectic circle."

<div align="center">Data Gathering</div>

The data in this study was qualitative and was gathered in one phase, in two separate stages. Prior to this, participants were asked to give informed consent. The beginning stages of implementation began with separate individual interviews with the key stakeholders of study participants, then progressed to

<div align="center">29</div>

other participants using the "snowball" or "chain sampling" techniques (Morris, 2013). Interviews ensued through four differing stages beginning with preparation for the interview, to beginning the interview, through maintaining productivity of the interview, to ending the interview, bearing in mind that a constructivist interview welcomes exploring tangents of the topic (Morris, 2013). The structure of the interview began with orienting the participants to the study to encourage sharing and foster engagement (Morris, 2013). At that time, the issue of anonymity and confidentiality was discussed including the logistics of the study (i.e., anticipated duration of the interview and study, follow-up, methods of communication, final joint construction email, etc.).

If the participant was comfortable proceeding, the interview began with the gathering of demographic information with questions such as: what is the title of your position at this agency and how long have you worked with children? In a sense, it was hoped these questions would put the participant at ease and allow for a more organic interview. Following that, questions about experiences and behaviors about the CFTDM process were asked. Following that, questions about feelings, thoughts and perceptions of the meetings were asked, leading to values questions, then proceeding to questions about the efficacy of CFTDMs and the feelings associated with their use and benefit to social work practice, to the families involved, and eventually toward questioning about positive outcomes of foster youth. At the end, terminating questions were asked of the participants by summarizing the information gathered and asking if there was anyone else

they would like to recommend for the study. Questions were open ended. Questions posed were based on experiences, feelings, values and knowledge of CFTDMs and their benefit to families. Interviews lasted 15-30 minutes with the final group email possible taking five minutes to read (See Appendix A for a list of questions).

<u>Phases of Data Collection</u>

Once the researcher gained permission to the research site and engaged participants, interviews were calendared. Data collection occurred in one phase, in two separate stages, the first being the initial interview with key stakeholders, the second being an interview with all referred participants. The second phase of data collection was to email all participants the findings of the study and to request any comments or concerns. Initial interviews were scheduled via email or phone. The initial interviews were in-person and private and the information that was collected was reliant on the questions asked. The researcher met the participants in a southern California child welfare office, in a private setting. Two interviews were conducted telephonically as there were barriers to meeting with the referred participants. The interviews were recorded on a digital audio recorder and the researcher took copious notes. The researcher prepared for the interview by preparing relevant questions to ask of participants. Questions were open ended with the researcher knowing which question to ask and when so as to ensure the best information was received. Questions posed were based on experiences, feelings, values and knowledge of CFTDMs and their benefit to

families. Once the initial stage of data collection occurred, each member of the initial group referred other participants to be interviewed. This second tier of data collection began and progressed much as the first, which was with private in-person interviews that were recorded on a digital audio recorder. These interviews also occurred in a private setting in a southern California child welfare office, except for two as aforementioned. This constituted the second phase of data collection.

After each interview, the content of the interview was analyzed and sent to each participant for accuracy and potential amendment. This occurred via email. Once the accuracy as to the answers of the questions was confirmed, the next participant was interviewed. This process repeated itself until all participants were interviewed and their constructs confirmed. Questions were altered and modified depending on the person being interviewed and the results of the prior interview. This was all done to better understand the dialectic circle and ultimately for a better, more sound study. Once the second round of participants was interviewed, and their information recorded, and each participant validated their construction, repetitions appeared and then themes and patterns began to develop. That data was then sent to each participant as part of the group contract and this was the second and final stage of data collection. Here, each participant had the opportunity to go over their own construction and then view the group's constructions. It was requested that, if feasible and necessary, a follow-up email

be sent to the researcher regarding the observed constructs including any questions or concerns.

Data Recording

Data recording occurred by use of a digital voice recorder. This recording took place during the initial interviews with both the key stakeholders and the referred participants. As a back-up to the digital audio recorder, the researcher took extensive notes. The researcher reviewed their notes and journal entries regarding the study to help maintain focus. The journals and their content included any notes taken during the interviews including who was present, what their roles were, and any observations of the researcher/observer. In this fashion, the observations made by the researcher contributed to the joint construction being created (Morris, 2013).

Data Analysis

All interviews were transcribed verbatim by the researcher. After the transcripts and interviews were confirmed by the by the researcher emailing them the transcript, an evaluation occurred using a "bottom-up" approach by way of "open coding." In this way, categories of information were arranged so as to point out groups of information in the narrative. "Open-coding" is a way to sort the narrative into themes and build codes. During the process, theme development through the narrative was observed. A "bottom up" approach to analyzing qualitative data is much more inductive, and open-ended and is rooted in the discipline of Sociology" (Morris, 2013, p. 257). In this way, the information

contained in the transcripts in the form of words and sentences was sorted by positive and/or negative comments. The researcher defined positive thoughts as those in which participants responded in an affirming way with respect to CFTDMs and their ability to help foster children and their families, in addition to assisting in their social work practice. The researcher defined negative feelings as those in which there were criticisms of the CFTDM process or those in which improvements could be made to the meetings. Theme development occurred herein. From there, the answers to the researcher's questions were formed into units and then numbered, and following, categorized.

"Axial coding" was then utilized as a way to relate the codes derived from "open-coding" to one another, either between or among the themes. Herein, the relationship between the categories was better understood as known items of information were formed and were used toward the construction (Morris, 2013). The connections between the data and the constructions were analyzed where the final joint construction was formed.

In the process of "open-coding" two types of codes emerged: Minor and Major Codes. Minor codes were extrapolated from the narratives of each participant and were largely expressive of the major codes. Minor codes centered around whether the participant described the subject in a positive or negative way. The major themes or codes that came forward were the benefits of the team decision-making process to both the child welfare social worker, family participation, skill and training of both the facilitator and the social worker related

to the benefit of the meeting and the positive outcomes for foster children, in addition to criticisms of the process.

Termination and Follow Up

Participants were notified during the initial contact and then during the final email member of the idea of termination and the process by which one terminates from a study. The participants were provided with a contact number for the researcher, but were made aware that it is only for the purpose of questions relating to the study. Further, participants were informed that it is not expected nor warranted for a continued relationship with the study's participants and that it was hoped that the agency would use this study as a platform from which to have a continued dialogue about the utilization of CFTDMs so as to better family engagement, positive outcomes for foster children and improve social work practice. This was accomplished by using "team-building" social work skills. The researcher offered a commitment to send the final report to each member in addition to any action tasks ascribed therein (Morris, 2013).

Communication of Findings and Dissemination Plan

The findings of this study were made available to the participants via an email. In addition to that, a final report was created as to the study's final results. In this report, the composition of the final "hermeneutic dialectic circle" was included, a description of the data gathered and how it was gathered, and the plan of action. The researcher created an analysis of the data so that each participant could deduce and extract information to generate a joint construct. In

short, the communication of findings and the dissemination plan served as a recipe for the participants to dialogue about the study. Additionally, the findings of this study and what was communicated to the participants should influence the practice of the social workers that participated in the study.

Ongoing Relationship with Study Participants

In this study, participants were engaged through the interview process. Following the interview, participant's responses were transcribed and then returned to them for accuracy. Once verification of the interview by each participant was obtained, themes developed and were listed into categories and coded. The researcher of the study was available to participants after the conclusion of the study but only for the purpose of providing resource referrals or information about the study. It was not expected nor warranted for a continued relationship with the study's participants. It was hoped that this research will provide a healthy level of discourse and interface between participants so that further education and discussions can ensue to improve upon social work practice, team decision-making, positive outcomes for foster children and empowerment of families.

Summary

The participants of this study were obtained by the researcher's knowledge of various employees of the child welfare agency. These initial participants constituted the "key stakeholders." "Key stakeholders" were then

asked to refer other participants to this study; someone with whom they felt would add insight into this study's focus.

Data was gathered through in-person interviews with "key stakeholders" as well as the participants they referred.

There were two phases of data collection. The first was the initial in-person interview with "key stakeholders," and then with referents to the study and the second was with all participants of the study. This formed the joint construct. Data was recorded utilizing a digital audio recorder and was transcribed and verified by each participant. In addition to that, a final report was created as to the study's final results to include the composition of the final "hermeneutic dialectic circle," a description of the data gathered and how the data was gathered as well as the plan of action.

It was not expected nor warranted for a continued relationship with the study's participants and it was hoped that the agency would use this study as a platform from which to have a continued dialogue about the utilization of the CFTDMs so as to better practice.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the study's findings. There was a rich discussion about positive outcomes for foster children and their families and it was reported clearly that participating in CFTDMs increased positive outcomes for foster children as it enhanced their safety, promoted wellness and address permanency. The narrative of the interviews, as a whole, depicted scenarios as to why this is the case. Most profoundly, what was found was that positive outcomes are achieved because there are a group of people convening at a meeting with the family in order to address specific issues with them and to allow them to be a partner in the decision-making about their family. Additionally, it was reported that participating in team decision-making meeting helps with engagement and this in turn helps with better communication and better service delivery.

There were 10 participants in this study and all were child welfare social workers employed at a Southern California child welfare agency. Of the 10 participants, four were Supervising Child Welfare Social Workers with three of those supervisors being CFTDM facilitators and one being a case management supervising social worker. All participants had at a minimum a Bachelor's Degree in a Human Behavior field; two participants held a Master's of Social Work degree and one participant had a degree in Marriage and Family Counseling. Of

the three participants that held Master's Degrees, two were licensed. The participant pool ranged in age from 23-60 years of age, comprised on nine women and one man. The length of employment of the participants working in the child welfare field ranged from two to 20 years, with some participants having previous experience working with children outside of a public child welfare agency. The ethnic make-up of the participant pool was varied with five participants identifying themselves as Latino/Hispanic, one as White or Caucasian, two as African-American, one as Filipino, and one Caucasian and Japanese.

Results

During the course of the interviews and of the evaluation of the data what was found were themes that repeated throughout participants' responses. These themes included increased communication or engagement, positive outcomes for foster children, agency support, training and social worker efficacy.

Increased Communication and Engagement

Primary among the benefits of having team decision-making meetings is that because of them there is an increase in communication between the family and the social worker, the agency and the social worker and the family and the service providers. In turn, inclusion was seen as a resultant concept within the practice of CFTDMs. The benefits to the foster child/family are similar to the summarization of positive outcomes. Mentioned in the findings about positive outcomes are that the family is given the opportunity to talk about what works for

them and how best they can be helped to overcome their plight. Additionally,

through the use of CFTDMs, foster children are given a "voice and a choice," and

this helps in service delivery and decision-making for things such as visitation,

placement, relationships and future planning. Participant #2 stated "Everyone is

vested at that point. It's also beneficial to bring out other ideas that people might

have related to the safety of the children and the wellbeing of the family"

Participant #7 stated, "I've always felt like they were helpful. I don't think I ever

walked out of a TDM/CFT (CFTDM) thinking that didn't work or that didn't go

well." Participant #5 stated:

> With the CFTDMs, I think it is a good idea. So, I think that was a very good
>
> idea because it involves the supervisor the social worker and other
>
> members of the family. A lot of the time there are member of the family
>
> that we didn't know about. So, that's why I think it was a very good idea
>
> because a lot of times there would be support that we were not aware of
>
> and they would come forth.
>
> Participant # 5 also stated: "I've always thought that the better informed

you are, the better decisions you are going to make."

All participants interviewed reported the process of having CFTDMs was a

benefit to the family, especially to foster children. No one disputed that

observation, and all participants indicated these meetings improved engagement,

enhanced services, allowed the child's opinions to be heard, and allowed the

family to be the experts on themselves. Participant #2 reported:

…what I've found helpful is having everybody's wealth of knowledge at the

table especially coming from a service provider……I think it's beneficial

because the family, in general, is buying into the plan. Into the overall

outcome…. We really don't leave there telling people and families what to

do. They have to agree to it. And the ideas are not just coming from me.

These comments were echoed by Participant #3, who stated:

I think it does improve the outcomes for these children because it ensures

no child falls through the cracks so that every child is having that meeting

at least once every six months. And a lot of things come out in these

meetings and it could be as simple as the behaviors of a child during a

visit or once they go home.

Participant # 5 elaborated on the improved communications that resulted from

team meetings, noting:

I find them to be very beneficial because it's rare that you get all those

people in the same room at the same time. And a lot of the work workers

end up doing before going to these meetings is just 'telephone.' Like

getting one bit of information to six different people and it gets lost in

translation. So, when you have the biological parents, foster parent,

relatives, therapist, FFA social worker, primary social worker, supervisor,

all in the room, at the same time, having one discussion, hearing the same

things, you can't replace that.

<u>Positive Outcomes</u>

Positive outcomes are defined as a foster child's safety, permanence and well-being. These outcomes were developed by the CFSR with oversight by the Children's Bureau as a way to measure State's compliance with Federal Regulations. Safety, as defined by the CFSR, means protecting foster children from abuse and neglect and maintaining them in the homes; permanency when foster children have stability in their living arrangements and having an ongoing relationship with family; well-being when foster children receive appropriate educational, physical and mental health services and families having the capacity to provide care (The Children's Bureau, n.d.).

Participant #4 stated:

I think it improves outcomes in that there is a reduction in the return of children and families to the system, there is a reduction in placement changes and there is better service delivery.

When asked if they had noticed a difference in foster children and their families after having a CFTDM, participant #1 stated: "…there is a decrease in multiple investigations and the repeat investigations and the referral history alerts."

<u>Social Worker Efficacy</u>

The benefit to social work practice was defined by the researcher as assisting social workers in being better able to help families access services, navigate through the child welfare system, advocate for their clients and enable

them to feel more competent in their work. CFTDMs were described through the narratives as a component of social work practice that improves the ability of the social worker to complete their job to the best of their ability. These meetings were described as a way in which social workers could better familiarize themselves with the wants and needs of the family, in addition to increase their engagement with the family.

All participants said having CFTDMs was a benefit to their practice, asserting it helps them get to know their clients better, brings all the people involved together, and enhances the ability of a social worker to apply services. It was reported that CFTDMs create an environment where a social worker learns the culture of the family, which in turn, helps make better decisions with the family. Also, as social workers participate in CFTDMs, alongside their supervisor, it teaches them how to think in a way that is safety oriented and family-focused, strength-based and moreover, critically.

Training

Training was defined by the researcher as having the requisite skills to be able to not only facilitate a CFTDM but to participate in one for the benefit of the social workers practice and the foster children and families. The concept of training took the form of being made aware of expectations, participatory value of information by social workers, the purpose of the meetings and skill of the facilitator. Training was also defined in terms of role function and this was apparent when there was discussion regarding community partners. Some

participants reported CFTDM facilitators need more training while other participants indicated child welfare social workers need more training. Others reported, in general, everyone needed more training, including service providers.

In the case where facilitators needed more training, it was said that oftentimes a poor facilitator can passively consent to the CFTDM going awry with little being accomplished other than mere confusion. Participant #10 stated, "I think if there is a difficult situation that isn't handled properly it can end up bad. …. the whole family starts arguing, going back and forth and it becomes… not a good situation." Furthermore, in a sense, CFTDMs become a training-ground for new social workers eager to experience family dynamics in a controlled environment. Participant #5 reported, "…what it [CFTDMs] could also do is operate as a learning experience, like a teachable hour or two, where…. this is how you can critically think about your cases and this is how you can do that."

Role Clarification/Definition. Role function was also seen as a negative as it pertains to CFTDMs in that the facilitators felt social workers who participate in these meetings should be more prepared and the participating social workers stated the facilitators needed more training on how to be effective. When asked what could be improved upon with reference to CFTDMs, participant #4 stated:

> A lot of the time they don't understand. I don't think they are given the information ahead of time. I have heard families say…so why are we going into this meeting? So, that's a little bit of challenge that we do need to do a better job of preparing them for the reason for these meetings."

"That's the goal we're trying to meet. So, they need to come prepared to

state that clearly and articulately in a way that no one is going to be

misunderstood.

Participant #9 stated:

I see with a lot of the newer social worker, their participation is not very

good, they're not very vocal and that's a problem because they need to

talk about their case and the family and they need to bring their opinion or

else the meeting is not useful.

Training of facilitators, community partners and social workers was found

to be pervasive throughout the narratives of the participants as something that

could be improved upon in CFTDMs. Training, or the lack thereof, took the form

of social workers not knowing their case or the family before coming to the

meeting and as such were lacking in input to the meetings discussion.

Facilitators of the meeting were described as requiring training in actual

facilitation skills so that the team-meeting could proceed effectively and

beneficially. A final area where training was described to be in need was that of

community partners and their role in these meetings. It was described in

narrative interviews that community partners are sometimes absent or

misinformed about their role and information about the family.

Preparation of the families was seen by some to be lacking and social

workers said it was the responsibility of the facilitator and other participants said

it was the responsibility of the social worker. Participant #3 stated:

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I mean sometimes families walk into these meetings without knowing why

they are there. That doesn't help. It would be nice if someone had told

them before they got to the meeting and that usually happens but

sometimes it doesn't and when it doesn't happen it's not good.

Furthermore, participant #3 stated, "…as social workers we prepare them

enough, but I think that it should also come from the people who facilitate the

meetings to reinforce that this is a time to provide solutions not go over the

allegations."

As to field social workers, it was suggested improvement in the area of

input in the meeting is needed and sometimes their (social workers) participation

is barely felt, when in reality they are an important component of these meetings

and should have an opinion. For example, not following through with the plan of

action as written down by the facilitator and agreed upon by the group was

reported to render the meeting ineffective.

It was also mentioned that the benefit of these meetings is thwarted when

social workers don't adhere to the team's decisions. One participant of this study

stated sometimes when "action plans" are created, and drafted, and everyone

signs off on them knowing what they are supposed to do within the specified

time-frame, and the social workers doesn't adhere to that plan, the purpose of

the meeting is for naught.

<u>Agency Support Needed</u>

Agency support was defined by the researcher as having the time, tools and adequate guidance to effectively facilitate and participate in meetings. This could take the form of having appropriate meeting places, supplies and office support personnel. From the standpoint of social workers, agency support took the form of not only the actual promotion of participating in CFTDMs, but the time and the caseload with which to accomplish this task. Agency support was found to act as both a positive and negative aspect of this study in that all participants reported the agency is highly supportive of CFTDMs as evidenced by the fact that social workers are required to go above what is State mandated and have team-meetings on every foster child, regardless of age.

<u>Workload</u>. Time (or lack thereof) to participate in these meetings was found to be a barrier in that reduced caseloads are called for considering every case is required to have a team-meeting at the minimum of once every 90 days. Since this falls under something the agency could control or regulate, many participants cited this as such. Some participants cited a tremendous benefit from the meetings but also cited other tasks get delayed or simply put off because of the meetings which is a disservice to the other families on their caseload. Participant # 5 stated:

Okay, so if you reduce the caseload, you reduce the number of meetings, and if you reduce the number of meetings they're going to have more time to focus on their case, to read the history, to identify triggers. An example,

trigger for violence and what triggered a person to relapse. You have more

time for a better assessment. If you have an appropriate caseload you

have more time for that instead of putting out fires.

With specificity given to the barrier of time, participant # 4 stated:

I think that sometimes they can be a little bit time consuming and I think

that has a lot to do with the facilitator. I've even indicated to the

facilitator…. I know they want to go to each individual person to get their

input but sometimes a person in the meeting doesn't have any input. So, I

think getting to the point as quickly as possible is the best way to do it.

Otherwise it takes up too much time. It becomes a little too much and I

think there has got to be an easier way to do it.

Eligibility Criteria. All participants felt it was not necessary to have a

CFTDM on an infant. Participants stated per agency policy, a CFTDM is required

on all children, (regardless of if the child is placed with parents or out of the

home), including infants and oftentimes, there is nothing to be said during those

meetings other than a conversation about sleeping patterns and diaper changes.

It would be beneficial if clear guidelines for use of CFTDMs that are established

based on the best interest of the child. Participant #1 stated, "…they are very

supportive because they are making the case carrying social workers have them

on every kid now whether they are class or sub-class, even on infants, which I

think is a little bit much."

Team Decision Meetings are Beneficial

The centralized theme throughout the narrative was beneficence to social worker efficacy, positive outcomes for foster children, all due to the increased communication and engagement between the social worker and the foster child and family and between the agency and the family. Overall, the main construct, as delineated in the interview narrative, was that CFTDMs are a benefit to social work practice, social workers, and foster children and their families. In each interview, whether explicitly or implicitly stated, the theme of benefit was applied repeatedly as something to which CFTDMs achieve.

Summary

Overall there was consensus that having CFTDMs promoted positive outcomes for foster children on the basis that there is increased and improved communication between the agency, the social worker, the family and the child. Most striking was that this promotion of positive outcomes is achieved because of increased communication and engagement for all who participate in these meetings. There were a few criticisms in that training is needed in order to assist in role clarification and time management on workload, which could be addressed by continued agency support and clear guidelines.

CHAPTER FIVE

DISCUSSION

Introduction

The following chapter offers a discussion based on findings from the interviews of participants conducted in this research study. This study was qualitative and utilized past research literature to offer a background about some of the research on CFTDMs. The limitations, practice and policy implications as well as future research and recommendations are also discussed in this section.

Discussion

A seminal finding in this study is that convening a team of participants to include the family and foster child aids in service delivery, increased communication with clients, and better social work practice due to increased engagement in the case. This finding is consistent with the literature. In a study by Harlow and Sharlow (2006) family team-decision making meetings were found to have the common goals of safety, permanence and well-being through promoting shared decision-making, empowerment and continued relationships. Research has shown that there is an improvement in foster child outcomes when utilizing such meetings (Crea et al., 2008; Harlow & Shardlow, 2006; Kim et al., 2016; California Department of Social Services and California Department of Health Care Services, 2017). Past research has shown that when a child welfare agency's administration promotes and allocates adequate resources for team-

decision making meetings, positive outcomes for children in the child welfare system materialize (Crea et al., 2008).

This study also found that attending and participating in CFTDMs does enhance a social worker's knowledge base and assists in their feelings of competence and confidence in their job performance. This was reported by many participants. Research by Bountanquoi et al. (2013), found that team-meetings are a place where there is an exchange of information about foster children and their birth family, that when spread across a core group of participants can support the social worker's point of view and lend competence to their job function. Further findings in this research is that attending and participating in CFTDMs does enhance a social worker's knowledge base and assists in their feelings of competence and confidence in their job performance.

An additional finding of this study was the need for adequate time and preparation to be completed by a social worker prior to participating in a CFTDM. Bountanquoi et al. (2013) found an agency should manage caseloads and the requirements therein so that participation by the assigned social worker is strong. This is seen as an agency related workload issue.

This research study found that participants perceive their agency as supportive and previously reviewed research found that the attitudes of social workers with respect to team-meetings are affected by their organization's culture and that these projections are strongly related to social workers' beliefs and more importantly their priorities. That is, whether the social worker finds the meetings

particularly helpful, how much time they dedicate to involving and informing the family, and their active participation in the meetings (Crea et al., 2008; Vis & Fossum, 2015).

This research found that there are perceived deficiencies in both the skill of the social worker and the skills of the facilitator and that in each of these cases, the quality of the CFTDM is compromised. A study conducted by Greeno et al. (2013) found that most areas of improvement in team decision-making meetings lay in the competencies of the facilitator of the meeting. Additionally, the role of the facilitator is key in this area and the facilitator needs to encourage participation from low-level contributors so that everyone at the meeting participates and contributes to the goals at hand. The competency of the facilitator was found to be an obstacle to helpful team meetings as facilitators who were perceived as not knowing how to control conflict in the group were impotent. Crampton and Natarajan (2005) discussed group conflict, and reported the facilitator should be skilled so that these conflicts can be productive. Research in this area has concluded that adequate training and a broad knowledge base of not only the tenets of team-decision making meetings, but the family at the meeting, is imperative to its success.

Furthermore, much of the negativity about team decision-making meetings in the reviewed research stems from impediments to the meetings proper progression. Some such barriers were documented as logistical, lack of participation on the part of the family and other participants, group conflict and

power dynamics (Kim et al., 2016). Moreover, preparation prior to team meetings has been reported to be a significant factor for engaging team members. According to research conducted by Kim et al. (2016), preparing the family as to the purpose and content of the meetings, as well as prepping the team members on unified goals is incredibly important for an effective meeting. Furthermore, research has shown that a well-prepared, well-practiced and experienced team of core participants is highly associated with the safety, well-being and permanence of foster children. The causes of these barriers are about a family's internal factors, (i.e., knowledge of the function of the group) and external factors, (i.e., organizational resources and supports) and are closely tied to engagement within the group and in turn the success of the group.

Limitations

The limitations of this study were that all participants interviewed worked for the same Southern California child welfare agency. Additionally, it would be of great importance to obtain a larger sample size in order to gain a wider range of responses in that the findings of this research might not be representative of all social workers in the Southern California child welfare agency. Furthermore, the responses and findings in this study might not be reflective of all counties in California or all experiences and perceptions of social workers who participate in team decision-making meetings across the United States.

Another limitation if the concept of social desirability in that the agency already uses CFTDMs and participants might have felt social pressure to respond positively to questions posed of them,

An additional limitation was that all participants in this study were selected in a way that might have resulted in self-selection bias. This would explain why there were a substantial amount of positive responses versus negative ones

Further, CFTDMs are just one component of improving child welfare outcomes and these team decision-making meetings alone do not account for all increased outcomes for foster youth.

Policy

A recommendation for policy based on this study is that not all foster children and their families should participate in a CFTDM. This is made clear by nearly all participants reporting it was not necessary to hold these meetings when only an infant child is the focus child.

Research

Further research on the barriers of effective team decision-making meetings would be beneficial especially since they are sparse and have only been conducted on team dynamics related to these goals. Considering the implications to both a micro and macro practice, research conducted about the successes and failures of team decision-making meetings would be noteworthy to the practice of social work with respect to child welfare and positive outcomes, engagement and group work. It would further be useful if studies were conducted

on the clients themselves and if they felt these meetings helpful or not. This would allow for a much broader, well-rounded approach to research on this topic.

<div align="center">Contribution of Study to Micro and/or

Macro Social Work Practice</div>

Micro Practice

This study improves practice at the micro level and augments the knowledge base of CFTDMs by uncovering a joint construct of child welfare social workers who participate in CFTDMs on a regular basis. The research contained in this study reveals that the use of team-decision making meeting are a benefit to foster children and families and encourage and promote engagement. Additionally, it was found that all participants perceived the use of CFTDMs as a benefit not only to their practice but to the welfare of the child and family. This study also identified areas of potential improvement in the process and practice of CFTDMs and perhaps what would change to make these meetings even of further benefit to all who participate.

Macro Implications

Variable forms of team decision-making meetings are now utilized in child welfare agencies in California, across the United States and worldwide, and the research findings contained in this study could promote policy change and amendments to existing mandated state, country and international social work practices. Any child welfare agency, in any part of the world, could use the

findings of this research as a way to ensure the safety and well-being of not only foster children but all families at risk.

Conclusion

The conclusion of the research study revealed that having a group of participants, and more importantly, the family themselves, working as a team to make crucial decisions about major life events is not only helpful but essential in proper child welfare social work practice. Concepts such as engagement, involving the family in pivotal decisions about their lives, a foster child's opinion, and group and community consensus, were found to be themes that permeated throughout the course of this study and ones in which increase the chances of a foster child's success. In summary, the participants interviewed described CFTDMs in overall positive light with some areas of improvement expressed. CFTDMs were articulated as a practice that enhances a social workers' ability to engage foster children and their families so that safety, well-being and permanence could be better established and formalized.

APPENDIX A

INTERVIEW GUIDE

INTERVIEW GUIDE

What is your job title?

What is your level of education?

What is your ethnicity?

How long have you worked in the child welfare field and in what capacity?

Describe your experience and involvement of Team Decision-

Making/Child Family Team meetings?

What are your thoughts about the efficacy of Team Decision Making/Child

Family Team meetings?

What differences have you noticed after participating in a TDM/CFT with

respect to outcomes for foster youth?

Describe the involvement of case carrying social workers in Team

Decision-Making/Child/Family Team meetings?

What are the benefits or detriments of Team Decision Making/

Child/Family Team Meetings?

What changes do you feel could be made to improve upon outcomes of

with respect to Team Decision-Making/ Child/Family Team meetings?

How do you feel about the outcomes of Team-Decision Making/

Child/Family Team meetings?

What has been the impact of participating in CFTDMs with respect to how

you feel about your competency in your social work practice?

These questions were developed by the researcher.

APPENDIX B

INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT:

The study in which you are asked to participate is designed to investigate the benefit of Team Decision Making Meetings among child welfare social workers working in a Southern California child welfare agency. The study is being conducted by Marian Buzga under the supervision of Dr. Deirdre Lanesskog, Assistant Professor of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine the use of Team Decision-Making Meetings (TDMs) and Child-Family Team (CFT) meetings otherwise known as the One-Meeting Model (OMM)and their perceptions as to social workers at a child welfare government agency in Southern California.

DESCRIPTION: Participants will be asked basic demographic questions about their employment, length of employment and educational information in addition to thoughts and feelings about the use of Team Decision Making Meetings/Child Family Team Meetings and their benefit to positive outcomes for foster youth.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences. You do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain confidential and data will be reported in group form only. Your anonymity in this study will not be possible as part of this research involves a member check in meeting where all participants will go over the research data as a group.

DURATION: The initial interview will take approximately 15-30 minutes to complete. The final group meeting is anticipated to take 1 hour in duration.

RISKS: The risks to participants are minimal but may include peer pressure or potential political pressure from other participants to participate in the study.

BENEFITS: There will not be any direct benefits to the participants. The overall benefit of the study is that it has the potential to improve practice at the individual, family, group, community and organization levels; this study will augment the knowledge base of TDM/CFTs and have both micro and macro practice implications.

VIDEO/AUDIO/PHOTOGRAPH: I understand this research will be digitally recorded. Initials: _____

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CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work

CONTACT: If you have any questions about this study, please feel free to contact Maria Dr. Deirdre Lanesskog at (909) 537-7222

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (http://scholarworks.lib.csusb.edu) at California State University, San Bernardino after December 2018.

CONFIRMING STATEMENT:

I have read the information above and agree to participate in your study.
This is to certify that I read the above and I am 18 years or older.

_____   ___8/31/17___
Place an X mark here   Date

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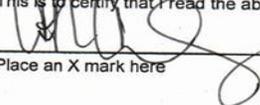
APPENDIX C

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

Study of Team Decision-Making Meetings and Child/Family Team Meetings

This study you have just completed was designed to investigate the efficacy and benefits of the Team Decision-Making and Child/Family Team decision making process among social workers and if it improves on the positive outcomes of foster youth as well as enhances social work practice. In this study, the perspectives of social workers were questioned at first by interviews and secondly during a group meeting of all participants.

Thank you for your participation. If you have any questions about the study, please feel free to contact Marian Buzga at (951) 369-6088 or Professor Dr. Deirdre Lanesskog at (909)537-7500. If you would like to obtain a copy of the group results of this study, please contact California State University, School of Social Work 5500 University Parkway, San Bernardino, CA 92407 by end of Spring Quarter of 2018.

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