

5-2021

Assessing Effectiveness of Child and Family Teaming as a Prevention Strategy in Rural County Child Welfare Services

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ASSESSING EFFECTIVENESS OF CHILD AND FAMILY TEAMING AS A
PREVENTION STRATEGY IN RURAL COUNTY CHILD WELFARE SERVICES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Rose Gennett Martin

May 2021

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ABSTRACT

This research project is an analysis of Child and Family Teaming (CFT) utilized in rural California child welfare departments as a prevention strategy to court intervention and children being placed in care. Currently, the mandates for CFT in the state of California only apply to children who have been removed from their homes. Within the rural counties of this study, CFT is viewed as best practice, and it is offered to families as an opportunity to engage with the agency and strategize to create safety in order to mitigate removal and/or the need for court intervention.

The research project followed a post-positivist paradigm, providing qualitative data from a small sample, which represented the larger population as a whole. This study evaluated interviews from ten participants with varying educations, experiences, and professions. Due to COVID-19, the interviews took place over the Zoom platform after which they transcribed and coded. The interviews aimed to gather information and different perspectives on which aspects of CFTs are most successful in preventing the need for further intervention and child removal, reasons why teaming was unsuccessful in preventing removal, and areas where teaming can create better outcomes for families and the agencies of which they work with.

The findings of this research resulted in several themes and subthemes. One of the themes identified was aspects of the most successful CFTs. The subthemes of this category were found to be engaging families early in the

process, connecting them to necessary resources for meeting their basic needs, and proper facilitation in guiding the teaming process. Another theme identified surrounded safety and harm mitigation. For this category the subthemes identified were continued drug use by the parent, lack of safe housing, and continued abuse. The themes identified in order to lead to better outcomes for teaming as a preventative approach were educating the family on the process of the CFT and expansion of their support network being of utmost importance.

The overall findings in this study identified that approximately half of the time, early intervention through CFT prevented the need for child removal and court intervention. Furthermore, providers identified that even when children were removed, the other fifty percent of the time, outcomes for those cases were improved as well. In some cases, for example, reunification was found to occur sooner when teaming was involved, and permanent placements with family were able to be established.

The implications of this research for micro social work practice describe how early teaming helps engage and create rapport with families from the beginning of their involvement with the agency. Furthermore, the agency's ability to meet the family's basic needs through resource connection is addressed. Regarding macro social work considerations, this study supports a shift in practice – creating the opportunity for social workers to engage in preventative practices for better outcomes rather than the reactive approaches which are currently used.

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CHAPTER ONE: ASSESSMENT

Introduction

Chapter One focuses on the assessment phase of this study, which aims to identify the research question and hypothesis, the perspective of the research focus, and the paradigm that was utilized. This section also covers a literature review and how this research will contribute to social work both at the micro and macro levels of practice.

Research Statement/Focus Question

In an effort to reduce the number of children placed in foster care, disconnected from their communities, and with delayed permanency, the state of California expressed a great need for reform within the foster care system. In October 2015, the Continuum of Care Reform (Assembly Bill-403) was implemented within the state of California focused on changing common practices of the public social services departments in the state (California Legislative Information, n.d.). The Continuum of Care Reform (CCR) addresses large issues within the foster care system, including a reform in out-of-home-care facilities (group homes) and foster homes, focusing on keeping children safely in their communities, placing them with relatives, and providing best services to children in foster care (California Legislative Information, n.d.). CCR seeks to provide all children within the state of California who have been

removed from their homes with “committed, nurturing, and permanent families” (Continuum of Care Reform, n.d.).

Under the breadth of this reform, the Department of Child Welfare Services (CWS) requires that the Child and Family Teaming (CFT) process be utilized in all families navigating their way through the court process of CWS following the removal of children. The CFT process is meant to address the intensive needs of children who have been removed by coordinating with family, friends, service providers, community-based resources, and other natural supports and providing comprehensive care to the child and family when making decisions about services, placement, and case planning (CalSWEC, n.d.). Traditionally, child welfare workers designed case plans that were generic, and service driven. The Continuum of Care Reform through CFT has rejected this archaic practice, now focusing on including families with active role in creating and implementing their own solutions and plans (CDSS Programs, n.d.). These efforts are further aimed at establishing and maintaining the minor’s connections to their community, siblings, extended family members, and other potentially life-long connections. (CalSWEC, n.d.).

Through the implementation of CCR, child welfare agencies are statutorily required to ensure services and supports are provided to children and families, and individualized toward the ultimate goal of permanency, whether it be through reunification (returning the minor to their natural parent’s care), adoption, and/or guardianship (Continuum of Care Reform, n.d.). CFT is

described as the “key to success” of CCR, as it is evidence based, and demonstrates that minors and families involved in CWS are most successful when provided with support and resources to help them find their own capacity to resolve problems leading to child welfare involvement (CDSS Programs, n.d.). Furthermore, the teaming process assists the team in developing case plan goals that grow sustainable safety through utilization of their team. CFT meetings engage the family and team members through empowerment and recognition of the family as experts in their own lives. The process is strength-based, and solution focused, helping to build an achievable case plan while employing the family’s skills and history of problem solving. According to California Department of Social Services, CFT meetings are demonstrating increased evidence of families being successful when services are actively delivered as part of an integrated team (CDSS Programs, n.d.).

Because the teaming process is only required for child welfare cases, and more specifically mandated by the court process, only certain families involved in CWS receive this level of intervention. However, given that the teaming process is best practice in helping families develop safety that can be sustained overtime, it would be pertinent for all families in crisis to receive this level of intervention.

One of the goals of the teaming process is to move away from traditional child welfare programs and services by creating alternative methods for safety. In rural counties, where services are already limited, it would make

sense for child welfare to utilize CFT to support families and help them connect to community resources within the early stages of intervention.

The research focus is based on CFT as an early intervention to court ordered child removal. The research question aimed at answering how CFT works as a preventative approach to court ordered services prior to removal of children using qualitative interviews to understand the CFT experience in depth. This was accomplished by conducting interviews of professionals with experience in participating in CFTs as a prevention strategy. The interviews consisted of questions regarding effective and non-effective teaming strategies and techniques while identifying themes throughout the study of each participant. This study sought to answer the following research questions:

1. What aspects of CFTs are most successful in preventing the need for further intervention and child removal?
2. What are reasons why teaming was unsuccessful in preventing removal?
3. What areas of teaming can create better outcomes for families and the agencies with which they work?

Paradigm and Rationale for Chosen Paradigm

This is a post-positivist approach, so the data gathered were qualitative, using descriptive, structured and contrast questions to develop a better understanding of CFT as a preventative approach. One interview per

participant was conducted and follow-up questions were asked during the interview.

This study was a descriptive design, exploratory study to examine CFT as an early intervention practice and its' impact on families before court ordered child removal. The descriptive design will provide qualitative data, despite the limited sample, that will represent the larger population of social workers and other professionals within rural counties of California who practice CFT as an early intervention strategy.

Literature Review

The literature review will focus on the effects that early intervention strategies have on families, as well as outcomes of CFT. While the two are important, they currently do not coexist within CWS as a common practice. When an investigation is opened within child welfare, allegations are determined to be of three outcomes: unfounded (no evidence, abuse likely did not occur), inconclusive (some evidence, abuse may or may not have occurred) or substantiated (strong evidence that abuse occurred). Referrals that are found inconclusive or substantiated are also evaluated for risk of recurrent maltreatment - only referrals determined to be of "high" or "very high" risk using the Structured Decision Making tool are promoted to cases. As discussed in greater detail below, studies show that both early intervention techniques as well as CFT have positive outcomes on the development and protection of children. These studies directly relate to this study, as the

research topics discuss early intervention and the utilization of CFT meetings as an early intervention to prevent recurrent child maltreatment.

Early Intervention

Early intervention services are aimed at supporting and strengthening families which helps in promoting safety, preventing removal, stabilizing placement, and encouraging reunification (Child Welfare Information Gateway, 2018). This philosophy is exactly the idea behind using CFTs as a preventative approach aimed at helping families create safety and prevent the need for further intervention. Teaming creates an intervention that embodies family-centeredness, which was found by McDonald (2006) to be one of the most successful aspects of early intervention programs.

Additionally, Navarro (2014), found that in other child welfare interventions prior to court involvement, under voluntary pretenses, can result in “high engagement” when families have a “positive perception of agency support” (Navarro, 2014). Navarro (2014) suggests that when families are offered services in a voluntary fashion, their level of receptivity to services will be higher and their outlook on the agency will be positive when compared to engagement in non-voluntary services (Navarro, 2014). Navarro’s information concludes that families with lower risk levels are more likely to complete programs, and in turn should receive “special attention” (Navarro, 2014). Specifically, Navarro (2014) recognizes that an increased interest and investing in prevention and services could be applied through voluntary CWS

case plans, as an early intervention for engaging families at lower risk who are motivated to make change (Navarro, 2014).

Often times in child welfare, prevention is not a primary focus because the need to serve those in “immediate need” are often prioritized (Lindsey, 2004; Sundel, 1979). The goal of prevention in child welfare is aimed at providing families with services and supports which prevents them from entering or minimizes their involvement in the system (Los Angeles County Office of Child Protection, n.d.). Although this study occurred years in the past, Sundel (1979) describes how the development of preventative programs play an important role in the development of a comprehensive CWS delivery system (Sundel, 1979). This supports current strategies for early prevention in providing families with “upfront supports” in their own communities in helping stabilization (Los Angeles County Office of Child Protection, n.d.). Sundel (1979) goes on to recognize that preventative services involve commitment and coordination by service systems to the community they serve (Sundel, 1979). Within the CCR reform, quality communication and coordination of services is another strategy recognized for assisting with prevention (Los Angeles County Office of Child Protection, n.d.). Sundel’s ideas regarding facilitation and development of community-based support networks are exactly the preventative practice and idea behind CFT (Sundel, 1979).

Child and Family Teaming

CFT is a mandated process by which a support network is formed in order to help the family form a case plan and achieve their court ordered services. CFT is observed to be best practice, as it helps families utilize their own strengths and accomplish their goals using a team that is developed to provide sustainability to the family outside of the CWS intervention. In the study conducted by Berzin, Cohen, Thomas, and Dawson (2008), research was conducted to determine if family group decision making (FGDM), similar to CFT, affects child welfare outcomes. The FGDM meetings were utilized like CFT meetings to formulate plan that include the perspective of family members, agencies, service providers, community members with the goal of child safety (Berzin, 2008). The study looked at both Fresno and Riverside counties and aimed to decrease court intervention. The researchers considered multiple areas of outcomes including reduced time spent in out of home placement, increased placement stability, and improved child safety (Berzin, 2008). Fresno county focused on children who were considered at higher risk for recurrent maltreatment while Riverside focused on children already placed in foster care (Berzin, 2008). As pertains to further maltreatment, only one child was removed during the period of voluntary FGDM, and no children had dependency declared during the study period (Berzin, 2008). FGDM is utilized as a collaborative intervention that is aimed in increasing family supports and child safety (Berzin, 2008). The study indicated

that in Fresno where FGDM was utilized in voluntary services, best intervention and implementation of FGDM resulted in “no worse outcomes than standard services,” but did not indicate a significant result of decreased child maltreatment (Bernzin, 2008, p.48).

Schreier (2019) discusses how CFT is designed to provide youth and families with a role in leading and developing their own case plans (Schreier, 2019). Schreier’s focus for the study was to identify the specific characteristics of CFT that led to improved outcomes for the family. The study demonstrated that a critical importance in the success of CFT is determined primarily by the number of natural supports the family has in their network (Schreier, 2019). Furthermore, in support of conducting CFT in early stages, the research demonstrated that the longer a family waited to implement CFT, the more stress and strain the caregiver experienced (Schreier, 2019). Schreier’s study recognized that CFT members must focus on empowerment, strengths, and collaboration in order to impact outcomes (Schreier, 2019). Furthermore, Schreier’s research indicates that the number of meetings is not critical, but the number of participants did matter (Schreier, 2019). Schreier found that families needing more frequent meetings had higher needs, and often CFTs were unable to prevent removal; however, the families with the most support persons in the meetings were the most successful long-term (Schreier, 2019). The findings related to overall outcomes of CFT were clear, after a six-month

follow-up from the study, clinically significant improvements for the families were observed in all outcome measures (Schreier, 2019).

Discussion

Between these studies, it is clear that engaging families, even as an early intervention, or within voluntary services, can help promote child safety and potentially decrease child maltreatment. When an investigation is opened within child welfare, allegations are determined to be of three outcomes: unfounded (no evidence, abuse likely did not occur), inconclusive (some evidence, abuse may or may not have occurred) or substantiated (strong evidence that abuse occurred). Referrals that are found inconclusive or substantiated are also evaluated for risk of recurrence, generally, only referrals determined to be of “high” or “very high” risk are promoted to cases.

In some small counties in rural California, CFT is utilized as an early intervention for families who are not only at “high” and “very high” risk but also for families with “low” and “moderate” risk who need additional support. The study by McDonald (2006) found that children and families who were referred for early intervention services through the CWS differ in their acceptance to early intervention services when compared to children and families who were referred to early intervention services through a different agency (McDonald, 2006). This is an important finding for this study, as child welfare is the primary agency offering CFTs as an early intervention strategy to removal of children.

In the counties participating in this study, but often times in rural counties in general, social workers are expected to work in a variety of settings and have knowledge in multiple areas including community resources, referral services, crisis intervention, and case management (Waltman, 2011). Additionally, within rural counties, resources are limited, and there is a need for formal resources which creates challenges for social workers needing to create resources for their clients (Waltman, 2011). Child welfare agencies, especially in rural counties that have limited resources, should take advantage of CFT as an early intervention approach, and engage families to participate in the process.

Each study describes the importance of collaboration which is a crucial part of the teaming approach. Teaming works because of the family and its supports working together toward the common goal of creating safety for the minor. Furthermore, the studies demonstrate the long-term effects of both early intervention services and CFT to promote safety and permanency, which is the ultimate goal of child welfare in every circumstance. This study aims to demonstrate that CFT, when employed as an early intervention strategy, will provide long-term safety and wellbeing for children and families, and prevent the need for child removal.

Theoretical Orientation

The theoretical orientation for this research project is the ecological systems model. According to Hepworth, 2013, the ecological systems

perspective observes that human needs and development require sufficient resources in the environment as well as positive connections with people and their environment (Hepworth, 2013, p.16). The ecological systems model looks at how each system is unique, and have varying characteristics of interaction; however, it recognizes that all systems have shared interactions and influence one another (Hepworth, 2013, p.17). This framework assumes that children and families are part of a larger ecological system and focuses on the idea that prevention strategies must approach investigations from multiple levels (CWIG, n.d.). An important aspect in utilizing the ecological systems model is by engaging clients, gathering information, discovering strengths and needs, and developing an understanding of how the systems surrounding individuals are impacting the family (Hepworth, 2013, p.17).

The ultimate goal for the social-ecological model is to “stop violence before it begins” which allowed this study to measure how early intervention strategies, such as CFT will prevent recurrent maltreatment by building the family’s support system (CWIG, n.d.). The ecological systems model applied to this study – as a family involved in CWS develops their own social support networks to reduce dysfunctional interactions and increase distinct supports for the family (Hepworth, 2013, p.486). This study included families who are involved in systems at every level, including subsystems of the individual (i.e. cognitive, emotional, motivational), interpersonal systems (i.e. parent-child, family, friends, other social supports), organizations, institutions and

communities (i.e., child welfare, school, community resources, service providers) as well as the family's physical environment (in this case, rural central California counties, and the housing and environments of which they are located) (Hepworth, 2013, p.17).

Potential Contribution of the Study to Micro and/or Macro Social Work Practice

This study aims to evaluate the CFT process as an early intervention, and which aspects of the teaming approach prevent families from becoming further involved in the CWS - social work practice as it exists now, particularly in the field of child welfare, could be greatly transformed. As previously stated, CFT meetings are only mandated as a teaming process for families involved in the Juvenile Court System. If the teaming process demonstrates an ability to reduce child removal, a shift in practice would need to occur so that CFT becomes a preventative practice within early stages of family involvement with child welfare rather than a process reserved only for families involved in the most serious cases. Providing the family with teaming, resources and the support that comes along with it, could potentially lead to reduced caseloads for social workers and less trauma for children and families.

Summary

Chapter one covered the assessment phase of this post-positivist research study, the paradigm chosen for this study, and the rationale for the chosen paradigm. Furthermore, a review of literature was provided that

focused on early intervention strategies for CWS and CFT. Lastly, the theoretical framework and potential contributions to social work both in micro and macro practices were discussed.

CHAPTER TWO: ENGAGEMENT

Introduction

Chapter Two, the engagement phase of this study, discusses where the study occurred and engagement strategies for the gatekeepers at the research site. Additionally, this chapter addresses the researcher's self-preparation for the study, addressing potential diversity, ethical, and political issues. The role of technology is also discussed.

Study Site

The research site for this study was local and neighboring child welfare departments and partnering agencies in a rural area of California who practice CFT before court removal of children. In order to gain data for this research topic, counties where teaming is practiced within the beginning stages of child welfare intervention were identified.

In gathering data, the region utilized was rural counties in central California, with a combined population of less than forty thousand residents. The population consists of mostly Caucasian families (approximately 64%), followed by a Hispanic population of approximately 20%, a Native American population of 13% and an Asian population of about 2% (U.S. Census Bureau QuickFacts, n.d.). The average household size in these counties is approximately three people per home, with the median household income

being approximately \$62,000 a year (U.S. Census Bureau QuickFacts, n.d.). Approximately 13% of families within these counties live in poverty (U.S. Census Bureau QuickFacts, n.d.). Approximately 60% of the population is employed, either working for government jobs (town and county), food industry/retail, and/or employed by a nearby resort (U.S. Census Bureau QuickFacts, n.d.). Of the population, 88% have graduated high school and less than 30% have received a higher education (U.S. Census Bureau QuickFacts, n.d.).

Within the identified counties, there are less than fifty professionals within the departments, including: social workers, management, and directors. As the population is small, the number of workers is small as well. The identified rural counties offer what is called a “vertical caseload” in child welfare – each worker can carry caseloads consisting of emergency response investigation, voluntary family maintenance cases, court ordered family maintenance and reunification cases, as well as permanent placement cases. Emergency response is the first part of a child welfare referral, where allegations of child abuse are investigated. They are generally open for an initial investigation period of thirty days. When additional services are needed, but families do not rise to need of court involvement, the department might offer “voluntary” services, where families receive referrals for services and monthly visits by a child welfare social worker for approximately six months. In the event that the juvenile court does become involved, the child can either

remain in the care of the parents with court oversight (Family Maintenance) or if the child is removed from their parents' care, the family is generally ordered to participate in "reunification services" – in both these court ordered events, families can receive services for a time-limited period ranging from six months to twenty-four months. In the case of permanent placement, children who have been removed from their parents and are in foster care need to find a "permanent" plan, which can be legal guardianship, adoption, or long-term foster care. The social worker must work with the family in all of these instances to provide support and permanency for the minor. Because they are rural counties and resources are limited, the agencies rely on working with community partners, and developing a family's own support network through utilization of family, friends, and extended family. This is the basis for CFT. Again, because the population is small, and caseloads are low compared to that of larger counties (an average of approximately five cases per worker), the identified counties taking place in the study are able to provide CFT services as an early intervention strategy to families who are identified at risk.

Engagement Strategies for Gatekeepers at Research Site

Firstly, gatekeepers and participants were engaged by having a conversation with identified persons regarding the nature of the study. During the conversation with participants, the researcher explained that the research topic looks at preventative services delivered in rural child welfare practices, specifically measuring CFT prior to children being removed from their home by

the Juvenile Court. The researcher asked for voluntary cooperation of participants to partake in an interview regarding their experiences in delivering CFT services, and how they believe outcomes have been affected.

Furthermore, the researcher addressed potential ethical issues that arose while conducting this study and created a plan to avoid any potential conflicts from occurring. The researcher ensured that the interviews were conducted privately, and the transcription of the interview was detached from the name of the participant. Names of families discussed were not necessary for the study. Furthermore, the researcher communicated with participants about conducting the interview at a convenient time, so workers were not participating in the interview during working hours, unless otherwise provided permission to do so.

After gaining some insight into the county practices and being prepared, well organized, and acknowledging potential ethical issues that may arise beforehand, gatekeepers were supportive in providing permission to carry out the study.

As information was developed, the interviews were useful in informing social workers, supervisors, program managers, and directors' data regarding what aspects of CFT have been useful in early intervention practices and areas where teaming can be improved.

Self-Preparation

For this study, the research question asked what benefits CFT has on families who receive this service in rural populations as an early intervention/preventative approach through CWS. The goal of the study was to evaluate whether CFT is perceived to work as a prevention method for court intervention and child removal.

In preparation for the study, the researcher conducted a literature review to gain information from research that has already been conducted regarding early intervention strategies and effectiveness of CFT. Through the literature review, the researcher could clearly identify that if engaged properly, families who receive CFT as an early intervention approach could have greater outcomes of keeping children in their homes and communities.

As previously mentioned, engagement with the gatekeepers and participants of the study was imperative to gathering information regarding potential ethical, political, and cultural issues that may have arisen. In gaining gatekeeper approval for the study, the researcher was prepared to address any potential issues such as, confidentiality and staff completion of forms during non-working hours.

Diversity Issues

Child welfare social workers and other professionals from varying departments are a culturally diverse population. Most workers come from different and diverse backgrounds, are of different genders, sexual

orientations, ages, and socioeconomic backgrounds. Within this research project, each participant was given an equal opportunity to participate regardless of potential diversities. The study participants were selected based on their previous experience in participating in CFT when children were not removed, and the researcher did not discriminate against any participants. The researcher utilized the same set of interview questions for each participant and asked broad and general questions specifically relating to CFT, not families in particular, to address potential diversity issues.

Ethical Issues

The researcher completed the Institutional Review Board Human Subjects training and submitted the research project for a Human Subjects Review through the Institutional Review Board for approval (see Appendix A). All research participants voluntarily participated – they were provided with a consent form that clearly stated that their participation was voluntary, explained that they did not have to participate or answer questions if they felt uncomfortable, and that they could withdraw their participation at any time during the study if they so choose (Appendix B). Furthermore, participants were asked to complete the interview outside of working hours, unless they were specifically authorized to do so by their agency.

In order to protect confidentiality, the name nor the identifying county of the participant was recorded at the beginning of the interview, nor was it attached to the interview transcription. The interviews occurred over the Zoom

platform and were protected by using a secured login through Cal State University San Bernardino. The recording device (computer) which contained all the recorded interviews was only accessible by supplying a confidential password, which only the researcher had knowledge of. The interviews were permanently deleted from the computer once the data was no longer needed.

Political Issues

The potential political issues that could have evolved during this research project revolved around gaining permission from each county department and agencies in and allowing their staff to participate in the study. This worker mitigated any concern about identifying outcomes of each individual county, as all data was collective and assessed together rather than divided between each separate county.

The Role of Technology

Zoom was utilized to communicate between this researcher and the participants in order to conduct the interviews in a safe manner. Due to COVID-19, in-person interviews could not be safely conducted. Furthermore, the researcher provided an alternative option of conducting the interview via telephone if the participant did not have access to Zoom.

Following the interviews, the program Trint was utilized to assist with transcription of the interviews. Trint processes audio files into text and guarantees the highest standard of security in their transcription process.

Upon completion of recording and analyzing these data, the recorded interviews as well as transcriptions of the interviews were permanently deleted from this researcher's personal computer. All hand-written notes that were taken during the interviews were properly shredded and disposed of.

Summary

Engagement strategies of this study were discussed in Chapter Two, along with communication between the researcher and gatekeepers at the research site. Furthermore, this chapter discusses self-preparation for the study, as well as potential diversity, ethical, and political issues. The role of technology as was utilized in this study was discussed.

CHAPTER THREE: IMPLEMENTATION

Introduction

Chapter three discusses the implementation of the research project including identifying study participants and discussion about the selection process. Further data gathering, phases of data collection, recording, and analysis are also discussed. In closing, Chapter Three discusses any termination and follow-up communication that occurred between the researcher and departments who participated in the study.

Study Participants

The participants for this study were child welfare social workers and other professionals from rural counties in central California, who practice CFT as a preventative approach to juvenile court intervention. If supervisors and program managers were actively involved in implementation of CFT as an early intervention practice, and were available to participate in the study, their contribution was included as well. This method provided a diverse range of social workers and other professionals, having mixed races, genders, ages, ethnicities, as well as years of experience.

Selection of Participants

For this study, the researcher talked with supervisors and CFT coordinators prior to conducting the study, so an understanding of staffing, practices, and who in the population participates and/or conducts CFT meetings could be identified. The researcher engaged with these leaders to explain what information the study was aiming to gather in hopes of gathering information about which staff would be useful for the study. Once the appropriate staff were identified, the researcher asked the staff about willingness to participate in the study.

The participants for this study were local and neighboring employees of rural central California child welfare department, as well as professionals from local agencies who have been involved in non-court involved CFT. Since the population of professionals in these counties are limited, employees including social workers, social service aides, supervisors, and program managers were asked to participate. Furthermore, professionals such as: counselors, parent partners, probation officers, parenting coaches, etc., were interviewed as well. Prior to being selected as a participant, professionals were screened to ensure they have participated in a CFT process where children were still in their parent's custody. A range of participants were be selected from varying agencies and different positions. Then, a variety of data was collected qualitatively. The interviews were recorded and the researcher received signed consent for the interviews to be recorded prior to the interview

beginning. Open ended questions regarding what aspects of the CFT process worked and areas where it could be improved or may have been more successful was asked. The main questions for the interview were structured; however, follow-up questions were guided by the interview and assisted by the respondents' answers. Due to COVID-19, the interviews happened in comfortable and private locations and lasted approximately twenty to thirty minutes each. Social distancing protocols and other safety precautions were still in effect while conducting interviews, so Zoom interviews were utilized to respect COVID-19 local protocols.

Data Gathering

This is a post-positivist approach, so the data gathered was qualitative, using descriptive, structured, and contrast questions to develop a better understanding of CFT as a preventative approach. Individual interviews were conducted for each participant on a one-time basis, and follow-up questions were asked during the interview.

A literature review occurred before the interviews took place as part of the researchers' preparation for the study. The interviews consisted of structured, open-ended questions, which allowed for other follow-up questions to be asked as they arose (Appendix C). The interviews began with engaging questions to build rapport, and then developed into research focused questions. The identifying questions asked participants their gender identity, job title, years of service (less than two years, two to five years, five to ten

years, ten years or more) and level of education. Participants were then asked about their experience in participating in CFTs. The interview also asked social workers and other professionals about their perspective on successful CFT meetings and key elements in those situations that helped in preventing child removal. Additionally, participants were asked about which aspects of the CFT process were most successful, and the researcher inquired about areas where teaming could be improved.

These questions provided information regarding participants' experiences in utilizing CFT meetings as a preventative practice and provided data about whether or not CFT has been successful in preventing removal of children from families they had worked with. Some of the questions allowed for answering if CFT had not been successful and court intervention was needed, what aspects of those teams led to further intervention. By answering the open-ended questions through their understanding and opinions, they provided data that directly correlates to the study through analysis of their experiences.

Phases of Data Collection

Because this research project utilized a criterion sampling design, the first phase of collecting data was to filter participants to ensure they met criteria for participating in the research project. All participants were individuals who had participated in preventative CFTs where children had not been removed from parental custody.

The next phase was to arrange interviews with the qualifying participants and ask questions regarding their access to Zoom. Once interviews were scheduled, email invitations and individual zoom links were sent to each participant for the date and time of their interview.

The interviews were recorded and the researcher received signed consent for the interviews to be recorded prior to the interview beginning. Due to COVID-19, the interviews happened in comfortable and private locations and lasted approximately twenty to thirty minutes each. Social distancing protocols and other safety precautions were still in effect while conducting interviews, so Zoom interviews were utilized to respect COVID-19 local protocols. The interview questions were open ended; therefore, the conversation was guided by the questions as well as the participants responses. After all the questions were addressed, the researcher asked the final throw away question to finalize the interview (Appendix C).

Data Recording

The researcher asked each participant individually for permission to record the interview via Zoom. If the participant had wished to not be recorded, the researcher would have offered to take notes by hand. Audio and video recording consent was noted on the informed consent form (See Appendix B).

Using the research journals, the researcher gained information about potential gaps of information, data that have already been studied, and utilized the research journals to form the questions for the interview. Furthermore, the

research journals addressed areas of diversity and questions of other preventative methods, that were also able to be addressed during the interview.

Following each interview, the researcher documented the narrative immediately by utilizing the program Trint to transcribe audio files into Word documents. In order to protect confidentiality, the audio recordings and transcriptions were labeled using first and last initials. Names of families were not used during the interviews nor were county or employee names. In documenting the findings, participants were labeled number one through ten, and when quoted, labeled with their corresponding number.

Data Analysis Procedures

Once the audio data collected was transcribed by Trint, the transcriptions were individually checked for accuracy by the researcher. The transcriptions were then qualitatively analyzed using a conventional content analysis to find themes and categories within the data (Hsieh & Shannon, 2005). The themes and subthemes were also checked by the research supervisor.

Summary

Chapter three presented the study participants, and the way in which participants were selected for the study. Additionally, the process by which data was gathered and the phases of data collection were discussed. The way

in which data were recorded was demonstrated, as well as the procedure in which the data were analyzed were communicated.

CHAPTER FOUR: EVALUATION

Introduction

Chapter four discusses the study sample and the analysis of the data. The coding procedures which were used to analyze the data are explained and discussed. The common themes and subthemes that were identified through conventional content analysis which emerged through the open coding process are presented. The content analysis provided insight into the research questions posed in Chapter two regarding what benefits CFT has on families who receive this service and to evaluate whether CFT is perceived to work as a prevention method for court intervention and child removal.

Study Sample

Of the demographic population, ten participants were selected to be interviewed for the study. Table 1 below displays the demographic information of the ten interviewees. Of the counties participating, there were four different departments included in the study. Of the ten participants, three were male and seven were female. Four of the participants identified as Latino, while the other six identified as Caucasian. Three of the participants had master's degrees in social work, while another three participants also had master's degrees, but in other fields (i.e. therapy and public administration). The other participants either had received a bachelor's degree, or were working toward it, having some

amount of higher education completed. Most participants (n=7) had experience in social work and all participants had experience in case management services. Aside from one program manager and two supervisors, the remaining seven participants were current case carrying workers with daily direct contact with clients. The levels of experience varied between new employees (less than a year of experience), two to five years of experience, five to ten years of experience, and some with more than ten years. Some of the sample had experience in both social work and mental health services, while others had experience in mental health and wraparound services. All had worked with various ages and populations of children and families. The ages of the participants ranged from early twenties to over fifty.

Table 1

Demographic Characteristics of Study Sample (n=10).

	n	Mean	S.D.
Age		39.6	6.6866
Gender			
Male	3		
Female	7		
Race/Ethnicity			
Caucasian	6		
Latino(a)/Hispanic	4		
Education			
Some College/AA	3		
BA/BSW	2		
MA/MS/MFT	2		
MSW	3		
Department			
Social Services	3		
Health & Human Services	3		
Probation	1		
Behavioral Health	3		
Current Position			
Social Worker	3		
Social Worker Supervisor/Manager	3		
Probation Officer	1		
Therapist	1		
Wraparound	2		
Years of Experience		12.15	7.1649
Reason for CFT Involvement ¹			
Neglect	7		
Physical Abuse	3		
Children's Problem Behaviors	4		
Other Complicating Factors			
Parental Substance Use	7		
Poverty/Homelessness	5		
Generational Trauma	4		
Single Parent Households	4		
Lack of Access to Resources	3		

¹Please note that the reasons for a CFT and other complicating factors could overlap, which is why the numbers add up to more than 10.

Of all the interviews conducted, there were only a few reasons identified as to why children had been referred for teaming or become involved in either child welfare/probation. The reasons identified were primarily for issues relating to neglect (n=7), which largely included the family's inability to meet the children's basic needs for food, supervision, and safe housing. In general, the housing determined to be unsafe were described to be without running water/electricity, exposure to drugs/paraphernalia, and chronically "dirty." The other primary reason identified (n=4) was for children who were at high risk of placement for delinquency behaviors, including assault, burglary, sex offenses, drug use, and other mental health/behavioral issues. Lastly, circumstances of physical child abuse (n=3) led to teaming prior to detention in approximately three of the identified cases.

Some of the common complicating factors identified mimicked the reasons for the family becoming involved with the system. These were identified as problems within the family that were not necessarily the reason they became involved in the system, but areas where extra support to address the issues were needed. The complicating factor most identified was parental alcohol and substance use (n=7), followed by homelessness and poverty (n=5). Other common complicating factors included: generational trauma (n=4), single parent households (n=4), and lack of access to resources (n=3).

Data Analysis

This study hypothesized that workers utilizing CFT as a preventative approach to court intervention would perceive it to reduce a family's need for more intensive intervention, such as court involvement, and child removal through CWS. Data were transcribed and then analyzed using conventional content analysis to find themes and categories within the data (Hsieh & Shannon, 2005). This was followed by open coding to organize the links between themes and categories (Hsieh & Shannon, 2005).

As indicated in Table 2, the main categories that were distinguished during the open coding process were: reasons families became involved in teaming, aspects of successful CFTs, reasons further intervention was needed, and potential strategies for leading to better outcomes. The core themes within these identified categories were narrowed down by using conventional content analysis finding unifying themes within the data, which identified sub-themes. The themes, subthemes, and descriptions are identified in Table 2 below.

Table 2. Themes, Subthemes, and Description

Themes & Subthemes	Description
Aspects of Successful CFTs: <ul style="list-style-type: none"> - Building the Right Team - Connecting to Resources/ Supports - Rapport and Engagement 	The theme of Aspects of Successful CFTs includes building the right team for each individual family, connecting them to adequate resources and supports, and building rapport and engagement with the family to gain their trust and cooperation.
Reasons Further Intervention was Needed: <ul style="list-style-type: none"> - Unable to Mitigate Safety - Lack of Support Systems/ Family Involvement - Lack of Ownership and Accountability 	The theme regarding Reasons for Further Intervention included an inability to mitigate safety and/or further harm, a lack of support network and family involvement, including isolation, and a lack of ownership and accountability by the caretakers in taking responsibility for the actions leading to agency involvement.
Strategies for Better Outcomes: <ul style="list-style-type: none"> - Expanding the Support System - Educating the Family - Increasing Education for Facilitators 	Some of the themes identified as Strategies for Better Outcomes of CFTs as a preventative approach were expanding the family support system, educating the family on the process of the CFT, and increasing education for the facilitators to be best at leading the meetings.

Aspects of Successful CFTs

The ages of the children involved in the CFT varied – the participants identified that they have had success with families from various backgrounds and children aged zero to eighteen. A commonly identified idea behind CFTs as a prevention approach is to try and engage the family as soon as possible and getting children involved in the process sooner, rather than later, due to the long-term consequences of abuse, neglect, and delinquency. Participant 9 described

early engagement as, “getting them [the children/family] way before they’re at that place, so we can prevent them from getting in the system” (Participant 9). Furthermore, Participant 4 described that “getting participants engaged sooner rather than later, identifying risk factors and getting them a team of support before they are actually even in the system” is of utmost importance (Participant 4).

Through conventional content analysis, the common themes identified were the importance of building the “right” team, connecting the family to necessary resources, and building rapport and engagement from the very first interaction.

Building the Team. Every participant included their perspective in what makes a successful CFT. Within this there were several other factors that were commonalities identified by the participants. One of the most important aspects of a successful CFT is having a good facilitator – the skill of the facilitator sets the tone for the meeting. Furthermore, facilitators model persistence, dedication, and commitment to the process, which motivates the team. Participant 4 commented on the importance of facilitation,

The facilitator's hold a very important centerpiece role in the process. They're like the hub of what happens at meetings.

Coordination and communication in between meetings, bringing

new team members to the table, and being aware of like conflict resolution skills (Participant 4).

Participant 4 elaborated, “families just need support - and having a team of people around them that cares, makes people start to want to care about themselves a little more” (Participant 4).

Furthermore, in building the team, good collaboration between the agencies involved was recognized to be imperative for success. When this researcher inquired about what makes this aspect so important, Participant 8 responded “There’s no ambiguity, it allows for others to understand [different] perspectives of what the issue or concern is” (Participant 8). Four of the professionals stated that being “on the same page” between agencies creates clarity for families and prepares the team to work toward a common goal. Participant 6 articulated that,

Good collaboration between agencies and communication has benefited us all in a that we're all on the same page. Instead of trying to figure out where one side is, we've all come in with the same view/approach. There's good, solid communication and there's no splitting within government agencies - that gives them [the family] stability (Participant 6).

Of utmost importance and agreed upon by every participant was the inclusion of family members and extended supports into the meeting. The common theme for this aspect of building a team was to “bring as many

supports as possible” to the table. Participant 6 informed that in their experience,

The more natural supports [brought] to the table, the more successful [the agency] can be with the family. That way, they rely not so much on the government agencies, but what’s going to be their long-term support.

Participants in the study inferred that having too many agency supports and not enough natural supports inhibits the family in creating their own plan. Participant 8 noted that having natural supports assisted in “formulating the safety plan and keeping the family accountable for follow through” (Participant 8). Additionally, having the family’s own support system being involved in the planning process provides continued support for the life of the case, as stated by Participant 2,

The good portion of the family members that participated in that original CFT remained involved in this CFT process throughout the voluntary case and were there at the closure CFT and, it was nice to see them involved in the process throughout that case.

(Participant 2).

Having family involved in the beginning stages allows for continued involvement in the teaming process as it progresses. Teams with a large number of support people were found to have the most successful CFTs and were able to establish enough safety through the use of their supports

that children didn't have to be removed. Participant 2 recognized that "encouraging them to include as many family, friends, community partners, anybody who has an interest in the well-being of the kids - the more people that are involved in the CFT process, the more likely the family is to be successful" (Participant 2).

Connecting to Resources/Supports. As previously stated, some of the main complicating factors and reasons for agency involvement is due to basic needs being unmet, creating safety concerns for the lead agency. In the CFTs where children had not been removed from their home, many of the participants identified that the CFT process was able to connect them with the necessary resources to meet identified basic needs such as housing, electricity/heat, food, clothing, education/school support, transportation, employment, and other financial supports. In asking Participant 7 about the most successful aspects, the informed,

Probably the financial supports. I think it was the biggest strength in the end. There were times when they were at risk of losing their housing - they were in need of pretty basic supports like car seats, clothes, and food sometimes. So, the team helped quite a bit in that way. I think that helped just keep the family stable and reduce some of the stressors at home (Participant 7).

Meeting the family's basic needs for safety often times mitigated harm and helped the family stabilize enough to fully engage and participate in other

planning activities for the life of the case. A major key in families who were successful by being connected to resources was the family's willingness to accept the resources and actually benefitting from the resources they were connected to. Participant 1 recognized that some families are apprehensive in taking resources, but ultimately accepted,

Being willing to take resources, and, at one point this felt like it was more of a handout than a resource, but really trying to refocus and see what would it be like if you didn't take this? Their ability to really look at the pros and cons made a difference for their family and the way that they participated in the CFTs.

In turn to being connected to resources and meeting basic needs, families were able to build consistency in their lives, which ultimately led them to being successful following termination of services, because they had continuity of care outside of agency intervention.

Rapport and Engagement. The other main theme in successful CFTs was the ability for the team to engage with the family and build rapport among team members. Engagement was identified as a critical aspect of successful teams for a multitude of reasons. Part of engagement is recognizing family strengths and utilizing them to create safety. Participant 8 stated that "CFT does highlight the strengths within families, and when they hear those strengths, [it is] very powerful and empowering"

(Participant 8). In using family strengths to mitigate harm, families feel empowered, another critical aspect to successful teams.

Through engaging families and building rapport, the team is able to create trusting relationships, both inside CFT meetings and outside of the CFT process. Participant 4 described engagement as the following,

What ends up happening is, is that we come in and break down barriers for these families to access support in their community, even supports that they have in their lives that they're not aware of, and once you have all these people at the table working with these families, they build these relationships with these other providers.

And with that, breaking down those barriers, increases safety

(Participant 4).

The trust built with families is another huge factor in having a successful team, because it allows team members to have open, honest, and safe communication while providing feedback, not only to the family members, but the agency. When asked about the most successful aspects of the CFT, Participant 1 explains that “honest communication and feedback increases the chances of any CFT [in being successful]” (Participant 1). Honest communication was recognized as imperative for both the professionals and the family.

For the lead agency, it was expressed by many of the participants that child welfare and probation need to be clear about the reasons they are involved with the agency. Participant 1 explains the following,

It's a reminder of what brought you here that is helpful for service providers and families - because families are very complex, and remembering why we're here, and then that's what the focus of the system. We can't fix the entirety of the family of course; but, we can offer supports within reason (Participant 1).

The “why are we here/what brought us here” needs to be clearly understood by the family and can only be done through open and honest communication and “educating the family on the CFT process” (Participant 2). Furthermore, within the teaming process, the agency also needs to be transparent and forward about expectations for safety and the “bottom lines” which would lead to child removal. This trusting relationship and open communication allows families to feel heard and allows the team to work through conflict while focusing on the common goal of keeping the child safely in their home.

Reasons Further Intervention was Needed

While many of the participants concluded that CFT had led to children not being removed from the home, there were some occasions and circumstances that lead to the need for further intervention. The primary themes for this category are safety, lack of support system, and lack of accountability.

Unable to Mitigate Safety. In all of the cases where teaming was utilized prior to the child's removal, inability to mitigate safety threats was the underlying reason for them being ultimately removed. Of all the safety factors that resulted in the removal, the team found the majority was due to an inability to build enough boundaries to support safety. Participant 8 supports this with the comment,

Our goal is really engaging the family to ensure safety, but if safety is not ensured through either the child and family teaming process or for whatever other reasons come about, it [ultimately] comes down to safety, or lack of.

The three primary circumstances were continued parental drug use, lack of safe housing and children reoffending. Additionally, participants stated that the team was unable to provide the family with the resources necessary to mitigate harm.

Lack of Support System/Family Involvement. Many of the times that teaming was not successful from preventing removal, the family lacked support persons/family members to help them in creating safety and mitigating harm. Those with a lack of support system found themselves isolated from their families - some of them had "burned bridges" and family members were unwilling to participate; whereas others were ashamed to of agency involvement and refused to have others participate. Participant 1 articulated how shame impacts the CFT,

They don't want people to be involved, because they feel ashamed of what's happening to them or what they did. But, that lack of a family sometimes can impact the safety of a child. We don't have anyone to really turn to (Participant 1).

In asking Participant 7 some of the hardships around engaging support systems, they replied,

There was a huge amount of resistance every time we brought up an extended family member or a neighbor. We struggled to find a way to get the parents to be agreeable to their participation. They were way more comfortable having just formal supports at the table (Participant 7).

Additionally, when these families did have support systems, the identified persons were not “safe” and “supportive” people; there were unhealthy relationships which did not assist in changing unhealthy behaviors.

Therefore, in these circumstances, the team consisted mostly of service providers, who were unable to hold the family accountable in the same way family members and close connections are able to, as Participant 1 explained,

Providers can give a picture of what the family looks like, but there's nothing like family that may be able to call them out on trouble that they're having: maybe a situation that's occurring, patterns that they've seen before.

Furthermore, agency support alone in CFTs led to lack of continued support once the agencies intervention was terminated, and families re-entered the system, in some cases with the children being removed. Participant 8 recognized, “when it’s all system or agency based, it’s not as effective. It helps, but long term, it doesn’t create safety” (Participant 8). Lack of Ownership/Accountability. Another theme to CFTs being unsuccessful in preventing child removal was the lack of ownership and accountability by the caretaker/parent. In some circumstances, parents were unable to be honest and frequent behaviors of “hiding, secret keeping, and limited communication” were common. Participant 1 explains how hiding impacted the family,

The parents were hiding because they knew that these conversations were now coming and they did not want to participate in them because; you know, whatever reason that they were hiding. So, when we start having to chase or we can't reach a child, then the safety isn't there anymore. We're having an immediate situation where we need to go into to a bigger safety plan, like removal.

Caretakers were found to be unwilling to engage and not wanting to accept help, which created difficulty for the team in creating the safety plan with parental involvement and agreeance. Participant 8 described, “engagement can be a challenge when a parent or parents are resistant or

isolated. If they're not willing to engage, the teaming doesn't really happen" (Participant 8).

Leading to Better Outcomes

In both CFTs where children were not removed and CFTs where children ultimately had to be removed following teaming, there were common themes of practices that could lead to better outcomes in both situations. These included expansion of the support system, education for the family, and increasing facilitation skills, which are directly associated with the aspects already identified of successful CFTs and reasons for further intervention.

Expanding the Support System. When identifying a support system, it is important to keep in mind who cares for the child. If support systems can focus on the welfare of the child, they can potentially put their differences with the parents aside and provide safety. Several participants identified that it's critical for the team to recognize that family voice and choice includes the voice and perspective of the child.

It's also important to have the "right" team members present – these are team members who know the family and will encourage and facilitate safety and growth in the process. This could also include specialty supports for the parents and children, including parent partners, youth partners, and therapists to help mitigate conflict during the meeting.

Participant 10 described a successful situation in which,

They not only had identified some natural resources, but they actually increased their natural resources. They started to expand that new healthy relationships, and so they were building up a larger support system than they had upon entry (Participant 10).

The more support persons that are on the team, the more ideas, resources and supports are made available to the family. Creativity in building the plan and solutions for creating safety are better when more supports are engaged in the process.

Educating the Family. Part of getting the family engaged in the early stages of their involvement with the agency is educating them about the process of CFT. Taking the time to explain to the family that they have options and inspiring them to create the safety needed to prevent the removal of their children, helps the parents feel like they have some control over the process. Participant 1 explained that, “families responded well to seeing the steps, feeling some ownership over the things that they could control” (Participant 1). This helps the parents put their anger/frustrations aside, because they feel heard and included in the process. Furthermore, explaining that the CFT process helps in developing a common goal with the “interest and well-being” of the children in mind allows everyone to be on the “same page” towards achieving a common goal.

Increasing Education for Facilitators. The majority of participants recognized that to accomplish all of the themes identified above takes a skilled facilitator. Participant 7 explained,

The skill set of the facilitator is a really big, important thing - it's an advanced level skill set. Some people have that, you know, people have their strengths and their weaknesses, and I think knowing who is capable of facilitating is important in preparing.

Facilitators must help engage families, encourage and have the skills to illicit expanded family support, and navigate the dynamics between the team. Developing facilitation skills takes experience, time, and training – participants agreed that continued education for facilitators is important, because it grows their ability to work with the most diverse and complex families. Participant 10 stated for better outcomes, facilitators must “get better at motivation interviewing, and get the experience you need in adjusting to different families, styles, and needs” (Participant 10).

Summary

Chapter four discussed the study sample as well as the findings of the study as derived through an in-depth qualitative data analysis. The method of conventional content analysis which was used to analyze the data was discussed, along with the common categories and themes which were identified, answering the questions posed in Chapter two.

CHAPTER FIVE: TERMINATION AND FOLLOW UP

Introduction

Chapter five discusses the interpretation of the themes identified above, and the implications to social work practice through this study are also considered. The termination process which this researcher utilized for the interview process is presented. This chapter also looks at the nature of the ongoing relationship this researcher will have with the study participants and the method by which the researcher communicated the study's findings to the research site and study participants.

Data Interpretation

The results from this research represent a comprehensive analysis of experiences and opinions from ten different professionals who have practiced CFTs as a preventative approach to child removal/court intervention. These participants all have various professions; however, the communities which they serve and the preventative practice of CFT are utilized by each of them.

All the professionals were clear that the reason CFTs as a preventative approach are crucial to social work practice is because it can address needs beforehand rather than afterward, reducing trauma for children and families. This is consistent with the research by Los Angeles County Office of Child Protection

(n.d.) which found that supports in families own communities help with stabilization long term.

Through this research, participants concluded that CFT as a preventative approach is the best and most fair way a government agency can intervene in families' lives – it demonstrates to the families that their participation in preserving and keeping their family intact is of utmost importance. Furthermore, Participants indicated that CFTs are essential in meeting the safety needs to prevent further intervention by empowering families, identifying their strengths, connecting them to supports, resources, and services. This level of teaming is most effective when systems, agencies, and families work collaboratively towards a common goal. Through their research, Schreier (2019) and McDonald (2006) also found a focus on empowerment, strengths, and collaboration to be essential for best outcomes in engaging families.

Participants for this study identified that engagement and rapport building are the foundation to a trusting relationship between the family and agencies. This level of trust is what motivates families to continue working with the agency through the CFT process. These findings are consistent with the study conducted by Navarro (2014), who recognized that when families are engaged on a voluntary basis, they are more likely to succeed, they complete programs, and are motivated to change. Additionally, trust is essential when asking families to team as a preventative approach, because their cooperation at that point is voluntary. This goes along with the research conducted by Navarro (2014), who

found that families are more receptive to services on a voluntary basis. In these circumstances, families are found by this study, as well as the Navarro (2014) study to be more likely to engage and interact in creating a plan.

While the findings of this research are supported by the Sundel (1979) study, which recognizes the importance of prevention in a comprehensive delivery system, this research goes deeper in discussing how prevention services can create greater outcomes long-term. While the results from this study do not necessarily indicate that CFTs always prevent the need for child removal, when the successful aspects of CFT are achieved through engagement and connection to supports and resources, it can. This is consistent with the Berzin (2008) study that demonstrated teaming did not necessarily prevent removal, but increased support and safety. The study conducted by Schreier (2019) recognized that families with the greatest needs were correlated with a higher number of meetings; however, more meetings did not necessarily prevent child removal, as the issues were not always able to be resolved through teaming. Some of the most profound findings of this study demonstrate that teaming with families early in the process, no matter if the child remains in the home or is removed, has positive outcomes in various circumstances. In cases where children were removed, following early-stage teaming, families were successful in reunification and/or children could be returned to their parents care sooner. Teams and supports had already been established, and the family was connected to building life-long connections which ultimately led to safety

overtime. Additionally, for children who were unable to be reunified, early teaming connected the children to relatives and extended family members which led to permanency in relative homes being established more often.

This study found that building the right team and including as many natural supports and family members as possible is one of the main aspects in successful teaming. The study by Schreier (2019) also found that the number of natural supports was critically important in the success of the CFT. Family members are able to provide long-term support which agencies and professionals are unable to meet. Furthermore, natural supports are able to hold their friends/family members accountable in meeting action items and goals. The significance of developing a support network, was also found in the study by Los Angeles County Office of Child Protection (n.d), as supports in families own communities help with long-term stabilization long. These findings suggest that agencies providing teaming to families should ensure that they bring their own supports to the meetings as it is crucial to success.

The current requirement for teaming is for one CFT to be held within sixty days of the child's removal – this model is not designed for prevention, and is a reactive requirement, rather than proactive. The general consensus by all participants is that sixty days is not soon enough after a child is detained, because the dynamic of the CFT changes when a child is removed. Since the child is no longer in the home, there is a lack of urgency from the team to develop solutions. Additionally, the commitment of families and caretakers takes

longer when a child is removed – parents become angry, frustrated, and emotional and they have to be re-engaged in the process. This leads to prolonged engagement, delivery of services, and connection to resources, while the child is in placement. Thus, child welfare social workers need to ensure they are engaging with the families and starting the teaming process before removal, so when/if child removal occurs, the family has an established team who can begin planning immediately, and the determination is not lost.

Utilizing CFTs as an early intervention strategy takes serious commitment to refocusing energy on prevention rather than the effort and time it takes to remove a child. Sundel (1979) also supports that preventative services involve coordination and commitment by the systems at play in order to best serve the community which they aim to improve. This research project aims to demonstrate that CFT as an early intervention practice to child removal/court intervention is a worth-while effort, but requires a systems change to focus on prevention, which Sundel (1979) also recognizes. It provides the best long-term outcomes to children and families, while connecting them to resources, supports, and their community.

Implications of Findings for Micro and Macro Practice

This research study demonstrates substantial implications for both micro and macro social work practice. In the case of micro practice this research project shows that engagement, connecting families to basic needs and resources, and building a team/network of people to support the family are the

most critical aspects in developing a successful CFT, which is consistent with the Schreier (2019) study. Prior studies have also made similar findings: families who voluntarily participate in teaming are more receptive to services, are quicker to engage, and are motivated to make change (Navarro, 2014). Furthermore, outcomes were significantly improved for teams who collaborated well, utilized strengths, and focused on safety. Common reasons that further intervention was needed were identified, and strategies which social workers can utilize in creating greater outcomes for individual families were discussed.

From a macro social work practice perspective, ideas regarding how the system itself can change to create greater outcomes were identified. This includes refocusing CFT practices as a prevention strategy rather than a reactive approach to child removal. In recent years, efforts to improve child welfare practices through CCR and the Core Practice Model (CPM) have been made. Teaming as a preventative approach supports the core values of the CPM, which aims to improve outcomes for children and families with a uniformed practice across California (CalSWEC, n.d.). Evidence suggests that providing the best outcomes includes service delivery through an integrated team of support (CDSS Programs, n.d.). Furthermore, when given the opportunity, through connection to resources and support, families are acknowledged as having the capacity to mitigate the problems which brought them to the attention of child welfare (CDSS Programs, n.d.). The goal of the CPM is to create a custom model which guides service delivery and decision making at every step of child welfare practice,

which is exactly what teaming aims to do. CFTs provide families with the ability to participate in their own decision-making process for service delivery while focusing on safety and mitigating harm. The CFT process is said to be the key to CCR efforts in promoting children and families' wellbeing in their own community (CDSS Programs, n.d.).

There are some programs aimed at keeping children safely in their communities, such as Wraparound; however, their services are reserved for children who are at high risk of placement with the most extreme needs and the services are not provided through child welfare funding (The National Center for Innovation & Excellence, 2019). Wraparound comes with its' own funding and is not offered to every family that becomes involved with child welfare. In 2018, the Family First Prevention Act (FFPA) aimed to amend Title IV-E, which previously was only allotted for maintaining children in foster care placements (Brown, J., n.d.). The change by FFPA has created an opportunity for Title IV-E dollars to now use funding for preventative services; however, CFTs are not listed specifically as an eligible service (Brown, J., n.d.). In order for counties to access these funds for prevention through CFT, a county policy would need to be created, that demonstrates the service is part of the state's plan for prevention, an outline of the components of CFT, and a clear benefit identified as a result of using teaming as a prevention approach (Brown, J., n.d.)

Currently, the rural counties involved in this study are able to achieve this because caseloads are smaller and finding/creating resources is imperative. The

workers in these counties have the time to conduct CFTs as a preventative practice, and the teaming is not reliant on one particular funding source. Utilizing CFTs as a preventative approach to child removal and a strong effort in meeting families' needs for resources, support, and services before court intervention has been prioritized in these counties.

Termination and Follow-Up

Since this was a one interview post-positivist study, there was not a significant need for termination and follow-up following the interviews. The researcher ended each interview with a statement thanking the participants for their contribution, as well as providing contact information if they were to have further questions or comments about the study. During the time in-between the interviews and the completion of the research project, this researcher did not receive any additional questions or correspondence outside of the interviews.

Ongoing Relationship with Study Participants

The study participants for this research project are professionals who this researcher works with on a regular basis as a result of being an employed social worker in the small region described. This study is directly related to the work this researcher and the study participants conduct and devote themselves to for the population served. Throughout the course of the research project, the names and participation have not been disclosed, and as previously stated, no further correspondence with the study participants about the research project has

occurred other than the termination email. In the future, if study participants want to discuss the findings of the research project, this researcher would be happy to meet privately with the study participants to discuss questions, thoughts and ideas about the project, and how the practice of CFT as a preventative approach could be improved. Each study participant was provided with this researcher's personal email and phone number for any follow-up that may arise in the future.

Communication of Findings and Dissemination Plan

The findings of this study were provided to California State University, San Bernardino, and the study was published at the University Scholar Works website (<https://scholarworks.lib.csusb.edu>) and at the School of Social Work's research center toward the end of the academic year. Part of the requirements for this study was to create and submit a poster representing the findings of this study – the poster was also presented virtually at Poster Day on May 18, 2021.

Following the analysis of the data, this researcher met with the directors of the departments and agencies of which the participants were selected from and provided them with information regarding the major conclusions the data provided. A few of the managers and directors spoke about the relevance of this research project, as they have received information in recent meetings with the state urging for counties to make an effort in offering CFTs as a best practice method and a preventative approach to removing children from their homes. Additionally, following the conclusion of the research project, this researcher emailed study participants, individually, thanking them again for their

participation, including the poster as an attachment to the email, and informing them of where they can find and have access to the research project results on the California State University San Bernardino's website.

Summary

This chapter discussed the interpretation of the data gathered as well as potential future implications and findings for both the micro and macro social work practice. Furthermore, how the researcher concluded the interviews of study participants, the ongoing relationship between the study participants and this researcher, as well as the termination of the study and dissemination of the research project were presented.

APPENDIX A:
IRB APPROVAL

IRB #: IRB-FY2020-284

Title: Assessing Effectiveness of Child and Family Teaming as an Early Intervention Strategy in Rural County Child Welfare Services

Creation Date: 3-14-2020

End Date:

Status: **Approved**

Principal Investigator: Rose Martin

Review Board: Main IRB Designated Reviewers for School of Social Work

Sponsor:

Study History

Submission Type Initial	Review Type Exempt	Decision Exempt
Submission Type Modification	Review Type Exempt	Decision Exempt

Key Study Contacts

Member James Simon	Role Co-Principal Investigator	Contact James.Simon@csusb.edu
Member Rose Martin	Role Principal Investigator	Contact 006705212@coyote.csusb.edu
Member James Simon	Role Primary Contact	Contact James.Simon@csusb.edu

APPENDIX B:
INFORMED CONSENT

INFORMED CONSENT FOR PARTICIPATION IN SURVEY

The study in which you are being asked to participate is designed to investigate the outcomes of Child and Family Teaming as an early intervention approach to Child Welfare Services. This study is being conducted by Rose Gennett Martin under the supervision of Assistant Professor James D. Simon, *PhD, LCSW, School of Social Work, California State University, San Bernardino*. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of this study is to examine Child and Family Teaming as an early intervention practice and its impact on court ordered child removal.

DESCRIPTION: This interview is aimed to gain an understanding of your experience and utilization of Child and Family Teaming as a preventative approach and early intervention strategy. Furthermore, this interview will help identify your expertise and opinion regarding Child and Family Teaming's effectiveness when used as an early intervention. It will encompass your beliefs on if Child and Family Teaming provides better outcomes to families.

PARTICIPATION: Your participation is completely voluntary, and 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: In order to protect your confidentiality, your name and the name of the county for which you work will not be recorded at the beginning of the interview. The demographic information provided will give limited connection to your identification as it relates to the interview. Once the data from the interviews have been recorded, the electronic version of interviews will be permanently deleted.

DURATION: This interview should take approximately twenty to twenty-five minutes to complete.

RISKS: Although the risk is minimal, there could be some questions that make you feel uncomfortable in answering. If you are not comfortable answering a question, please ask to skip the question and we move on. Again, your participation is voluntary, and you can stop participating at any time.

BENEFITS: There are no particular benefits to your participation in this survey.

VIDEO/AUDIO/PHOTOGRAPH: As part of this research project, an audiotape recording of your participation will be utilized. In signing this consent form, you are indicating that you are willing to consent to using this audiotape. Your name will not be identified.

CONTACT:

Primary Investigator on Research Study: Rose Martin, 006705212@coyote.csusb.edu.

Primary Contact: James Simon, James.Simon@csusb.edu, (909) 537-7224

RESULTS: This study will be published at the University Scholar Works website at the School of Social Work’s research center toward the end of the 2021 academic year (<https://scholarworks.lib.csusb.edu/etd/>). The School of Social Work is located at 5500 University Parkway, San Bernardino, CA 92407-2318

CONFIRMATION STATEMENT:

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

SIGNATURE: (Please just place an “X” below in place of your signature).

Signature: _____ Date: _____

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • SAN BERNARDINO • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX C:
SEMI-STRUCTURED INTERVIEW QUESTIONS

Introduction Questions:

1. **What is your gender?**
2. **How would you describe your ethnicity?**
3. **What is your age?**
4. **What is your educational background/highest level of education?**
5. **What is your current job title?**
6. **How many years of experience do you have in this field?**

Transitional Questions:

1. Tell me about the work that you do and the areas where you have provided assistance in the Child and Family Team?
2. Tell me about your experience working within a Child and Family Team with a family who had not had their children removed.
 - a. What were some of the reasons they became involved with Child Welfare?
 - b. Were there other complicating factors involved? What were they?
3. Who was part of the Child and Family Team?
 - a. Family members? Agency supports? Others?
 - b. How old were the children of the families that you worked with?
4. What aspects of the Child and Family Team did you find to be the most successful?
 - a. Were there moments that you remember the family being successful?
5. In your experience with the Child and Family Team, were there certain aspects of the teaming experience that could have led to a better outcome?
 - a. Were there needs that were unmet? What were they?
6. In your opinion, did you find that Child and Family Teaming prevented the need for the children being removed?
 - a. Why? What parts of the teaming created enough safety that the kids could be at home?
 - b. If it was not successful, what about the teaming process could have been better?
7. In working within a rural county, did you find that teaming provided the family with necessary resources? What were they connected to?
8. Have you ever been part of a Child and Family Team where the children had to be removed?
 - a. Were any aspects of that team different?
 - b. What do you think led to the need for further intervention?
9. Is there anything that we have not covered today that you think is important or would contribute to utilizing Child and Family Teaming as a preventative approach?

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