The effects of "family group decision making" in San Bernardino County

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THE EFFECTS OF 'FAMILY GROUP DECISION MAKING'
IN SAN BERNARDINO COUNTY

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
Valerie Christine Forell
June 2008
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ABSTRACT

Family Group Decision Making (FGDM) is a strengths-based, family focused intervention being utilized by San Bernardino County Department of Children's Services. FGDM can be used anywhere along the child welfare continuum of care such as preventive, emergency response, informal supervision, family maintenance, court services-family reunification, permanency planning, adoption, and children exiting the system. This study examined 68 FGDM case files completed from 2003 to 2005 including 154 children to determine whether the FGDM had resulted in children having a shorter time in foster care and/or being reunified with their parents. It was found that 93 children (60.4%) were reunified with their parents at the time of data collection. It was also determined that the time it took to implement the FGDM had a significant correlation with the time children spent in foster care. The administrative region that the FGDM was referred by was also demonstrated to have a significant relationship to whether the children were reunified and the amount of time they spent in care after the FGDM meeting.
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# TABLE OF CONTENTS

ABSTRACT .................................................................................. iii

ACKNOWLEDGMENTS ................................................................. iv

LIST OF TABLES ......................................................................... viii

CHAPTER ONE: INTRODUCTION

Problem Statement ........................................................................ 1
Purpose of the Study ..................................................................... 5
Significance of the Project for Social Work ................................. 8

CHAPTER TWO: LITERATURE REVIEW

Introduction .................................................................................. 11
Importance of Family Involvement ................................................. 11
Family Reunification ..................................................................... 21
California Child Welfare Performance Indicators Project .............. 26
Theories Guiding Conceptualization .............................................. 27
Summary ...................................................................................... 30

CHAPTER THREE: METHODS

Introduction .................................................................................. 32
Study Design ................................................................................ 32
Sampling ...................................................................................... 35
Data Collection and Instruments .................................................. 36
Procedures ................................................................................... 39
Protection of Human Subjects ...................................................... 40
Data Analysis ............................................................................... 40
Summary ................................................................. 41

CHAPTER FOUR: RESULTS

Introduction ............................................................ 43

Presentation of the Findings ................................. 43

Tangible Family Group Decision Making
Information .......................................................... 43

Children of the Family Group Decision
Making Information ................................................ 46

Post Family Group Decision Making
Information ........................................................ 48

Summary ................................................................. 56

CHAPTER FIVE: DISCUSSION

Introduction ............................................................ 58

Discussion ............................................................... 58

Limitations ............................................................... 65

Recommendations for Social Work Practice,
Policy and Research ............................................. 67

Conclusions .............................................................. 69

APPENDIX: DATA EXTRACTION SHEET ....................... 72

REFERENCES ............................................................. 78
LIST OF TABLES

Table 1. Region of Department of Children’s Services Office Assigned .................. 44
Table 2. Level at which Family Group Decision Making Occurred ....................... 45
Table 3. Statistics of Children’s Ages Involved in Family Group Decision Making .......... 47
Table 4. Number of Referrals Received after Completion of Family Group Decision Making ........................................ 49
Table 5. Frequency of Component Involved in Family Plan ........................................ 50
Table 6. Was Child #1 Reunified with Parents * Recode Level Crosstabulation .............. 52
Table 7. Chi-Square Test ........................................ 52
Table 8. ANOVA of Relationship between Time Children Spent in Care after Family Group Decision Making and Region ............. 53
Table 9. ANOVA of Relationship between Total Time Children Spent in Care and Region ..... 54
Table 10. ANOVA of Relationship between Time Child Spent in Care after Family Group Decision Making and Ethnicity .................. 54
Table 11. ANOVA of Relationship between Time Child Spent in Care after Family Group Decision Making and Allegation ............. 55
Table 12. Correlation between Days between Referral Date and Family Group Decision Making Date and Time Child Spent in Care After the Family Group Decision Making ........................................ 56
CHAPTER ONE

INTRODUCTION

Problem Statement

In 2006, San Bernardino County Department of Children’s Services (DCS) reunified 27% of the 1741 children with their parents that were originally placed in out of home care. DCS describes the programs they provide as “family-centered” with a focus on “strengthening and attempting to preserve the family unit” (San Bernardino County Department of Children’s Services, 2006b, p. 26). DCS has introduced a strengths-based, family focused intervention called Family Group Decision Making (FGDM). FGDM can be used anywhere along the child welfare continuum of care such as preventive, emergency response, informal supervision, family maintenance, court services-family reunification, permanency planning, adoption, and children exiting the system (San Bernardino County Department of Children’s Services, 2006b). FGDM is designed to help build relationships between the child welfare system and families, reduce social worker stress by utilizing family members to make decisions, identify family members as a
support group, and resolve concerns. The participants of a FGDM are family members, family identified support members, DCS social workers, a facilitator and any other persons that the parents and/or social worker may deem appropriate. This meeting is devised to create and follow through on a plan that provides safety, attachment and permanency needs of the child (San Bernardino County Department of Children Services, 2004). At this point, San Bernardino County DCS is new to the arena of FGDM. With the introduction of FGDM it is hopeful that more children will be reunified with their parents, parents and family members will play a larger part in the placement process of their child, and that children will remain a shorter time in foster care.

Currently, in the County of San Bernardino Department of Children’s Services, FGDM is not a mandatory process. The practice, when placing a child or making any decision needed for the child, usually does not involve the parents or extended family. San Bernardino County DCS takes into account the availability of family members but they are not included in the decision making process. The social worker along with the
Juvenile Dependency Court is in charge of the decision making process of the child’s placement.

FGDM empowers the parents and child on a one-on-one level. The parents would be involved in decision-making for their child as well as giving children an opportunity to voice their concerns and/or ideas about their living situation. On a mezzo level, FGDM involves the entire family, included extended family, family friends, and community members involved with the family such as a church pastor or a schoolteacher. FGDM allows all these members to sit down and determine the best route for the child. Lastly, on a macro level, FGDM, if effective and changes the way DCS practices daily. FGDM could become mandatory for decisions including reunification of the child to the parent. FGDM could result in fewer children being placed in care, shorter times in care for those who are placed in care, and more family involvement with children in care.

Everyone involved in the child welfare system should be concerned about these issues from the Director of San Bernardino County DCS to the client involved in the child welfare system. The Director should be aware because it could mean fewer children in foster care therefore less
spending on payments to costly group homes and Foster Family Agencies. Another reason for the Director to be aware of the effects of FGDM is with the reunification of families, this could result in fewer caseloads for social workers and reduction in court cases, all resulting in lower child welfare costs for DCS. Social workers need to be concerned because it will require a family focused model while practicing social work, and a goal of family reunification instead of finding a placement as quick as possible. Clients of the child welfare system need to be conscientious of FGDM because they are going to be given the chance to interact and play larger roles in their children’s lives hopefully with a larger chance of being reunified with their children.

It is important to understand the dynamics of the Family Group Decision Making and Family Reunification so one can further look for a solution to keeping the amount of children in foster care as low as possible. The more one knows about these issues, the more effectively one can work making a better and less intrusive child welfare system. FGDM provides the opportunity for social workers within child welfare to hand over the control back to the family.
Purpose of the Study

The purpose of this study is to determine whether the intervention of FGDM is reunifying families and lessening the time children spend in foster care in San Bernardino County DCS. With 27% of the 1741 children being reunified in 2006 with their parents that were originally placed in out of home care in San Bernardino County DCS, it is a pressing problem to have children spend less time in care if they are able to be reunified. At this point, it is not the usual practice in San Bernardino County DCS to integrally involve family members in the decision making process. Utilizing family members to help make decisions for their loved ones could drastically affect results in child welfare. Social workers rely on the family to make decisions concerning their family members.

The San Bernardino County Department of Children’s Services (DCS) “provides family centered programs and services designed to ensure safe, permanent, nurturing families for San Bernardino County’s children while strengthening and attempting to preserve the family unit” (San Bernardino County Department of Children’s Services, 2006, p. 26). DCS consists of three major programs:
Foster Care, Child Protective Services (CPS) and Adoption. Foster Care provides a temporary placement that assists children in preparation in case of return to their birth parents or for a placement such as adoption or guardianship. CPS investigates allegations of abuse and/or neglect to children which may include accepting oral or written allegations of child abuse or neglect, gathering information, determining if the child needs to be removed and providing the appropriate services to the family. Adoption services include the permanent placement of children in a lifelong home. Adoption workers seek homes that allow children to develop a positive self-image (San Bernardino County Department of Children’s Services, 2006b).

There are numerous studies on the importance of familial/parental involvement (Jivanjee, 1999; O'Donnell, 2001; Poirier & Simard, 2006; Poulin, 1992), and there are studies reporting on the importance of Family Group Decision Making and Family Group Conferencing in the child welfare arena (Pennell, 2006; Walton, Roby, Frandsen, & Davidson, 2003) but there is little research on whether Family Group Decision Making, or a similar model, is reunifying families. This is why
it is crucial to determine whether the services we are beginning to provide are effective.

The research method employed here was a quantitative study to assess the effectiveness of the intervention of the FGDM. A quantitative research study is appropriate due to the program being newly introduced to the County of San Bernardino Department of Children’s Services and it hasn’t yet been evaluated. The number of FGDM meetings completed in 2003-2005 was 73; only 68 were able to be reviewed due to the remainder of the files missing. The sampling criteria did not exclude any ethnicities, age ranges or genders. The data was extracted by examining the FGDM Coordinator’s files as well as examining the CWS/CMS (Child Welfare Services/ Case Management System) database.

The independent variables in the study include: relationships of family members involved, ages of children, gender, region that child is placed, original allegation, type of caregiver, and use of a Family Plan. A Family Plan is the development of a case plan developed by the family and approved by the family and the social worker. The dependent variables in the study are: reunification, total time in care, time in care after
FGDM, and number of referrals reported after FGDM took place. A referral is a report that is made to the child welfare agency with a suspected act of child abuse and or neglect.

Significance of the Project for Social Work

This study was needed to determine whether the recently employed program of FGDM is working in San Bernardino County DCS in the way it was intended to by reunifying children with their parents and reducing children’s time in foster care. The findings of the study potentially contribute to social work practice, policy and research, especially the child welfare arena, by immediately changing the day-to-day duties that DCS conducts. In addition, it helps reduce social worker’s caseloads as well as stress. It contributed to social work policy by emphasizing the importance of involving families with decision-making, therefore changing policies and procedures within San Bernardino County DCS. It contributes to social work research by determining what the best routes of helping families in chaos are and determining new ways to keep these families together by empowering them. It also helps us determine whether FGDM
meetings are a good idea in San Bernardino County DCS, whether they are effective, the problems of having the family involved with foster children, and the solutions that could be implemented. All these findings help change the policies and procedures of DCS in San Bernardino County. This study is in the evaluating phase of the generalist intervention process, since it is evaluating a newly implemented program.

There appears to be a limited amount of studies and knowledge done on the topic of parental/family involvement and foster children and even more limited in regards to literature published in the last 25 years. It has been proved that contact between children in out of home care and family members result in family reunification. This idea of contact between family members and children in out of home care is not practiced as much as it should be. FGDM is newly introduced to San Bernardino County and it is the largest county (area wise) in the State of California. The research performed in this study examines a specific intervention program called Family Group Decision Making (FGDM) that involves family members and non-related extended “family” to assist in making plans for the children. Case files were
examined that had been involved in a FGDM meeting between the years of 2003-2005 to determine if the families are being reunified. The gap in the research is determining whether this new practice has worked in San Bernardino County and the problems that lie within the program.

The fact that the process FGDM is new to San Bernardino County, a highly practical and important research question was developed for this study. It is: Does a Family Group Decision Making (FGDM) meeting result in a child having a shorter time in foster care and/or being reunified with his or her parents?

This study is in direct relation to child welfare practice because it examined a new practice-taking place at San Bernardino County DCS at this time. If the intervention is proven effective, with dissemination, the intervention can be promoted to help reduce the time children spend in foster care.
CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter Two contains a discussion of the literature related to this study. To fully understand the importance of FGDM, it is best to look at all aspects of family reunification and child welfare. The literature reviewed includes looking at the perspectives of several different people involved in the process such as parents, foster parents, caseworkers, community leaders and social workers. Chapter Two is divided into four sections: Importance of Family Involvement, Family Reunification, California Child Welfare Performance Indicators Project and Theories Guiding Conceptualization.

Importance of Family Involvement

The literature has shown that foster children should be involved with their mothers, fathers and external family members. Much of the research only speaks to the importance of the mother-child relationship (e.g., Leathers, 2002; Poirier & Simard, 2006) but there are articles that point out the importance of paternal relationships (O’Donnell, 2001) and the importance of the
child having relationships with extended family members (Poulin, 1992).

Poulin (1992) conducted a study to look at the biological family attachment and how kin visiting affects it. The study consisted of the independent variable (kin visiting), the dependent variable (biological family attachment) and five control variables (parental visiting, age at placement, length of time in foster care, foster family attachment and number of foster home placements). Biological family attachment was measured using a five point itemized scale. The subjects were selected at random and consisted of a sample of 92 foster children who had been in placement for two or more years. All the children were from a single private child welfare agency, which suggests some limitations including the type of children the agency accepts, the types of programs the agency offers and/or determining if the sample is reflective of all children in foster care. Poulin concluded that kin visiting positively influenced children in long-term foster care and their biological attachment to their family (1992). Lastly, it was concluded that children in long-term foster care that
have increased parental visits also have more biological attachment to their family (Poulin, 1992).

Walton, Roby, Frandsen, and Davidson (2003) conducted an in-depth qualitative study about the importance of the extended family to children in foster care. Walton et al. wanted to research the newly implemented program, Family Group Conference (FGC), within the Division of Child and Family Services in Utah (2003). Due to the program being so new and unstructured, Walton et al. conducted a program evaluation consisting of a member of the team sitting in on 21 Family Group Conferences, an interview with professional service providers involved in the process, an interview with two adult family members (a primary caretaker and an extended family member), an interview with the child, if the child was 10 and over, and finally a follow up interview a year later with all the above mentioned. There were a total of 204 participants involved in the 21 Family Group Conferences, with a majority (138) representing the family. Walton et al. found that overall the participants reported the program satisfying, informative and productive. Walton et al. also found that 79% of the family members believed the use of the FGC plan served
the child's best interests by finding the best placement for the child, provided resources for the child, and let the child voice their opinion. Another interesting finding was that FGC may not be appropriate for Caucasian Americans due to individualism. Walton et al. did suggest that it may work with increased training of professionals and families. There were limitations to the study; the FGC program was so new and still in process of development that it was not easy to explain due to the immense flexibility and lack of structure in implementation (Walton et al., 2003).

A similar study by Pennell looked at Family Group Conferences in 13 counties in North Carolina (2006). The entire project took 4 years and was funded by North Carolina Division of Social Services. The project completed all the training of staff and evaluating of data in the counties and then the counties implemented the model of the FGC. The study consisted of 27 families that included 67 children in care, 221 family members and 115 service providers. Three instruments were used to collect the data, all of which were questionnaires. The initial questionnaire monitored basic facts of the FGC such as date, location, length of conferences, members in
attendance, costs, length of preparation, and the referring social worker. The next questionnaire asked the participants to rate preparation, process, effectiveness and the resulting plan on the 4-point Likert scale. Last was a questionnaire asking participants to rank the decision-making processes from most to least influential during the private time that the family had. Pennell found that overall the family members were satisfied based on the results from the second questionnaire (2006). The families felt they were active participants in the plan and therefore approved of the plans for the children. Another interesting aspect of Pennell’s study is that over half of the children that were the focus of the conference got to be involved and were given an opportunity to speak their opinions (2006). It was also found that the participants preferred to hold the conferences in churches or community centers rather than the social services office; it reportedly heightened the participant’s comfort. Overall, the study was extensive and very thorough. It was explained that the participants had to volunteer to be a part of the FGC, this presents a certain limitation. It could be that certain families
will volunteer for a project like this and other families will not.

Poirier and Simard (2006) discuss the importance of having parental involvement regarding different aspects of having their children in foster care i.e. choosing a placement, the child's school activities, and education decisions. The study was conducted by interviewing 58 parents in 56 placement situations with the use of a questionnaire in a face-to-face meeting. The questionnaire was multi faceted and looked at the following areas: family characteristics, parent characteristics, child characteristics and placement history, characteristics of the current placement situation, parent involvement during the placement of their child, and characteristics of the intervention and parent's perception of the social worker and foster parents. Findings such as parents whose children were involved in foster care due to neglect were more likely to be involved in decision making and parent - social worker contact did not relate to whether the parents were more involved. This study is extremely valuable to the area of child welfare and the foster care system because it provides insight and statistical information on what
might help promote parent involvement with children in foster care. The study helps child welfare social workers see why parents are not involved with their children and encourages social workers to work "outside the box" to help get the parents involved. One limitation of the study was its small sample size, 58 parents. Another limitation is the study did not examine in detail the perspective of the parents and foster parents. This would help determine why the parents are less involved and how more collaboration between participants might affect parental involvement.

After reviewing the literature, it is apparent that mothers are the focus of much of the research and fathers are rarely if ever mentioned. O'Donnell's research regarding paternal involvement with their children points out how little fathers are mentioned in the literature on casework with foster children (2001). O'Donnell studied 241 children from two private child welfare agencies in Illinois; the children were 15 or younger and were placed with kin (2001). Data was collected by reviewing cases and administering questionnaires in an effort to determine how often fathers were involved in the permanency planning of their child, if the caseworker
contacted the father or discussed permanency plans with the fathers. The research demonstrated that minimal contact is made with fathers and that the amount of contact was different depending on whether it was a single parent or two parent home. In contacts with fathers, permanency issues were the most common topic discussed. The dual methodology implemented by O'Donnell gives the perspective of both fathers and caseworkers, which added depth (2001).

Qualitative data can produce some very in-depth, informative data and insight. Jivanjee (1999) conducted two different studies that examined family involvement in therapeutic foster care, from the perspectives of the parents and from the perspective of the professional/provider.

The first article by Jivanjee (1999) discusses the parent’s perspectives of their own involvement regarding their children who had been placed in therapeutic foster care. Therapeutic foster care differs from foster care in that the foster homes and foster families are trained to provide treatment for troubled children. The parents of the children that were in these foster homes had opportunities to participate in different aspects of
their child’s care ranging from contacts with their child, child welfare staff and the foster parent to involvement in decision making about the child. The study was performed by conducting lengthy interviews with the parents of the children in care. Several themes emerged from the qualitative study. The themes included: the majority of parents feeling that they were not involved the placement of their children, positive relations between the parents and the child welfare workers, positive and negative relations between the parents and the foster parents, barriers preventing parents from involvement with their children, and communication between the parents and the child welfare worker contributed to families’ satisfaction (Jivanjee, 1999). This study contributes to the area of child welfare because it demonstrates the importance and impact of involving the parents in the foster care relationship with their children. Open communication between all parties (foster parents, parents, and child welfare workers) helps parents understand what is best for their children even if the children are not being reunified with them (Jivanjee, 1999). This can ultimately help children attain stability and develop healthy
attachments. The study was limited by its small sample size and the fact that only one ethnic group was surveyed. The sample consisted of 10 parents in 4 counties in one state and all the parents were Caucasian and there was only one bi-racial child.

Jivanjee's (1999) second study involved the interviewing of 12 professionals at the child welfare agency and 12 providers of therapeutic foster care from 4 counties in Oregon (1999). The interviews were semi-structured and lasted approximately one and a half hours. Several themes emerged from this qualitative research, one of which is that the relationships that faired the best between provider and parent were those that included honesty, trust, and appreciation that were reciprocated. Another interesting theme was that most of the professionals and providers expressed the importance of the parent-child interaction to ultimately achieve positive results. Not all the themes that emerged were positive; one theme mentioned that there were reported organizational barriers to involving the parents such as professional's limited time, program philosophies, and bureaucratic constraints (Jivanjee, 1999). Although this
seems to be a very obvious set of conclusions that are rarely mentioned in the literature in such a direct way.

Family Reunification

In the early 1990's, the State of Indiana examined why children were reentering the foster care system and not remaining reunified with their parents. Indiana created the Professional Review Action Group (PRAG) to look at eight county area review case activities that are crucial to family reunification. These activities included: proper assessment of families' problems and needs, development of appropriate case plans, engagement of family members, preparation of family members, continuation of services after reunification, and promotion of child's safety (Hess, Folaron, and Jefferson, 1992). The study consisted of 62 cases, which involved interviews with 46 children, 44 parents, 52 foster parents, 44 community service providers, 64 caseworkers and 39 supervisors. On top of the interviews the cases were reviewed thoroughly for the above activities. The methods used were both qualitative and quantitative (Hess et al., 1992). Hess et al. found that the parent's problems were not being resolved resulting
in children returning to foster care; another problem was the poor service delivery to meet the parent’s needs was a factor in families remaining broken. Lastly, they noted that the lack of agency resources, such as insufficient numbers of child welfare workers, contributed to lack of reunification services (Hess et al., 1992). The research took three years to conduct due to the labor intensive data collection. The combination of qualitative and quantitative data led to identifying problems in reunifying families in child welfare such as: non resolution of parent problems and inaccuracy of service delivery (Hess et al., 1992).

Much of the literature is focused on the importance of parental involvement and visitation with children in foster care. Numerous studies have concluded that frequent parental and family involvement results in a higher percentage of children being reunified with their families (e.g., Tam & Ho, 1996; Leathers, 2002; Poulin, 1992).

Leathers (2002) conducted a study to examine inclusive practice, which is defined as parents being involved in the lives of their children that are currently in foster care, and it’s relation to increased
visitation between the parents and the child as well as the likelihood of reunification. Her sample consisted of two hundred and thirty 12 and 13 year old children that were placed in non-relative family foster care and excluded children placed in non-English speaking homes as well as children that were either severely or profoundly retarded. Excluding families that do not speak English is a serious limitation in terms of generalizability and applicability to certain areas such as San Bernardino County. Leathers’ (2002) measured inclusive visiting practices and the extent of parental participation with their children. Inclusive visiting is describes as the integration of the birthparent into the child’s direct care while in foster care, examples are given such as: school conferences, doctor’s appointments, and clothes shopping (Leathers, 2002). Inclusive visiting practices were rated either a zero or a one. Zero representing the parent visiting the child in fast food restaurant, the agency and the visit had to be previously scheduled. One represented the parents visiting the child in the foster parent’s home whether it was previously scheduled or not. Leathers’ concluded, “maternal visiting is a stronger predictor of reunification than maternal problems”
This statement is undoubtedly true based on Leathers’ research and is a valid point and should be regarded when dealing with children in foster care but it is interesting that the father’s relationship is not mentioned and does not seem to have even been considered. It might be useful to study caseworker’s attitudes towards fathers and how those attitudes affect placement and reunification. Lastly, Leathers’ concluded that length of time and the amount the parents involve themselves increases the chances of family reunification (2002). It is important that parents engage with children and engage in the appropriate activities instead of visiting always in the child welfare offices and not playing an active role in the children’s lives. Meaningful interaction takes more time, but is more likely to encourage attachment between children and parents.

There are numerous factors that affect children in foster care who are being reunified with their parents. Tam and Ho (1996) conducted a study in Hong Kong to look at several factors to determine how it affects the decision to reunify the children with their families. One of the key things they wanted to ask was how the
placement of siblings and parental involvement related to the reunification. Tam and Ho studied 877 out of the 1200 children in care in Hong Kong, with the use of a structured questionnaires given to social workers that worked at the “children’s homes” (1996). The structured questionnaire examined certain variables such as: intake characteristics, child’s physical and behavioral - emotional adjustment while in care, placement planning and service strategies, and the relationship with the child’s parents and siblings. Each social worker was given a questionnaire coinciding with a certain child in their care. This detailed process of data collection took 9 months to complete. Tam and Ho’s findings were similar to other mentioned research which highlights the importance of parental involvement in reunification efforts (1996). Tam and Ho’s study involved almost 75% of the children in care in Hong Kong, in addition, the data collection process was very detailed and thorough which describes the generalizability of the study (1996). Cultural difference between Hong Kong and the United States could create a limitation but it appears that the underlying results are similar to studies done here.
California Child Welfare Performance Indicators Project

The University of California at Berkeley Center for Social Services Research (CSSR) website provides information conducts research, policy analysis and program planning, and evaluation directed toward improving the public social services; one of projects is the California Child Welfare Performance Indicators Project (2007). This website compiles data and formulates statistics regarding Child Welfare cases in California and can be broken down by County. In the years 2003 - 2005 the average median time a child spent in care before reunification in San Bernardino County was 7.86 months. An important concept is the recurrence of maltreatment among the children in San Bernardino County. CSSR provides data showing that 89.9% of the children in San Bernardino County foster care from January 2003 to December 2005 have no recurrence during the first 6 months after exiting foster care. Lastly, the re entry rate derived from the CSSR data given for San Bernardino County during the timeframe of January 2003 to December 2005 is that 11.1% children reentered the foster care system within 12 months of exiting foster care.

Theories Guiding Conceptualization

Three theories that are useful when working with families and children in foster care are systems theory, crisis theory, and the empowerment approach. Social systems theory provides a way to understand the family system and its relationship to other social systems including the child welfare system. The goal of casework is to solve problems in “social functioning” by changing interaction with systems. Systems theory can be applied because families consist of people that are continually transacting with their environment. Families that are involved with DCS are usually lacking the supportive networks they need to effectively care for their children. With the help of DCS and the intervention of a FGDM, families can improve functioning when DCS helps connect them to supportive networks such as extended family, close friends and resources in the community that are willing to assist them. Functioning can also be improved by DCS aiding families in accessing resources
and helping them address the problems that lead to their children being placed in care.

The next theory applicable to families involved in the child welfare system is crisis theory. Crisis theory is applicable because families are in crisis and the infusion of DCS into a family creates an additional crisis. Families find their coping skills have become overwhelmed. Depending on the family, the crisis may stimulate the family toward growth or paralyze the family into action. With the use of the FGDM, families may be more able to make the changes needed to reunify and families that temporarily lack coping skills, will have the supportive network around them to assist them in regaining their skills. FGDM can decrease the crisis that the families are experiencing and provide them with a voice to assist them in making the decisions that are best suited for them.

Lastly, empowerment theory is applicable to the use of FGDM. FGDM gives clients control and lets them regain some power to make decisions that they believe to be in their own best interests. FGDM is a collaborative process between clients and social workers with clients and their support groups including family, friends, and community
members developing case plans then presenting them to social workers for approval. According to Parsons (2002), there are some key values and principles that an empowerment based model contains, some of these can be found with FGDM. First, empowerment based practice involves a commitment to the oppressed populations and clients that are involved with the child welfare system and are attempting to reunify with their children are experiencing oppression. Also, clients in empowerment-based practice are treated as subjects and not objects. In FGDM, clients are able to take active roles in decision-making, voice their opinion, and help construct case plans.

Another value and principle related to empowerment based practice is the focus on client strengths rather than pathology. The point of FGDM is to bring a family together to identify it’s strengths to see how members of the family can best help facilitate reunification. A parent’s family knows the parent’s strengths better than anyone else.

Next is an emphasis on building additional social support. An FGDM allows the outpouring of support coming from family, friends and community that parent’s may have
never experienced before. FGDM also provides the forum for family members to offer childcare while parents look for employment or seek treatment.

Lastly, empowerment based practice takes place within a group of people providing support, mutual aid and validation. FGDM brings together clients, their families, friends, and their community supports as well as their social workers to support them. Support comes from understanding what clients are going through and provide the first and most major tool needed to remedy child abuse and neglect problems.

Summary

The above literature illustrates the importance of family involvement with children in foster care and the importance of FGC and/or FGDM within the child welfare arena. A majority of the research reviewed was of qualitative nature except for two quantitative studies. The child welfare system is moving towards the necessity of outcomes which can be obtained with the use of a quantitative study. This is the first quantitative study that has been done within San Bernardino County DCS in an effort to promote the importance of FGDM, reunify
children with their parents, and lessen the time children spend in out of home care.
CHAPTER THREE
METHODS

Introduction

This section contains an overview of the research methods that utilized in this study and discusses in detail: the study's design, a description of the sampling techniques, an explanation of the data collection and instruments used, the procedure of the study, the protection of human subjects, and lastly data analysis techniques that were implemented.

Study Design

The purpose of the study was to examine Family Group Decision Making (FGDM) within the Department of Children’s Services (DCS) in San Bernardino County and to determine the relationships between FGDM and the time children spend in foster care and the rates of reunification. The research utilized quantitative methods to assess the effectiveness of FGDM in terms of time children spent in foster care and the rate of reunification. This overall method, a type often used in program evaluations, was appropriate because the FGDM program is still new to San Bernardino County DCS, has
been under-utilized, and a formal program evaluation has not yet been completed. This study was done by reviewing both the physical FGDM case file and the CWS/CMS file for all the families involved in a FGDM within the timeframe of 2003 - 2005, with the exception of five files that were unable to be located. The data that was extracted from the physical FGDM case file was: date of referral; date of FGDM; level at which FGDM occurred (e.g. Emergency Response, Family Maintenance, Family Reunification, Permanent Placement, and Voluntary Family Maintenance). Emergency response (ER) is the initial intake in which a social worker determines if an act of child abuse and or neglect was committed. Family maintenance (FM) provides services to the family to prevent child abuse and or neglect while children remain home with their family under the supervision of the Juvenile Dependency Court. This is similar to voluntary family maintenance (VFM) but VFM cases are not overseen by the Juvenile Dependency Court and the family is volunteering to the services offered by the child welfare agency. Family reunification (FR) provides services to the family while children remain in temporary foster care in hopes of family reunification. Permanent placement
(PP) provides case management and placement services to children who most likely will not return home to their families.

Further data that was extracted from the physical FGDM case file was: region (e.g. San Bernardino, Rancho Cucamonga, etc.); the members involved in the FGDM, including their relationship to the child, their ethnicity (if available), gender (if available) and age (if available); information regarding the children that were the subject of the FGDM including ethnicity, gender, age, caregiver type; whether a Family Plan was made, and the items involved in the Family Plan. The data that was extracted from the computer CWS/CMS files was extracted from the case files were: information regarding the children that were the subject of the FGDM including allegations involved and whether the children were reunified with their parents; total time children were in care; total time children were in care after the FGDM. All the data was extracted from individual case files and recorded onto a data extraction sheet (See Appendix).

The limitations of this study include the absence of personal interviews with the families involved in FGDM. Interviews would add an in depth and qualitative
perspective to the study. Due to time constraints, the sheer amount of families and participants involved in FGDM, the difficulty of locating families, and the time frame after the FGDM was completed it was impractical to utilize interviews in this study. Another limitation is human error. The researcher was the only one reviewing the case files and extracting the data; there is always a chance mistakes could have been made recording the details.

The fact that the process FGDM is new to San Bernardino County, a highly practical and important research question was developed for this study. It is: Does a Family Group Decision Making (FGDM) meeting result in a child having a shorter time in foster care and/or being reunified with his or her parents?

Sampling

The sample for the study was derived from the County of San Bernardino Department of Children Services list of families that have participated in FGDM from the years of 2003 to 2005. There were 73 families during this time that participated in the FGDM process and 68 were reviewed and utilized for this study. The time frame for
the sample (2003 to 2005) provides time for the families to have reacted to the FGDM (i.e., reunification, repeat referrals, or remain in care). The sample size of 68 was a realistic sample size to complete the case reviews and extract the data with the time available to conduct the study.

Permission for this research was granted by the person leading the FGDM implementation in San Bernardino County, Alexey Blames and Director of County of San Bernardino Department of Children’s Services, Cathy Cimbalo, at the time the study was proposed and data collected. Files used in the study were secured in accordance with standard privacy protocols.

Data Collection and Instruments

The data that was collected includes: date of referral; date of FGDM; level at which FGDM occurred (e.g. Emergency Response, Family Maintenance, etc.); region (e.g. San Bernardino, Rancho Cucamonga, etc.); the members involved in the FGDM, including their relationship to the child, their ethnicity (if available), gender (if available) and age (if available); information regarding the children that were the subject
of the FGDM including ethnicity, gender, age, caregiver type; whether a Family Plan was made, and the items involved in the Family Plan; information regarding the children that were the subject of the FGDM including allegations involved and whether the children were reunified with their parents; total time children were in care; and total time in care children were in care after the FGDM. All the data above was extracted from the physical and CWS/CMS files and recorded onto the data extraction sheet (See Appendix).

The independent variables in the study include: relationships of family members involved, ages of children, gender, region that child is placed, original allegation, and type of caregiver. Type of caregiver is described as placement with a parent, placement with a relative, placement in Foster Family Agency (FFA) foster home, Placement in a Foster Family Home (FFH), placement in a group home, placement with a Non Relative Extended Family Member (NREFM) home, or some other type of placement. A FFA home and a FFH are both licensed foster homes and usually involve a small family setting. The difference is FFA families are licensed not through the County of San Bernardino but through the FFA. A FFH is
licensed directly with the County of San Bernardino. A
group home is a licensed supervised residential facility
for children that need additional supervision.

The dependent variables in the study include:
reunification, total time in care, time in care after
FGDM, and number of referrals reported after FGDM took
place. All of the independent variables were at nominal
levels of data except for age, which is ordinal or ratio.
All of the dependent variables are ratio levels of data
except for child reunification which is nominal. The
instrument that was utilized is a self-made data
extraction sheet titled, “Data Extraction Sheet for the
Program Evaluation of FGDM” (see Appendix).

The data extraction sheet was created as a
standardized way to record specific information from the
case files relative to the study. It was pre-tested by
utilizing it with 3 cases and it was determined that
adjustments needed to be made in order to make the Data
Extraction Sheet more effective and user friendly. The
strengths of the data extraction sheet were that it was
easy to add or subtract any of the information needed for
the study. A limitation is that the data extraction sheet
used here has not been utilized before and therefore it
might be lacking certain characteristics that would improve this study or ones like it.

Procedures

Data was gathered by reviewing the case files both physically and on the County of San Bernardino DCS computerized database (CWS/CMS) and included court reports, contact information, demographic information and any other pertinent information. A data extraction sheet was completed on each case file representing a family involved in a FGDM from 2003-2005. This process took place only within the DCS offices. The pretesting of the data extraction sheet took place immediately after approval was granted from DCS, in April 2007. Further case reviews and data extraction were conducted from Mid-April 2007 and continued on through August 31, 2007 to ensure enough time to accurately extract the data. In September 2007, data was sorted, “cleaned”, and any missing data was accounted for. “Cleaning” data is the process of detecting, removing and correcting any errors in the data due to inaccuracy, incompleteness, or possibly a duplicate entry.
Protection of Human Subjects

All necessary measures were implemented to protect the confidentiality and anonymity of the families involved in the study. The data extraction sheets did not contain names of anyone involved in the study. Identifying information such as names, addresses and telephone numbers were not extracted from the case files. Instead, the data extraction sheets contained an identification number corresponding to a case file to be reviewed. The list matching the case file name and corresponding numbers was kept in a locked file drawer. The list of families and data extraction sheets will be destroyed upon completion of the study.

Data Analysis

The data collected for this study was analyzed using quantitative data analysis methods. Descriptive and univariate statistics such as frequency distributions and measures of central tendency are used to describe age, gender, ethnicity, region and allegation. The data analysis also utilizes bi-variate inferential statistics including chi-square, ANOVA and Pearson’s $r$, to
demonstrate the relationships between the independent variables and the dependent variables.

Chi-square was used to determine whether such nominal variables were related or independent such as: region (independent variable) and reunification (dependent variable). ANOVA was completed utilizing the nominal independent variables containing more than two categories such as: region, ethnicity, and allegation and ratio dependent variables as total time in care and time in care after the FGDM. Pearson’s r was used to measure the degree of relationship between two ratio variables. In this study they were: number of days between referral and actual FGDM (independent variable) and time in care after the FGDM (dependent variable).

Summary

Quantitative methods were used to determine how effective FGDM meetings were within San Bernardino County DCS in reunifying children with their parents and limiting children’s time spent in foster care. The sample consisted of 68 families involved in FGDM from the years 2003 to 2005. The data was collected by completing thorough case reviews and extracting and recording
relevant data. The data was analyzed by quantitative data analysis methods such as frequency distributions, measures of central tendency, chi-squares ANOVA, and Pearson's r.
CHAPTER FOUR

RESULTS

Introduction

Chapter Four contains an overview of the results of this study. This section discusses in detail:
quantitative univariate statistics regarding the independent and dependent variables as described in frequencies and measures of central tendency;
quantitative bi-variate inferential statistics including chi-square, ANOVA and Pearson’s r, to demonstrate the relationships between the independent variables and the dependent variables.

Presentation of the Findings

The findings are organized in three sections:
information regarding the tangible FGDM, information regarding the children that were the subject of the FGDM and post FGDM information.

Tangible Family Group Decision Making Information

There were 68 FGDM meetings held for each of the 68 families in San Bernardino County DCS from 2003 to 2005. From the day a referral was requested to have a FGDM to the day the actual FGDM meeting occurred took anywhere
from 6 days to 161 days with 51.5 days being the mean. There was one sample missing the date of the referral thus the time was not able to be measured for that sample. San Bernardino County has 4 regional DCS offices: San Bernardino, Rancho Cucamonga, Victorville, and Yucca Valley. The study demonstrated that a majority of the FGDM meetings were completed in the Rancho Cucamonga region (44.1%), next was Victorville (29.4%), San Bernardino (25.0%), and Yucca Valley (1.5%).

Table 1. Region of Department of Children’s Services Office Assigned

<table>
<thead>
<tr>
<th>Region of Office Assigned</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Bernardino</td>
<td>17</td>
<td>25.0</td>
</tr>
<tr>
<td>Rancho Cucamonga</td>
<td>30</td>
<td>44.1</td>
</tr>
<tr>
<td>Victorville</td>
<td>20</td>
<td>29.4</td>
</tr>
<tr>
<td>Yucca Valley</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>100.0</td>
</tr>
</tbody>
</table>

There are five points at which a DCS case can have a FGDM completed: Emergency Response, Family Maintenance, Family Reunification, Permanent Placement, and Voluntary Family Maintenance. The study showed that Family Reunification was the most common point in cases for FGDM
meetings with 42.6%, next was a tie between Emergency Response and Permanent Placement with 17.6% each, Family Maintenance with 11.8%, and lastly Voluntary Family Maintenance 10.3%.

Table 2. Level at which Family Group Decision Making Occurred

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Response</td>
<td>12</td>
<td>17.6</td>
</tr>
<tr>
<td>Family Maintenance</td>
<td>8</td>
<td>11.8</td>
</tr>
<tr>
<td>Family Reunification</td>
<td>29</td>
<td>42.6</td>
</tr>
<tr>
<td>Permanent Placement</td>
<td>12</td>
<td>17.6</td>
</tr>
<tr>
<td>Voluntary Family Maintenance</td>
<td>7</td>
<td>10.3</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>100.0</td>
</tr>
</tbody>
</table>

There was a wide range in the number of attendees at the FGDM meetings ranging from 2 people that attended the FGDM to 20 people.

The 68 FGDM meetings involved: 71 aunts, 69 grandmothers, 64 social workers, 50 friends, 51 mothers, 33 grandfathers, 33 uncles, 32 cousins, 30 fathers, 30 siblings, 28 community partners, 3 counselors, 2 stepfathers, and 45 various “others” such as ILP staff members, new spouses to the parents, and observers.
Children of the Family Group Decision Making Information

The FGDM meetings completed in San Bernardino County DCS served a total of 154 children involved in the 68 cases. Families involved had a range of 1 to 7 children with a mean of 2.26 children. The children served through FGDM varied in their characteristics including ethnicity, gender, age, allegation, type of home lived in, and total time spent in foster care.

The children served by the FGDM were mostly Caucasian (42.9%), followed by African - American (27.3%), Hispanic (25.3%), Bi-racial (1.9%), Other (0.6%), and Missing (1.9%). The gender of the children served by a FGDM was almost equal with 51.9% female children and 48.1% male children.

The children served by the FGDM ranged in age from 3 months to 18 years with a mode age of 3 years and a mean age of 8.47 years.
Table 3. Statistics of Children’s Ages Involved in Family Group Decision Making

<table>
<thead>
<tr>
<th>Age of Child #1 Involved</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Child #2 Involved</td>
<td>68</td>
<td>.25</td>
<td>18.00</td>
<td>8.3541</td>
</tr>
<tr>
<td>Age of Child #3 Involved</td>
<td>40</td>
<td>.08</td>
<td>15.00</td>
<td>7.1746</td>
</tr>
<tr>
<td>Age of Child #4 Involved</td>
<td>24</td>
<td>1.00</td>
<td>14.00</td>
<td>6.0833</td>
</tr>
<tr>
<td>Age of Child #5 Involved</td>
<td>11</td>
<td>.66</td>
<td>14.00</td>
<td>6.6964</td>
</tr>
<tr>
<td>Age of Child #6 Involved</td>
<td>7</td>
<td>2.00</td>
<td>16.00</td>
<td>9.2857</td>
</tr>
<tr>
<td>Age of Child #7 Involved</td>
<td>3</td>
<td>9.00</td>
<td>12.00</td>
<td>10.6667</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>11.00</td>
<td>11.00</td>
<td>11.0000</td>
</tr>
</tbody>
</table>

The children involved in the FGDM were involved in a variety of allegations that brought them into DCS. The majority of the children were involved in an allegation of General Neglect (50%); Caretaker Absence (17.5%); Physical Abuse (14.9%); Severe Neglect (7.1%); Sexual Abuse (3.2%); Emotional Abuse, Sibling at Risk, and None all tied at 1.9% each; and Missing (1.3%).

The 154 children involved in the 68 FGDM meetings lived in several types of caregiver homes. The majority were in relative placements (29.9%), parents (27.3%), Foster Family Agency home (16.9%), Foster Family Home (13.6%), Group Home (9.1%), Non Relative Extended Family Member home (1.9%), and Other (1.3%).
The 154 children spent a mean of 1610.9 days or 4.4 years in foster care with a standard deviation of 1567.43 days (4.29 years). Times ranged from 0 days to 5811 days (15.9 years) with a mode of 0 days.

Post Family Group Decision Making Information

Of the 154 children served by the FGDM, 93 (60.4%) of them were reunified with their parents at the time of data collection of this study. This is a significant improvement compared to the 27% that were reunified in 2006 with their parents. A majority of the children served had between 0 and 2 referrals (73.4%) after the FGDM and 25.2% had 3 - 10 referrals post FGDM. The data was missing for 2 of the 154 children (1.3%).
Table 4. Number of Referrals Received after Completion of Family Group Decision Making

<table>
<thead>
<tr>
<th>Number of Referrals</th>
<th>Number of Children</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>60</td>
<td>39%</td>
</tr>
<tr>
<td>1</td>
<td>31</td>
<td>20.1%</td>
</tr>
<tr>
<td>2</td>
<td>22</td>
<td>14.3%</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
<td>7.8%</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>4.5%</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>3.9%</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>9</td>
<td>3</td>
<td>2.0%</td>
</tr>
<tr>
<td>10</td>
<td>9</td>
<td>5.8%</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

The majority of the FGDM meetings resulted in implementation of a Family Plan, 88.2%, whereas 11.8% did not implement a Family Plan. There was a multitude of components involved in the Family Plan, the most frequent were to set up visitation (54.4%), followed by set up/attend counseling (38.2%), communicate (33.8%) and provide permanent placement for the children (29.4%).
Table 5. Frequency of Component Involved in Family Plan

<table>
<thead>
<tr>
<th>Components of Family Plan</th>
<th>Number of Families (Frequency)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set Up Visitation</td>
<td>37</td>
<td>54.4%</td>
</tr>
<tr>
<td>Counseling</td>
<td>26</td>
<td>38.2%</td>
</tr>
<tr>
<td>Communicate</td>
<td>23</td>
<td>33.8%</td>
</tr>
<tr>
<td>Provide Permanent Placement</td>
<td>20</td>
<td>29.4%</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>25.0%</td>
</tr>
<tr>
<td>Arrange Transportation</td>
<td>16</td>
<td>23.5%</td>
</tr>
<tr>
<td>Improve School Attendance and/or Performance</td>
<td>12</td>
<td>17.6%</td>
</tr>
<tr>
<td>Parenting Classes</td>
<td>12</td>
<td>17.6%</td>
</tr>
<tr>
<td>Respect One Another</td>
<td>9</td>
<td>13.2%</td>
</tr>
<tr>
<td>Abide by Rules</td>
<td>8</td>
<td>11.8%</td>
</tr>
<tr>
<td>Address Substance Abuse</td>
<td>8</td>
<td>11.8%</td>
</tr>
<tr>
<td>Attend Church</td>
<td>7</td>
<td>10.3%</td>
</tr>
<tr>
<td>Provide Respite Care</td>
<td>7</td>
<td>10.3%</td>
</tr>
<tr>
<td>Address Medical Needs</td>
<td>6</td>
<td>8.8%</td>
</tr>
<tr>
<td>Locate Housing</td>
<td>6</td>
<td>8.8%</td>
</tr>
<tr>
<td>Schedule Daily Activities</td>
<td>6</td>
<td>8.8%</td>
</tr>
<tr>
<td>Anger Management</td>
<td>5</td>
<td>7.4%</td>
</tr>
<tr>
<td>Mentoring</td>
<td>5</td>
<td>7.4%</td>
</tr>
<tr>
<td>Protect Child</td>
<td>5</td>
<td>7.4%</td>
</tr>
<tr>
<td>Seek Legal Assistance</td>
<td>5</td>
<td>7.4%</td>
</tr>
<tr>
<td>Obtain Employment</td>
<td>4</td>
<td>5.9%</td>
</tr>
<tr>
<td>Domestic Violence Classes</td>
<td>3</td>
<td>4.4%</td>
</tr>
<tr>
<td>Education Needed</td>
<td>3</td>
<td>4.4%</td>
</tr>
<tr>
<td>Participate in Case Plan</td>
<td>3</td>
<td>4.4%</td>
</tr>
<tr>
<td>Provide Childcare</td>
<td>3</td>
<td>4.4%</td>
</tr>
<tr>
<td>Provide Medical Care</td>
<td>2</td>
<td>2.9%</td>
</tr>
<tr>
<td>Utilize Foster Care Placement</td>
<td>2</td>
<td>2.9%</td>
</tr>
<tr>
<td>Additional FGDM</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Exercise</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Wraparound Services</td>
<td>1</td>
<td>1.5%</td>
</tr>
</tbody>
</table>
Some of the 154 children continued to spend time in foster care after the FGDM. The time ranged from 0 days to 1357 days (3.7 years) with a mean of 541 days, a standard deviation of 452.21 days (1.24 years), and a mode of 0 days.

A chi-square was used to assess the relationship between the independent variable, region, and the dependent variable, whether the child was reunified. The regions were recoded into fewer variables because there were too many variables for a meaningful interpretation. The results were $\chi^2 = 13.684$, df = 2, $p = 0.001$ (See Table 7). Since $p = 0.001$, which is less than 0.05 (alpha level), the null hypothesis is rejected and it is determined that there is an association between the independent variable, region and the dependent variable, reunification. Region is concluded to have a relationship in whether children are reunified.
Table 6. Was Child #1 Reunified with Parents * Recode Level Crosstabulation

<table>
<thead>
<tr>
<th>Was Child #1 Reunified with Parents</th>
<th>Recode Level</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency Response &amp; Family Reunification 1.00</td>
<td>Family Maintenance and Voluntary Family Maintenance 2.00</td>
</tr>
<tr>
<td>Was Child #1 Reunified with Parents</td>
<td>Yes</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 7. Chi-Square Test

<table>
<thead>
<tr>
<th>Chi-Square Test</th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>13.684(a)</td>
<td>2</td>
<td>.001</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>14.699</td>
<td>2</td>
<td>.001</td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
<td>3.534</td>
<td>1</td>
<td>.060</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>68</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a 1 cells (16.7%) have expected count less than 5. The minimum expected count is 4.94.
A one way ANOVA was conducted with the region as the independent variable and the time the child spent in care after the FGDM as the dependent variable, F(3,63) = 4.802 and \( p = 0.004 \) (See Table 8). Since \( p < 0.05 \), the findings are significant that there is a relationship between region and the time children spent in foster care after FGDM meetings.

Table 8. ANOVA of Relationship between Time Children Spent in Care after Family Group Decision Making and Region

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
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<tbody>
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<td>119353.056</td>
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</tr>
<tr>
<td>Total</td>
<td>9238644.657</td>
<td>66</td>
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A one way ANOVA was conducted with the region as the independent variable and the total time the child spent in foster care, F(3,64) = 1.421 and \( p = 0.245 \) (See Table 9). Since \( p > 0.05 \), the findings are not significant and there is no relationship between region and total time the child spent in foster care.
Table 9. ANOVA of Relationship between Total Time Children Spent in Care and Region

<table>
<thead>
<tr>
<th></th>
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<th>Sig</th>
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</thead>
<tbody>
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<td>13193795.522</td>
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<td>4397931.841</td>
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<td>3093888.374</td>
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<tr>
<td>Total</td>
<td>211202651.471</td>
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A one way ANOVA was conducted with the ethnicity of the child as the independent variable and the time the child spent in foster care after the Family Group Decision Making, $F(5,61) = 1.249$ and $p = 0.298$ (See table 10). Since $p > 0.05$, the null hypothesis is accepted and it is determined there is no relationship between ethnicity and the time the child spent in care after the Family Group Decision Making.

Table 10. ANOVA of Relationship between Time Child Spent in Care after Family Group Decision Making and Ethnicity

<table>
<thead>
<tr>
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<tr>
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<td>137389.391</td>
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A one way ANOVA was conducted with the allegation of the child (i.e. General Neglect, Physical Abuse, etc.) as the independent variable and the time the child spent in foster care after the Family Group Decision Making, $F(7,59) = 0.613$, $p = 0.743$ (See Table 11). Since $p > 0.05$, the null hypothesis is accepted and it is determined there is no relationship between allegation and the time the child spent in care after the Family Group Decision Making.

Table 11. ANOVA of Relationship between Time Child Spent in Care after Family Group Decision Making and Allegation

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<td>8612333.379</td>
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</table>

The relationship between the time (in days) between the referral date and the FGDM date (independent variable) and the time a child spent in care after the FGDM (dependent variable) was tested with a Pearson’s $r$. The results were $r = 0.265$, $p < 0.01$, therefore Pearson’s $r$ is $0.265$, $p < 0.05$ (See Table 12). This indicates the
presence of a statistically significant, positive correlation between the two variables.

Table 12. Correlation between Days between Referral Date and Family Group Decision Making Date and Time Child Spent in Care After the Family Group Decision Making

<table>
<thead>
<tr>
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<th>Time Child Spent in Care after FGDM</th>
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<tr>
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<td>.265(*)</td>
</tr>
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<td>Sig. (2-tailed)</td>
<td>.030</td>
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<td>Time Child #1 Spent in Care after FGDM</td>
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<td>Sig. (2-tailed)</td>
<td>.030</td>
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</table>

* Correlation is significant at the 0.05 level (2-tailed).

Summary

The results of the 68 thorough case reviews completed on FGDM meetings from 2003 to 2005 are described above in detail. The results include: quantitative univariate statistics regarding the independent and dependent variables as described in frequencies and measures of central tendency; quantitative bi-variate inferential statistics including
chi-square, ANOVA and Pearson's $r$, to demonstrate the relationships between the independent variables and the dependent variables.
CHAPTER FIVE

DISCUSSION

Introduction
Chapter Five provides the conclusions derived from the data analysis completed in Chapter Four. Chapter Five further discusses recommendations based on the data, the limitations, possibilities for addressing the limitations in future research, and the need for further research to determine the effects of Family Group Decision Making within San Bernardino County Department of Children’s Services.

Discussion
This study examined the relationships between Family Group Decision Making in the San Bernardino County Department of Children’s Services and the time children spent in care and the reunification of children with parents. There were several significant findings. First of all, time was found to be a relevant and significant factor in regards to FGDM. A statistically significant correlation was found between the time between the request date of the FGDM and the day the FGDM occurred (independent variable) and the time the child spent in
foster care after the FGDM (dependent variable). The results demonstrated that the longer it took to plan and execute the FGDM, the longer the child spent in foster care. The findings ($r = 0.265; p < 0.01$) indicated a positive statistically significant correlation (See Table 10).

Time continued to be important as demonstrated by how quickly the FGDM was completed within DCS. Forty two point six percent (42.6 %), 29 of the 68, of the FGDM meetings held were completed in the Family Reunification stage or within the first 6 to 18 months of services being provided by DCS. Slightly over sixty percent (60.4%) of the children that participated in a FGDM were reunified with their parents at the time of data collection. The unexpectedly high reunification rate indicates FGDM meetings are important as other research suggests (Tam and Ho, 1996; Leathers, 2002; and Poulin, 1992). In fact, numerous studies have concluded that frequent parental and family involvement results in a higher percentage of children being reunified with their families (e.g., Tam & Ho, 1996; Leathers, 2002; Poulin, 1992).
The administrative region that the FGDM was referred by played a significant role. The number of FGDM meetings conducted among the different DCS offices was: Rancho Cucamonga region (44.1%), next was Victorville region (29.4%), San Bernardino region (25.0%), and Yucca Valley region (1.5%).

Another interesting finding in regards to region is the statistically significant relationship between the independent variable, region, and the dependent variable, reunification. It was concluded that region has significance in whether a child is reunified. The results, as previously stated and seen in Table 7, are $\chi^2 = 13.684$, df = 2, $p = 0.001$. In order to reduce the number of variables in conducting an appropriate chi-square, Emergency Response and Family Reunification were recoded into the first category (1) since they are considered to take place in the beginning of a Child Welfare case. Family Maintenance and Voluntary Family Maintenance were recoded into the second category (2) since they are both Family Maintenance and Permanent Placement was recoded into the third category (3) (See Table 6).
Another statistically significant finding was demonstrated by the one-way ANOVA completed with region as the independent variable and the time the child spent in care after the FGDM as the dependent variable. It was concluded that region has significance in the amount of time a child spends in care after a FGDM is conducted. As seen in Table 8, F(3,63) = 4.802 and p = 0.004.

These significant results can be attributed to the possible difference in advertisement and/or promotion of FGDM within the different regions. It could also be attributed to the need for and lack of education regarding FGDM and it’s usefulness within DCS in certain regions compared to others. Hess et al. explained that the lack of agency resources such as insufficient number of trained child welfare workers contributed to lack of reunification services (1992). This explanation can also be used to describe the significance of the region and FGDM. Due to lack of social workers, support staff, and sheer time it may not be feasible for the social workers to implement FGDM meetings even when they are clearly needed.

Leathers (2002), and Poirier and Simard (2006) emphasize the importance of the mother-child relationship
in child welfare outcomes. O'Donnell (2001) pointed out the importance of paternal relationships whereas Poulin (1992) examined the importance of a child having relationships with extended family members. One unexpected finding was the extent of the support of the extended family members compared to the mothers and fathers. There were 51 mothers and 30 fathers present while there were 237 confirmed extended family members present in the 68 FGDM meetings. More extended family members attended the FGDM meetings represented in the study than the literature would suggest. These findings could be related to families in the study having a more “Afrocentric” worldview rather than a “Eurocentric” worldview. The Afrocentric worldview promotes interdependency and considers all members of a nuclear and extended family as dependent on each other (Schiele, 1994). The Afrocentric worldview promotes the need for extended family whereas the Eurocentric worldview is more individualistic a nuclear family oriented.

The children served by the FGDM were of the general ethnicities found in San Bernardino County with the majority being Caucasian (42.9%) which was in contradiction to what the literature suggested would be
the case (Walton et al., 2003). It was further suggested by Walton et al. that Family Group Conferences may not be appropriate for Caucasian Americans compared to other groups due to individualism (2003). In this study, ethnicity did not play significant relationship to the time a child spent in care after a FGDM. A one way ANOVA was conducted with the ethnicity of the child as the independent variable and the time the child spent in care after the FGDM and no statistically significant relationship was found, F(5, 61) = 1.249, p = 0.298 as seen in Table 10.

According to the Center for Social Services Research School of Social Welfare at U.C. Berkeley, the average median time children spent in foster care before reunification in San Bernardino County was 7.86 months from 2003 to 2005 (2007). The total time the 154 children spent in foster care in this study was drastically different: the total time children spent in care was a median of 1610.9 days (4.4 years) with a standard deviation of 1567.43 days (4.29 years) but with a mode of 0 days. After the FGDM, the 154 children spent a median time of 541 days (1.5 years) in care with a standard deviation of 452.21 days (1.24 years), but with a mode of
0 days. A mode of 0 days is a remarkable result demonstrating that most of the children involved spent no time in foster care. A mode of 0 days in foster care is the result of a large number of the children (27.3%) involved in the 68 FGDM meetings were still living with their parents.

The Center for Social Services Research School of Social Welfare at U.C. Berkeley also provided data showing that 89.9% of the children in San Bernardino County foster care from January 2003 to December 2005 had no recurrence of child abuse and/or neglect during the first 6 months after exiting foster care (2007). The data extracted in this study was consistent with the CSSR data in that a majority (73.4%) of the children served had between 0 and 2 new referrals after the FGDM.

Data in this research study indicates that a majority, 88.2%, of the FGDM meetings resulted in creating and implementing a Family Plan. Walton et al. found that 79% of the family members believed the use of the FGC plan served children’s best interests by finding the best placement for children, provided resources for children, and let children voice their opinions (2003). The Family Plans completed in this research provided plan
details such as: setting up and outlining visitation of the children, children improving school attendance, parents addressing substance abuse issues, and parents obtaining employment. The Family Plan is created and implemented by the family with the approval of the social worker in an attempt to lessen the risk to the children and the family. The creation and implementation of the Family Plan demonstrates empowerment based practice through the sharing of power between social workers and the families they serve.

Limitations

This study has several limitations. First of all, the study is limited by the possibility of human error in data collection. There could have been mistakes made in transcriptions or as the data was being read and transferred onto the data extraction sheets. It is possible that some of the data within the file and/or in CWS/CMS was originally incorrect which would affect the findings. For example, the CWS/CMS screen might indicate that a child is reunified when actually the child has not been.
The next limitation is that the data extraction sheet was not previously tested or utilized in other studies. It could have validity problems that are yet to be determined. The data extraction sheet was created to record specific information from the case files relative to the study. It was pre-tested by utilizing it with 3 case files which determined that adjustments were needed. Despite the fact that the data extraction sheet was pre-tested on a sample of cases, there were instances in which the data extraction sheet was not capable of capturing certain information. In these cases, a note was made. Due to lack of time and resources, all the cases were not re-reviewed to capture the same data. There were numerous interesting and possibly relevant factors, which were not able to be included for analysis. These factors might include: number of placements child had at time of FGDM, primary language spoken in the home, and language spoken within the FGDM.

Another limitation is the method by which the data was collected. The data was collected by reviewing case files (secondary data) instead of interviewing former FGDM participants about their involvement in the FGDM (primary data). Data that might have been collected by
interviewing children involved in the FGDM process could have added different perspectives on the effects of the FGDM. Interviewing the participants and clients can also provide insight into their perceptions of the usefulness, likes and dislikes, and areas of improvement within the FGDM that they attended.

Lastly, this study only focused on the Department of Children’s Services in San Bernardino County. Generalizations are limited to areas with similar demographics and practices to San Bernardino County Department of Children’s Services similar. This introductory study has some notable findings and highlights many areas for further research but it is exploratory in nature. It was not designed to be definitive in its conclusions about the relationships of FGDM and children spending less time in care and/or family reunification. Publication of these findings in future studies would be useful in assessing the effectiveness of FGDM meetings.

Recommendations for Social Work Practice, Policy and Research

The administrative region was demonstrated to play a role in whether children were reunified and the time
children spent in care after the FGDM. This conclusion highlights the need to promote Family Group Decision Making equally within all regions of San Bernardino County Department of Children’s Services in order to reduce the time children spend in care and increase the number of reunifications.

Implications for the social work profession include further education of the important role FGDM can play in terms of the services provided by the Department of Children’s Services. It is crucial that Administrators, Supervisors, line workers and clients are aware of the various tools that are available to them through DCS and aware of the “Family to Family” approach. Family to Family applies four core basic principles: a child’s safety is paramount, children belong in families, families need strong communities, and public child welfare systems need partnerships with community and other systems to achieve strong outcomes for children (Annie E. Casey Foundation, 2007). FGDM embodies the Family to Family model and can help the San Bernardino County Department of Children’s Services and other child welfare agencies provide services in that manner. Parents involved in the child welfare system should be made aware
of FGDM approaches because through them they are given the chance to play a more influential role in placement decisions, the development of service plans, and ultimately reunification with their children.

It would be helpful for additional research to be conducted by the San Bernardino County Department of Children’s Services and other child welfare programs utilizing FGDM or similar models on the effectiveness of such child welfare practices. There are a number of factors that can be measured to determine effectiveness such as: the role the children play as members of their own FGDM, the placement status of children (i.e. permanent placement, adoption, legal guardianship, or relative placement), was the family satisfied with the FGDM, and the extent to which the case plan goals were met.

Conclusions

Conclusions were made in this study related to the role FGDM is playing and how it is affected by the different regions within San Bernardino County DCS and by the time it takes the FGDM coordinator to implement the FGDM. Region was demonstrated to play a role in whether
the child was reunified and the time the child spent in care after the FGDM. A major finding of this study was that the longer it took to implement a FGDM the longer a child would spend in care. If the goal of child welfare is to provide for the safety of children while limiting their time in out of home care the use of FGDM could assist counties in meeting that goal.

According to Munson and Freundlich, state child welfare systems have, for the most part, not been effectively engaging families as active participants in assessment, case planning and service delivery. States are coming to view methods such as FGDM as a vital strategy in improving safety, permanency, and well-being for the children and families involved (2008). The State of California has created the California Family to Family Initiative which is a public-private partnership between national and state foundations and the State of California. These partners include: Annie E. Casey Foundation, the Stuart Foundation, California Department of Social Services, and the Center for Social Services (CSSR) at University of California at Berkeley (Family to Family California, n.d.).
In order to promote FGDM in San Bernardino County Department of Children’s Services and reach the goals of safety, permanency, and well-being for the children and families involved all the regions of San Bernardino County Department of Children’s Services need further information such as the results of this study, to inform their decisions, on implementing FGDM on a county-wide basis and making it an integral part of the practice of child welfare within the county. FGDM coordinators within the different regions need to attempt to plan FGDM meetings in a prompt manner to prevent children from spending time in foster care unnecessarily.

Overall, Family Group Decision Making as practiced by the San Bernardino County Department of Children’s Services and evidenced by the outcomes represented in this study is a powerful tool that empowers families in the child welfare system by working with their strengths, increasing their influence in case planning and decision making and ultimately reducing the amount of time their children spend in out of home care and even increasing the likelihood that the reunification of children with their parents will occur.
APPENDIX

DATA EXTRACTION SHEET
Data Extraction Sheet for the Program Evaluation of FGDM

CASE NUMBER: _________

Date of Referral: _________  Date of FGDM: _________

Level at which FGDM Occurred:

ER (1)  
FM (2)  
FR (3)  
PP (4)  
VFM (5)

REGION: _________
(San Bernardino – 1, Rancho – 2, Victorville – 3, Yucca – 4)

MEMBERS INVOLVED:

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<th>Code</th>
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Ethnicity  Gender  Age (yrs)  Allegation  Caregiver Type  Reunified
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Total time children were in care (in days):

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Time in care for children after FGDM (in days):

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Number of referrals for children after FGDM:

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Was a Family Plan made:

Yes (1) __________  No (2) __________

What was involved in the Family Plan?

Parenting Classes (1)  Education Needed (15)
Address Substance Abuse (2)  Provide Perm. Placement (16)
Set Up Visitation (3)  Provide Childcare (17)
Address Medical Needs (4)  Participate in case plan (18)
Utilize Foster Care Placement (5)  Arrange Transportation (19)
Protect Child (6)  Locate Housing (20)
Communicate (7)  Wraparound Services (21)
Counseling (8)  Anger Management (22)
Mentoring (9)  Obtain Job (23)
Abide by Rules (10)  Additional FGDM (24)
Respect One Another (11)  DV classes (25)
Improve School Performance/Attendance (12)  Seek Legal Assistance (26)
Exercise (13)  Provide Medical Care (27)
Schedule Daily Activities (14)  Provide Respite care (28)

NOTES:

__________________________________________

__________________________________________
REFERENCES


