

the Center



for Restorative  
Practice

*In the Service of Social Justice*

# Model Mania!!!!

*But First A Few Words From Our Sponsor...*

The matrix you are about to see is a compilation of numerous writings on four models of family team-based services. “Team Decision Making” and “Family Network” were developed in one place each and by one set of people – so the practices stay pretty true to the way I’ve written them here. The other two (“Family Group Conferencing” and “Wraparound”) were developed over many years and in many sites and thus, the information here is a composite: culled from many sources. Adherence to specific “core values”, program goals, agendas, tools, etc. varies from site to site.

What is important about this is that no model – but especially these two – is completely precise in its application. Particularly in Family Group Conferencing and Wraparound, there is considerable difference from site to site on what constitutes “model fidelity”. Program designers, policy makers and researchers are at work (even as we speak!) on standardizing these practices to ensure fidelity and creation of an “evidence-base” for models that purport to be “wraparound” or “family group conferencing”.

Thus, this matrix is but a tool for comparison and not meant as a prescription for implementing any of these models.

You may address any questions to me at [cindy@restorativepractice.org](mailto:cindy@restorativepractice.org).



## Family Team-Based Services: Model Matrix

<b>Family Group Decision Making:</b> A 15-Point Comparison of Four Models	<b>Team Decision Making (TDM)</b> New York	<b>Family Group Conference (FGC)</b> New Zealand	<b>Family Network (FamNet)</b> San Rafael, CA	<b>Wraparound</b>
<b>1. Core values/principles</b>	<ol style="list-style-type: none"> <li>1. A group can often be more effective in making good decisions than an individual.</li> <li>2. Families are the experts on themselves.</li> <li>3. When families are included in decision making, they are capable of identifying their own needs and strengths.</li> <li>4. Members of the family ' s own community add value to the process by serving as natural allies to the family and as experts on the community ' s resources.</li> </ol>	<ol style="list-style-type: none"> <li>1. Families have under-used strengths and resources to solve problem for their children</li> <li>2. Families , being the experts on themselves, are central to all planning and DM</li> <li>3. Safety and well being of a child can be assured through family participation in planning and DM</li> <li>4. Inclusionary and collective rather than exclusionary and individualistic</li> <li>5. Competency / strength based family focus approach</li> <li>6. Partnership with family</li> <li>7. Family is the primary author of the plan :</li> <li>8. Ownership of the solution and plan</li> <li>9. Holistic, systemic, ecological view of child, family and community</li> <li>10. Culturally sensitive and appropriate</li> <li>11. Coordinator stays in an independent role, distinct and not aligned with family or service providers</li> </ol>	<ul style="list-style-type: none"> <li>▪ Collaboration, not competition</li> <li>▪ Differences of opinion are valued</li> <li>▪ Problem-solving, not pathologizing or put-downs</li> <li>▪ Listening is as important as talking (probably more!)</li> <li>▪ Family focused and driven process</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family voice and choice                             <ul style="list-style-type: none"> <li>▪ Team based</li> <li>▪ Natural supports</li> <li>▪ Collaboration</li> <li>▪ Community-based</li> </ul> </li> <li>▪ Culturally competent                             <ul style="list-style-type: none"> <li>▪ Individualized</li> <li>▪ Strengths based</li> <li>▪ Persistence</li> <li>▪ Outcome based</li> </ul> </li> </ul>



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<b>2. Reasons for Using</b>	Child welfare removal and placement decision-making.	Protection of children’s safety.	When major decisions need to be made that have serious consequences for a family and/or in which numerous people with a variety of roles and opinions are involved.	To prevent a child from being placed in residential treatment or to bring a child home from out of home placement.  To help children/youth (particularly those with high levels of need for support) and their families to live safely in their home communities and participate fully in family, school/vocational, and community life.
<b>3. Who Usually Uses?</b>	Children’s welfare authorities	Children’s welfare Juvenile Justice	Children’s Welfare Juvenile Justice Mental Health Dept. Special Education Senior Services	Mental Health Children’s Welfare Juvenile Justice Education
<b>4. Kinds of families</b>	Families involved in the child welfare system	Families of children who are abused of neglected.	Broad referral criteria. Informal (not court ordered). The emphasis is not on the “kind of family”.	Families with children in (or at risk of) high level out-of-home placement.
<b>5. Who Refers?</b>	The social worker of record or their supervisor	The Investigative Social Worker Participation is mandated for the family	Anyone can refer himself or herself or a client.	Placing agencies.
<b>6. Who Selects The Team?</b>	Social workers invite some participants; other team members may also invite participants. Family	The Coordinator selects members, with input from the family. S/he tries to get consensus, but can bring	The Family, with input from the Coordinator.	The Family with the Facilitator



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	not specifically mentioned as being part of team of selection.	people to the team over the objections of the parents.		
<b>7. Usual Participants</b>	<ul style="list-style-type: none"> <li>▪ Birth Parents</li> <li>▪ Children</li> <li>▪ Extended Family And Non-Relative Support</li> <li>▪ Current Caregivers</li> <li>▪ Case Worker/Supervisor</li> <li>▪ Community Partners</li> <li>▪ Service Providers</li> <li>▪ Guardian Ad Litem</li> <li>▪ Facilitator</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family</li> <li>▪ Extended Family</li> <li>▪ Coordinator/Facilitator</li> <li>▪ Support Persons</li> <li>▪ Social Worker</li> <li>▪ Other Providers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family</li> <li>▪ Extended Family Friends/Support Persons</li> <li>▪ Coordinator/Case Mgr.</li> <li>▪ Service/Treatment Providers, Facilitator</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family</li> <li>▪ Extended Family</li> <li>▪ Friends</li> <li>▪ Parent Partner</li> <li>▪ Facilitator</li> <li>▪ Service/Treatment Providers</li> </ul>
<b>8. Typical Agenda</b>	<ol style="list-style-type: none"> <li>1. Introduction</li> <li>2. Identify the situation</li> <li>3. Assess the situation</li> <li>4. Develop ideas</li> <li>5. Reach a decision</li> <li>6. Recap/evaluation/closing</li> </ol>	<ol style="list-style-type: none"> <li>1. Introductions</li> <li>2. Information Sharing</li> <li>3. Family Meeting</li> <li>4. Decision</li> </ol>	<ol style="list-style-type: none"> <li>1. Introductions</li> <li>2. Frame of the Meeting</li> <li>3. Family strengths</li> <li>4. Goal Setting (in terms of desired outcomes)</li> <li>5. Create the plan: What? Who? When?</li> <li>6. Set next meeting.</li> <li>7. Closing/evaluations</li> </ol>	<ol style="list-style-type: none"> <li>1. Life Domains and Outcomes</li> <li>2. Defining Needs</li> <li>3. Selecting/Evaluating Strength-based Strategies</li> <li>4. Crisis, Safety and Transitions</li> <li>5. Logistics and Evaluation</li> </ol>
<b>9. Decision Rule</b>	Teams strive for unanimity within a consensus process. The public child welfare worker maintains final decision making power if it is determined that the team cannot achieve unanimity.	Family decides alone, then presents plan to the group who holds “veto power”. “Vetoes”, if used, are usually from the child’s attorney or the lead social worker. In disagreements, dissenting views are presented in Family Court for a decision.	Team decisions are unanimous and made by consensus. The family makes “Final Authorization” on all team decisions..	Not specified. The general intent is that family voice, choice and collaboration will be honored.



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<b>10. Significance Of The Meeting</b>	TDM meetings are required for decision-making at three points: 1) prior to child removal; 2) prior to change of placement; 3) prior to permanent plan Framework is similar to multidisciplinary case planning.	The meeting is viewed as an “act of engagement” of family members to develop a plan to protect their children from abuse and neglect.	Meetings are for coordination and decision making in the group. Interventions occur primarily between meetings. Framework references management and organization development theories.	Meetings are for the purpose of creating strength-based treatment plans, developing crisis plans and collaboration among team members.
<b>11. Phases Of Activity</b>	1. Referral 2. Preparation 3. TDM meeting 4. Review or reconsideration	1. Referral 2. Preparation and planning 3. Family Group Conference 4. Follow up	1. Referral 2. Orientation and preparation 3. Initial Meeting 4. Follow-up Meetings 5. Closing	1. Engagement and Team Preparation 2. Initial Plan Development 3. Plan Implementation 4. Transition
<b>12. How plan implementation tracked and evaluated?</b>	Family To Family offers key indicators for programs to measure (e.g., client satisfaction, reduced placements, etc.) but does not specify how plans will be designed and held to group accountability. Instead, they advise supervisors and managers to oversee implementation and ensure that the plan is being followed.	There is no formal tracking and evaluation plan. Most often the ongoing worker and a family member (identified by the family during the FGC) work collaboratively to monitor plan follow-through.	“Signs of Success” are determined by the family and team for each goal. The team uses a 5-point “How Are We Doing?” chart to gauge and track progress toward Signs of Success over time. Family Outcomes are measured by CFRP along 10 criteria of family functioning. Family and participant satisfaction is measured at predetermined intervals.	Goals are tracked in team meetings. Facilitator completes a plan form that includes assessment on progress.



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<b>13. Role definitions for Facilitators</b>	<ul style="list-style-type: none"> <li>▪ A “trained process expert”</li> <li>▪ Works with caseworker to lead group through a solution-focused process.</li> <li>▪ The facilitator is a full team member, who like other agency personnel, is responsible for high quality decision, and expected to seek review of caseworker’s decision in situations where consensus not reached, if unable to support the decision due to belief that it puts child at risk of serious harm or violates law or policy.</li> <li>▪ Provides summary report to participants outlining decision and action steps.</li> </ul>	<ul style="list-style-type: none"> <li>▪ “Facilitator” and “Coordinator” are the same person.</li> <li>▪ Manages the meeting, except for the private family deliberation.</li> <li>▪ Is impartial and not connected to the welfare agency “case.”</li> <li>▪ Responsible for coordinating meetings, preparing group members and facilitating meetings.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Orientation of team members*</li> <li>▪ Facilitation of team meetings                             <ul style="list-style-type: none"> <li>▪ Must be trained at CFRP</li> <li>▪ Completely content-neutral</li> </ul> </li> </ul> <p style="margin-left: 40px;">*CFRP tries to have a person different than the team facilitator conduct the orientation and do the administrative tasks of disseminating plans, etc.</p>	<ul style="list-style-type: none"> <li>▪ Conducts family assessments</li> <li>▪ Prepares family for team meetings                             <ul style="list-style-type: none"> <li>▪ Facilitates meeting</li> <li>▪ Prepares plan document</li> <li>▪ Follows up and coordinates activity between meetings</li> </ul> </li> <li>▪ Primary program contact for the family</li> </ul>
<b>14. Role definitions for Coordinators</b>	No “Coordinator” role defined.	“Facilitator” and “Coordinator” roles are blended.	“Coordinator” and “Case Manager” roles are often combined, once Orientation and preparation is complete. Staff from CFRP conduct Orientation/preparation and provide meeting coordination functions.	No “Coordinator” role defined apart from the job of the “Facilitator”.



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<b>15. Role definitions for Case Managers</b>	Caseworker/supervisor is the convener of meeting and is the content expert and, with facilitator, leads the discussion. This person(s) is responsible for making decision if there is no agreement by the team. Other public agency staff may include home-finding, independent living, family preservation staff, or others able to provide expertise/information. As agency personnel, they share responsibility for high quality decision; and may seek review of caseworker's decision in situations where consensus not reached, if unable to support the decision due to belief that it puts child at risk of serious harm or violates law or policy.	"Case Manager" is usually a Social Worker who makes the initial referral	"Coordinator" and "Case Manager" roles are often combined.	"Case Managers" are usually public agency placement staff (mental health worker, child welfare worker, probation officer, etc.) who refers a child and family to wraparound and makes placement recommendations to their department and/or the court.

