

Fidelity to Family Group Decision Making in Pennsylvania: Do practices mirror principles?

Preliminary Findings

September 2008 Statewide FGDM
Conference

September 17th, 2008



Why Does Fidelity Matter?

- Grass roots implementation approaches help to make practice relevant and builds investment
- May also see model “drift” due to pressure and local demands
- Are we doing what we said that we would do?

Fidelity

- The model of FGDM must first be defined
- Adherence to the model measured
- Strengths-based responsive models can't be defined rigidly
 - Identify an intervention by its key principles (Henggeler et. al., 1998)

Study Questions

- To what degree is FGDM being implemented?
- Does experience associate with differences in perception about fidelity practices?
- What are the perceived challenges and facilitation/helping factors for implementing and sustaining FGDM?

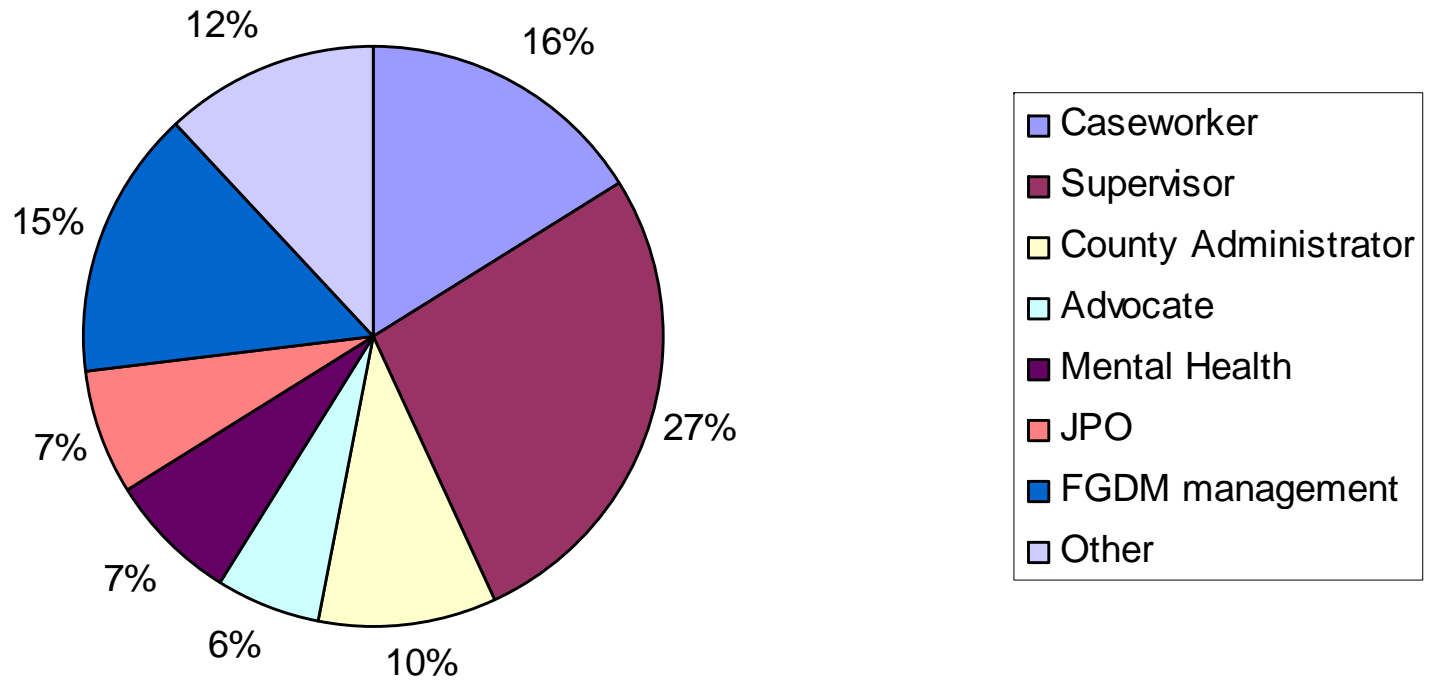
Methodology

- Responses from 39 counties (58%)
- Target group –professionals
- Anonymous, web-enabled survey
- 314 individuals were sent an email letter with link
- 215 surveys were submitted (68%)
- Final N of 180 for analysis

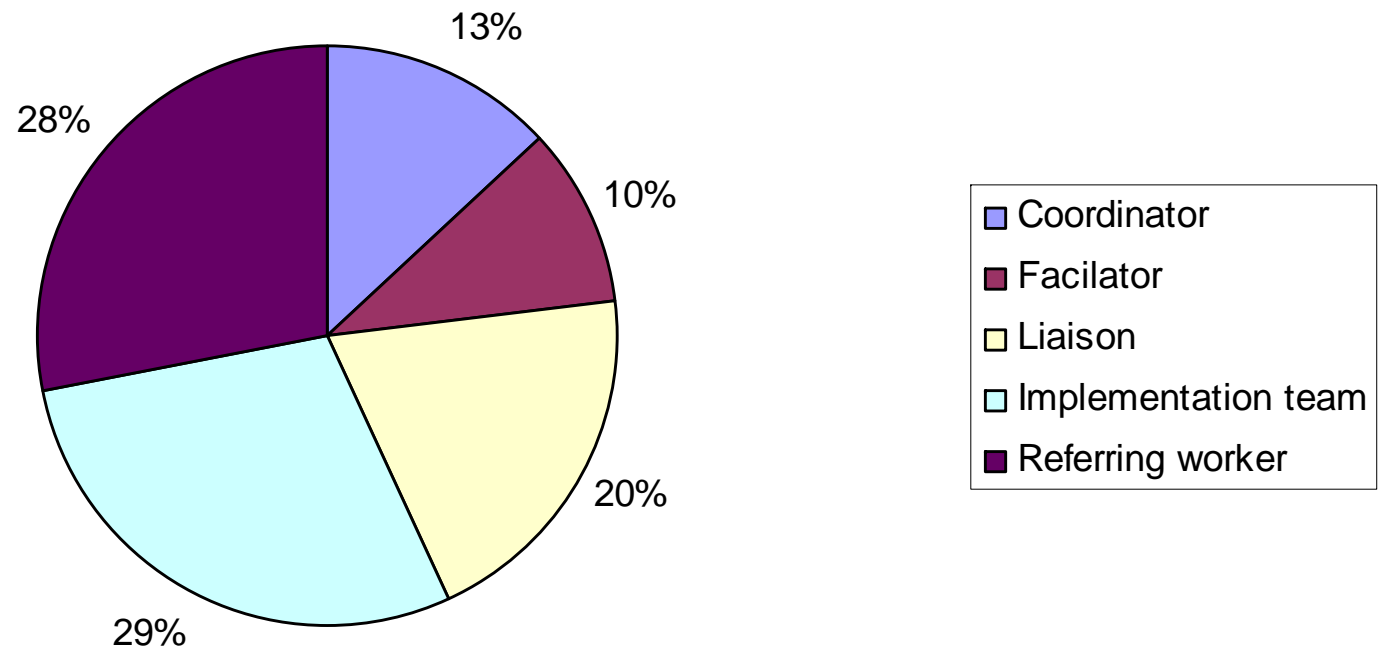
Counties by Experience (May 2008)

Category	Responses	Counties
Multiple conferences (more than 20)	84 47%	Erie, Venango, Beaver, Allegheny. Washington, Armstrong, Centre, Lycoming, Snyder, Northumberland Dauphin, Cumberland, Adams, York, Bradford, Bucks
Less than 20	77 43%	Forest, Elk, Clearfield, Indiana, Cambria, Blair, Somerset, Bedford, Fulton, Juniata, Perry, Wayne, Berks, Lehigh, Chester
No conferences	17 10%	Warren, Westmoreland, Clinton, Pike, Northampton, Montgomery, Philadelphia
Missing	2	

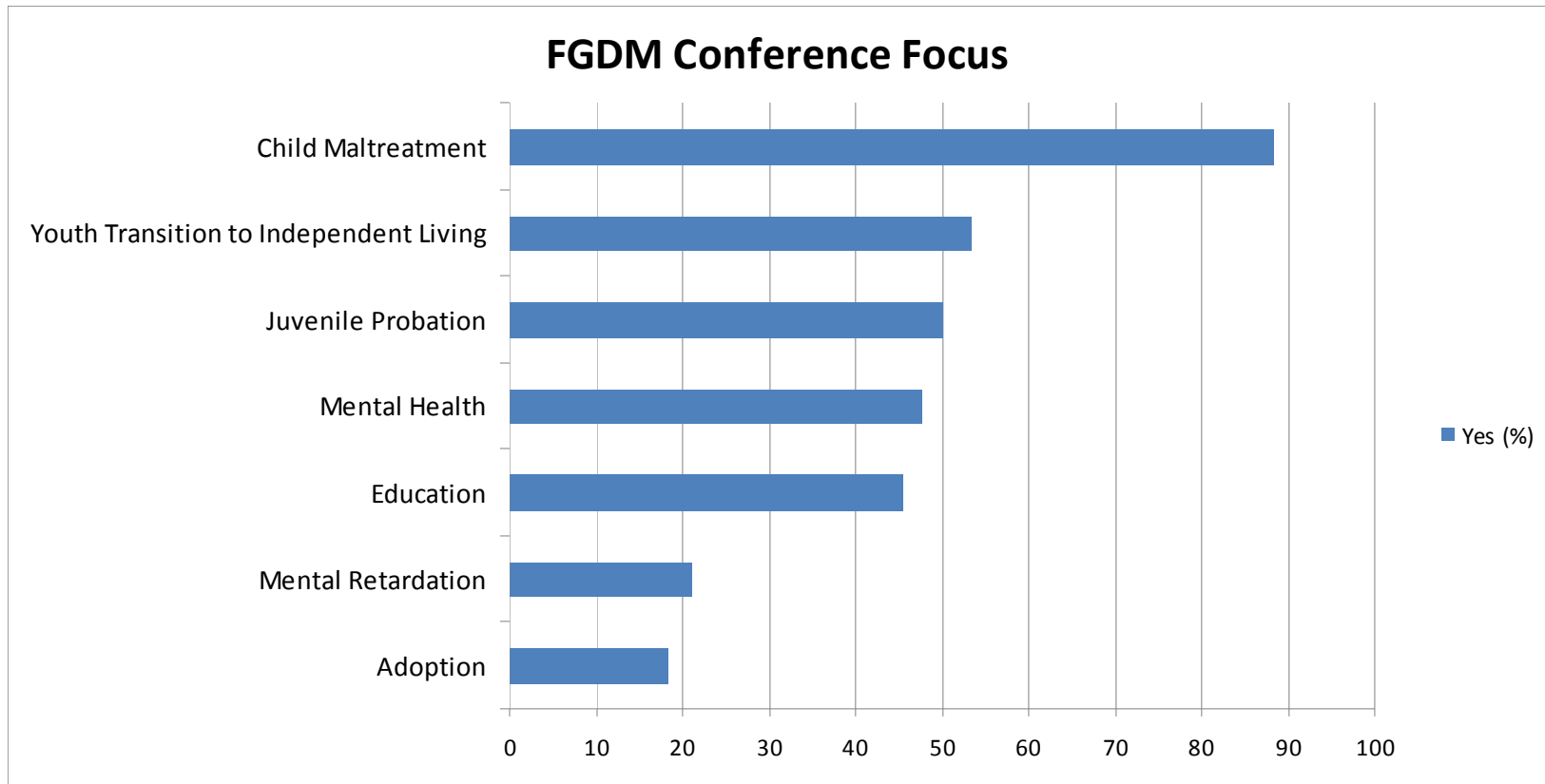
Who Responded?



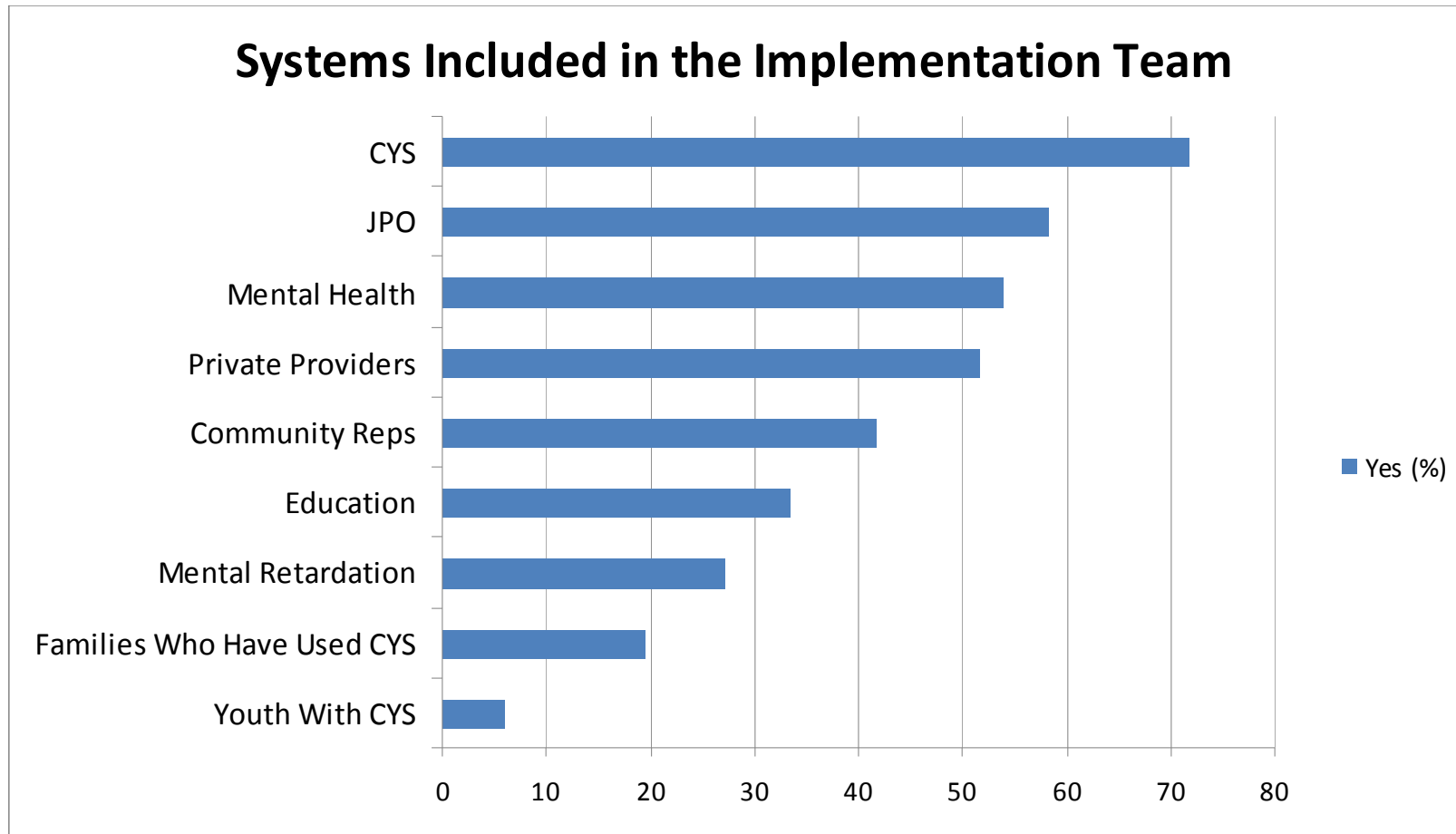
Role in FGDM



Focus of FGDM



Implementation Teams



How are Families Identified?

- All are included and then ruled out
- Selected by caseworkers and supervisors
- “Family Factors” were the most common factor identified for not using FGDM
 - Domestic violence & sexual abuse in the family
 - Lack of extended family/family support
 - Family willingness
- “Caseworker Factors”
 - Unwillingness of “buy in”

At What Point is FGDM Used?

- At any decision point in the service pathway
- When the family is in crisis

Resources

- 77% have report written policies and procedures for FGDM
- 68% have policies & procedures specifying which families to refer to FGDM
- 56% report that a private provider is responsible for implementing FGDM
- 23% report that they had not received any formal training on FGDM
- Average number of CYF staff “assigned” to FGDM is 1

Consistent with FGDM Fidelity to Practice

- Coordinators and facilitators are trained (84.5%)
- Strengths of the child and family are shared (92.7%)
- Information is provided by the referral source about what needs to be addressed in the plan (84.9%)
- Safety, permanency and well being needs are addressed in the conference (86%)
- Families have private time (86%)
- Families have a meal (92.6%)

Inconsistent with FGDM Fidelity to Practice

- Post conference follow up with member of the family
- Families choose to participate

Mature Vs Developing

- In the counties that have done more than 20 conferences:
 - More likely to have written policies
 - More likely to have policies re type of family to refer
 - More likely to have full time coordinator
 - CYF more likely to share the role with private provider of facilitating/coordination

Mature Vs Developing

- In the counties that have done more than 20 conferences:
 - Respondents reported a high degree of impact on their work with colleagues
 - Respondents who see it having a high degree of impact on how they engage with families also see it highly impacting their working relationships

Mature Vs Developing

County Category	Items for which 20% respondents report observing less than half of the time
More than 20 conferences “mature” (N=84)	Families choose to participate (20%) <i>Post conference follow up (30.8%)</i>
Less than 20 conferences “developing competencies” (N=77)	Families choose to participate (31.2%) <i>Pre-conference meetings with professionals are held (21.1%)</i>

Helpers & Challenges

- What have been the greatest helpers to implementing FGDM?
- What have been the greatest challenges to successfully implementing FGDM?

Helping Factors

- No single category accounted for more than 21% of the responses—many and varied.
- Two most common were “training & support” and “leadership attitudes”
- ***Take away point: agencies can facilitate implementation in many ways and if one approach is not working, another may help.***

Challenges to Implementation

- The most common response fell into the category of “barriers created by caseworker attitudes”
- “Structural issues” (problems with time, money, staffing, extra hours of work & caseloads)
- “Family characteristics”
- ***Take Away point: Improving structural issues is likely to influence caseworker attitudes***

Recommendations

- Leadership is important in supporting and facilitating FGDM attitude change and structural change
- Explore the nature of “voluntary” participation by families and clarify the referral process
- Better document and describe families—those that participate in FGDM and those that do not
- Explore the barriers to holding follow up meetings
- Broaden training on FGDM to include more individuals

Recommendations

- Staffing considerations; outsourcing does not eliminate responsibility for the practice
- Funding diversification
- Family Violence considerations
- Explore the role that former youth and families can play in FGDM

Next Steps in Research

- Examining open-ended responses by counties
- Analyze the existing data from the outcome study about the number and type of FGDM attendees
- See if changes implemented as a result of this study have an impact on practices and outcome
- Fidelity with outcomes e.g. FGDM as an “evidence based practice”

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