Capacity Building
CENTER FOR STATES

Congregate Care in the Age of Family First

Family Engagement

Family engagement in congregate care settings is directly correlated with shorter stays in care and increased reunification. Children and youth who have frequent contact with their families adjust more easily to out-of-home care, experience less depression and increased well-being, have an increased sense of normalcy, and have fewer behavioral challenges (Partners for Our Children, 2014). Family-centered services that promote alliance between providers and families lead to more favorable treatment outcomes (Welmers-van de Poll, 2018).

Family engagement is defined by the Children's Bureau as a "family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes. Beyond specific cases, engaging families as key stakeholders must extend to policy development, service design, and evaluation." Family engagement, as appropriate and in the child's best interests, is especially important when considering an approach to the use of congregate care. It is also a core component of the qualified residential treatment program (QRTP) model. "Family" in this context includes parents, siblings, other relatives, foster parents, and fictive kin. Programs must document family outreach and inclusion throughout the child's stay and provide 6 months of family-based supports after discharge (Children's Bureau, 2018).

This resource can help state agencies, QRTPs, and other child welfare stakeholders understand the family engagement requirements of the Family First Prevention Services Act (FFPSA) and thoughtfully plan for meaningful partnership with families and youth in residential treatment programs.

Read this if:

You are interested in learning more about steps states can take to ensure family engagement in congregate care under the Family First Prevention Services Act (FFPSA).

Learn more about:

- Implementing FFPSA requirements
- Engaging families in residential treatment programs
- Centering equity in implementation
- Exploring potential considerations and next steps for planning

Understanding the Law

The FFPSA requires family engagement before, during, and after stays in a QRTP (Children's Bureau, 2018).

- To ensure that the adults closest to the youth are directly involved in decision-making, a Family and Permanency Team must be developed as part of the assessment process. The team can include parents, other relatives, fictive kin, professionals such as therapists or teachers, and additional supports selected by youth over age 14. The

child's case plan must include contact information for each member of the team and must document accessibility of meetings and justification for any assessment decision that does not reflect the team's recommendation.

- Family involvement in treatment, including the maintenance of sibling connections, must be documented. QRTPs must conduct and keep documentation of outreach to family, as well as updated contact information for family and fictive kin.
- Families must actively participate in discharge planning, and 6 months of family-based aftercare must be provided following discharge.

Considerations for Welcoming Youth and Families

The first contact between agency and family sets the tone for engagement. At the time of admission, families may feel uncertain, anxious, exhausted, and afraid. A staff member with lived experience, sometimes referred to as a Professional Parent Partner can be uniquely positioned to help a family feel welcome.

- Is the environment welcoming and comfortable?
- Is there an opportunity for parents and youth to share their story and ask questions?
- How can staff ensure families have an understanding of next steps without overwhelming them or expecting them to retain a lot of information?
- Are staff asking themselves what it will take for this child to return home?

Centering Equity in Family Engagement

Inequity in child welfare can affect and be affected by family engagement. Black and American Indian/Alaska Native children, youth, and families are broadly overrepresented across the child welfare system, including in congregate care (Chronicle of Social Change, 2019). Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) children and youth, particularly LGBTQ children of color, also enter the system at disproportionate rates (Irvine & Canfield, 2016).

As an initial step to centering equity in their work, child welfare agencies and service providers should engage the populations most affected and ensure that those populations inform organizational and system-level strategies (Annie E. Casey Foundation, 2017).

Agency leaders can consider the following questions as they work to center equity in family engagement:

- Does the agency routinely collect and analyze congregate care data disaggregated by race? Is there context to help staff understand the data? Are data shared and discussed with youth, families, and system partners?
- Do leaders and staff explore how organizational policies and procedures inhibit or advance equity? How are youth and families engaged and supported as partners and leaders in this work?
- Do evaluation efforts focus on equity? How are outcomes shared with youth, families, and other partners?

Considerations for Engaging Families Throughout Treatment

Family engagement is more than visitation. QRTPs should consider the following questions as they develop clear, consistent guidelines for partnering with families in the day-to-day care of children and youth.

- Do parents and youth have an opportunity to participate in the development of the Family and Permanency Team? Can they define who is a member of their family? Are parents and youth invited to actively participate in Team meetings, including in the development of case plans?
- Do staff treat parents as experts, asking them about successful and unsuccessful approaches they have tried? Do families have access to skills-based parent education? Are there dyadic treatment options?
- How does the agency facilitate family time day-to-day? Is there support for transportation or the technology necessary to promote consistent contact?
- How are siblings involved in both treatment and family time?
- Is there trauma-informed clinical support for youth to process their emotions before and after family time? Is there clinical support, including referrals to community-based services and supports, for families before and after family time?
- What kind and frequency of communication do staff have with families? Do staff reach out to share positive stories and progress? Are different methods of communication used, such as text, email, phone calls, and video conferencing?

Thoughtful approaches to supporting children, youth, and families before and after visits can help reinforce family partnership and improve the experience for children, youth, families, and staff. Agency leadership should consider the following to ensure the best possible outcome from each visit.

Preparing for a visit:

- Does the family need assistance with transportation? Are siblings explicitly invited?
- Is there clinical support for families and youth to prepare them for the visit?
- Who welcomes the family upon arrival? Are visits supervised or unsupervised?
- Is there a comfortable and welcoming space for families to spend time together?

Debriefing after the visit:

- Is the visit documented?
- What went well and what needs to change for the next visit?
- Is there clinical support for families and youth to help them process the visit?
- Are Professional Parent Partners available to help the family process? How are siblings supported?
- How are foster parents involved? Does the QRTP actively support models of shared parenting? Are there opportunities for joint and separate visits? How are youth involved in decision-making?
- How are preadoptive families involved in treatment, discharge planning, and aftercare?

Considerations for Engaging Families in Discharge Planning

Discharge planning should begin at the time of admission. Families and youth should know what to expect and how they will be involved in planning and preparing for the transition back home.

- Are families invited to actively participate in discharge planning?
- How do staff work with families and youth to address any fears they may have about transitioning home?
- Does the agency help youth and families role play conversations and questions they might be faced with upon returning home?
- How do staff facilitate relationships with supportive adults and siblings?
- How are Professional Parent Partners involved in supporting families through discharge?
- Are families consistently included in treatment and armed with skills and resources that they can use at home?

Organization Spotlight:
Kentucky United Methodist Children's Homes

The Mary Kendall Campus of Kentucky United Methodist Children's Homes (KYUMCH) provides residential treatment for adolescent girls ages 11 through 17. The treatment philosophy is child and family centered, focuses on family strengths and protective factors, and works with the whole family system through the Family Systems Strength Based Model.

Upon admission, each family receives welcome materials and a parent handbook outlining the importance of and expectations for family involvement in treatment.

The organization offers daily phone calls, weekly visits (with the option for additional visits when possible), and monthly family therapy with flexible scheduling options to meet family needs. If a weekly family visit is missed, staff must document what they did to facilitate the visit and why it did not take place. Families are offered help with transportation, including gas cards, to remove barriers to visitation. When in-person visits were suspended due to COVID-19, each family was provided a Kindle tablet for daily family communication.

To ensure conducive space for visits, the campus has created outdoor visiting areas, which include a pergola, a covered pavilion, and an outdoor fitness and meditative trail.

Find more information about KYUMCH and the Mary Kendall Campus at www.kyumh.org/programs/owensboro-residential-treatment.

Considerations for Aftercare

Aftercare services are delivered in the family's home for a minimum of 6 months after discharge. Successful aftercare approaches are individualized and reinforce therapeutic skills.

- Do families know how the agency expects them to participate in aftercare? Do they have an opportunity to inform the approach?
- Are families connected with community-based programs for ongoing support, or do they know whom to contact for that information?
- Are aftercare services structured to promote family involvement? Are services provided at a convenient time? Is respite offered to families participating in aftercare services?
- Are siblings included in aftercare services?
- Do in-home aftercare services begin prior to discharge to help prepare families and ensure a seamless process?

Next Steps in Planning for Family Engagement

While the engagement of individual families may begin at the time of admission, readiness begins much earlier. Organizations should have an articulated vision and commitment to family engagement that is operationalized through staffing, professional development, financing, and practice.

Child welfare managers and residential program leaders should consider the following steps and indicators in planning for meaningful family engagement within QRTPs.

Articulate a Vision and Organizational Commitment

The following are indicators of organizational commitment to family engagement:

- The organization has an articulated vision that families helped develop.
- Leadership clearly communicates about and models family engagement.
- Families, youth, and staff know what to expect from each other and hold each other accountable.
- The organization is transparent with families, sharing data and information openly.
- The agency actively works to build trust with families. Messages to families are infused with hope for their children and themselves.
- Data is shared openly with families. Parents and families are involved in the development and design of data analysis and the continuous quality improvement processes.
- There are multiple opportunities for families and youth to inform the organization's practice and policy, including service on advisory and governing boards, professional development, policy review, and hiring teams. Families and youth are compensated for their time to participate.
- Family engagement is reflected in the organization's budget. The budget includes funds to:
  - Hire staff with lived experience to support outreach, engagement, and peer support
  - Ensure adequate resources for families who need help with transportation or technology
  - Compensate youth and families for the work they do to shape organizational policy and practice

Build Workforce Readiness

The following are indicators of staffing and clinical practice that support meaningful family engagement:

- The agency uses equitable hiring practices, recruiting and hiring staff that reflect the families served. Youth and parents are included on interview teams. The agency hires staff with lived experience as Professional Parent Partners.
- Staff understand expectations for family engagement and are held accountable for meeting those expectations.
- Training debunks stereotypes and assumptions about families engaged in child welfare. The agency offers training in cultural competence and cultural humility.
- Parents and youth are included in (and compensated for) the development and implementation of training.

- Staff are encouraged to examine their own implicit bias through learning experiences and supervision.
- Parents are welcomed (not just invited) and encouraged to share their own experiences. Staff are encouraged and expected to approach families with empathy.

In addition to organizational changes, the title IV-E agency can support robust family engagement through the use of performance-based contracting and maximized reimbursement for allowable activities.

The Center for States capacity building team can help agencies develop successful approaches to family engagement. Visit the Child Welfare Capacity Building Collaborative Liaisons website to find your state's Tailored Services Liaison.

Conclusion

Children and youth experience better outcomes when they and their families are engaged in their care and treatment. For children and youth in residential treatment, appropriate family engagement is more than visitation. It includes an intentional and articulated vision for partnership and shared decision-making.

Organizations should consider how families are welcomed and engaged from the time of admission through the delivery of aftercare services. A robust approach to family engagement is an important step in preventing future out-of-home placements.

Additional Resources

Congregate Care in the Age of Family First Resources

Explore the Center's companion publications for more information on the appropriate use of congregate care and trauma-informed care:

- "Congregate Care in the Age of Family First: Overview"
- "Congregate Care in the Age of Family First: Trauma-Informed Care"

- Family Engagement: Partnering With Families to Improve Child Welfare Outcomes
- "Becoming a Family-Focused System: Building a Culture to Partner with Families"
- *Building Bridges Initiative Guide: Finding and Engaging Families for Youth Receiving Residential Interventions; Key Issues, Tips, and Strategies for Residential Leaders*
- *Engage Us: A Guide Written by Families for Residential Providers*
- Self-Assessment Checklist for Staff of Residential Programs Providing Behavioral Health Services and Supports to Children, Youth, and their Families
- National Federation of Families for Children's Mental Health: Family Peer Specialist Certification
- Family Engagement in Therapeutic Group Homes
- "How does Sweetser's residential treatment approach promote family engagement and inclusion in Maine?"
- Racial Equity Tools

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