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### Innovation in Child Welfare

The adoption and implementation of family group decision making in Pennsylvania

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### Contributors

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### Purpose of Family Group Decision Making (FGDM)

- To actively seek the collaboration and leadership of family groups in crafting and implementing plans that support the safety, permanency and well-being of their children (American Human Association, 2008; <http://www.americanhumane.org> ).

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### Pennsylvania (PA) Model

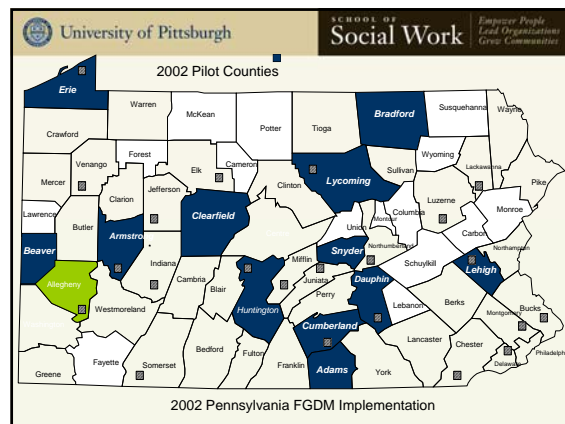
- A strengths-based empowerment model
- Based on the Family Unity Model and the Family Group Conferencing process established in New Zealand
- The FGDM meeting is divided into three main phases; opening and information gathering; private family time; decision making and plan acceptance

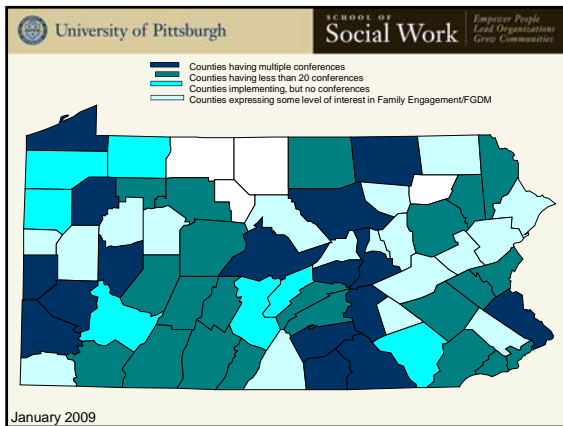
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### Pennsylvania Model

- Decentralized or “grass roots” approach to adoption and implementation rather than legislative or financial mandate
- As of 2009, more than half of the 67 counties in Pennsylvania are in the process of implementing FGDM
  - Child Welfare Training Program at the University of Pittsburgh is responsible for training, technical assistance and evaluation activities for FGDM in Pennsylvania





## Research Questions

- What county and agency factors influence the adoption of FGDM?
- What do the individuals using FGDM feel are the factors that create barriers or help to facilitate adoption, implementing and sustaining the practice?

## Diffusion of Innovation Theory

- Diffusion is the process by which an innovation is communicated through channels over time among members of a social system (Rogers, 1995)
- The characteristics of an innovation as perceived by the members determine the rate of adoption.

## Characteristics of Innovation (Rogers, 1995)

- Relative advantage
- Compatibility
- Complexity
- Trial ability
- Observe ability

## Other Important factors in innovation

- Context (Dopson et al., 2002)
- Social networks (Mandiberg, 2000)
  - Communities of knowledge
- Local actors including leadership (Fixsen et al., 2005)

## Implementation Research in FGDM

- Three key facilitators for Team Decision Making (Crea, Crampton, Abramson-Madden & Usher, 2008)
  - Strong vision from leadership
  - Training
  - “Firewalls” to prevent decisions from going forward
  - Incentives

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### Implementation Research in FGDM

- Caseworker resistance due to legal environment (Adams & Chandler, 2004; Brown, 2003, 2005, 2007)
- Worker use of meetings highly influenced by work environment rather than client characteristics (Baker, 2006)

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### Design

Mixed methods: synthesis of data from two sources for joint interpretation

- Field data from 2008-09
  - Geographic autocorrelation modeling
- Survey data from 2008
  - Analysis of qualitative data about facilitators and barriers

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### Methods—Field Data

Dependent Variable: FGDM Adoption  
Operationalized as 5 levels :

- No interest or activities
- Some level of interest & preliminary activities
- Implementation activities, but no groups
- Full implementation but < 20 groups
- Full implementation with > 20 groups

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### Methods—Field Data

- Need variables
  - Population density per 1000
  - Poverty
  - Number of children under 18
  - Total reports of Maltreatment per 1000
- Child welfare agency variables
  - County received pilot funds
  - System of care operating in county
  - Number of caseworkers in the agency

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### Methods—Field Data

- Neighborhood effect
  - Measures the average adoption level of the neighboring counties
  - Network autocorrelation model which provides an unbiased MLE for the coefficient (Doreian, 1982, Leenders, 2002).
    - 67 X 67 matrix variable that captures the adjacency of the counties.

### Findings :County and child welfare agency characteristics

Variable	Mean	SD	Min	Max
FG adoption level	2.343	1.309	0.00	4.00
Population Density	0.453	1.415	0.012	11.234
Poverty	11.941	3.504	5.2000	23.50
Children < 18	21.370	1.958	15.000	25.20
Maltreatment report	10.456	4.375	3.400	28.70
Pilot status	0.184	0.391	0.00	1.00
SOC	0.323	0.471	0.00	1.00
Number of caseworkers	32.692	31.139	2.00	120.00

n=67						
	Model 1		Model 2		Model 3	
	B (SEβ)	t-value	B (SEβ)	t-value	B (SEβ)	Z-value
Poverty	-0.006 (0.067)	-0.095				
Children < 18	-0.076 (0.107)	-0.704				
Maltx report per 1000	-0.047 (0.043)	-1.090				
Density per 1000	0.062 (0.142)	0.439	0.670 (0.318)	-2.104*	-0.819 (0.317)	-2.582**
FG DM pilot			1.300 (0.351)	9.506***	1.406 (0.351)	4.00***
SOC			0.776 (0.291)	2.667***	1.055 (0.284)	3.711***
# Caseworkers			0.010 (0.004)	2.306*	0.012 (0.004)	2.864**
Neighbor effect					0.585 (0.065)	8.978***

n=65						
	Model 4		Model 5		Model 6	
	B (SEβ)	t-value	B (SEβ)	t-value	B (SEβ)	Z-value
Poverty	0.029 (0.073)	0.400				
Children < 18	-0.062 (0.107)	-0.578				
Maltx report per 1000	-0.047 (0.043)	-1.082				
Density per 1000	0.469 (0.424)	1.106	-0.579 (0.438)	-1.324	-0.622 (0.443)	-1.404
FGDM pilot			1.289 (0.359)	3.588***	1.373 (0.362)	3.785***
SOC			0.655 (0.323)	2.026*	0.789 (0.325)	2.424*
# Caseworkers			0.013 (0.006)	2.201*	0.020 (0.006)	3.320***
Neighbor effect					0.523 (0.073)	7.112**

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### Methods--Survey

- 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
- Two coders used Coding Analysis Toolkit, a qualitative application for text analysis

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### Findings: Survey participants

- Over one-half of the respondents worked for a public child welfare agency and a little under a quarter were employed at a private provider.
- Role in FGDM was primarily to be part of the county implementation team, referral source or a facilitator

### Findings: Facilitating factors

Category	Established adopters	New adopters
Cross systems nature of practice	6.8%	9.27%
Specific agencies	9.1%	9.27%
Training & education	17.04%	23.7%
Families	5.7%	7.21%
Specific individuals	15.9%	10.3%
The process of FGDM	11.36%	9.27%
Leadership	21.5%	15.46%
Attitudes of case workers	9.1%	4.12%
<i>Comment N</i>	<b>88</b>	<b>87</b>

### Findings: Barriers

Comment	Established adopters	New adopters
Case worker attitudes	43.95%	18.26%
Lack of resources (time, money)	18.6%	28.84%
The process of FGDM	4.3%	11.53
Community	2.19%	5.76%
Outcomes (lack of)	1%	2.88%
Referrals (lack of)	4.3%	7.69%
Family problems (domestic violence)	16.48%	19.2%
Administrative attitudes	8.7%	5.7%
<i>Comment N</i>	<b>91</b>	<b>104</b>

**Findings: Sustaining and growth factors**

Comment	Established adopters	New adopters
More resources (financial)	12.37%	25.64%
Fine tune the process	22.68%	9.4%
Outcomes (lack of)	6.1%	5.98%
Additional training & education	7.2%	16.2%
Outreach to the community	7.2%	1.7%
More "buy in"	17.52%	10.2%
Addressing family problems	4.1%	6.8%
Needs more time	12.37%	11.11%
No code fits	1.03%	6.8%

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### Synthesis of Findings

- Location is important to adoption of FGDM
  - Geographic clustering seen in studies in the UK (Brown, 2007).
    - Sharing of resources that are "close to home"
    - Social comparison
- Client needs not found to be a significant predictor

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### Synthesis of Findings

- Money & resources critical at the beginning; start up FGDM grants were significant predictors as was the number of caseworkers
- A systems of care approach is philosophically compatible with FGDM (Burchard & Burchard, 2000)

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### Synthesis of Findings

- Leadership is a critical activity throughout the process of adopting and implementing FGDM and the nature of the leadership may need to change over time.
  - resource acquisition and systems collaboration to managing professional resistance of the "reluctant adopters"
  - "fine tuning" to fit local conditions without sacrificing fidelity

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### Limitations

- Causality cannot be determined
- The nature of the social influence process cannot be determined
- This study did not look at adoption of family group at the individual caseworker level
- The qualitative data are from a self-selected group

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### Recommendations

- Provide money for training, consulting & staffing when adopting a new practice
- "Targeting" areas that are ready for adoption by their location
  - "spreading rather than seeding" to take advantage of relationships and social comparisons
  - Taking advantage of communities where system of care practices are in place

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## Recommendations

- Continued research in the nature of innovation in child welfare practice using theories and analyses more commonly associated with sociology and economics may better inform the child welfare systems change efforts

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Thank you!

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