

CALCULATING THE COSTS AND BENEFITS OF FAMILY GROUP CONFERENCING ANDY ROWE pdf

1: Google - Wikipedia

Chapter 9, "Calculating the Costs and Benefits of Family Group Conferencing," focuses on FGC expenditures and relates these to outcomes. In a climate of results-based accountability, fledgling social programs such as FGC too often are asked to demonstrate that they are a less expensive and more beneficial alternative to practice as usual.

Craig Silverstein, a fellow PhD student at Stanford, was hired as the first employee. He rejected the offer. Reasons ranged from shareholder pressure for employee benefit reductions to the fact that many company executives would become instant paper millionaires. The purpose of the Chief Culture Officer is to develop and maintain the culture and work on ways to keep true to the core values that the company was founded on: These ticker symbols now refer to Alphabet Inc. Overture Services would later be bought by Yahoo! The case was then settled out of court; Google agreed to issue shares of common stock to Yahoo! In , after outgrowing two other locations, the company leased an office complex from Silicon Graphics, at Amphitheatre Parkway in Mountain View, California. The Googleplex interiors were designed by Clive Wilkinson Architects. In the official public statement, Page explained that the "health and well-being" company would focus on "the challenge of ageing and associated diseases". Search in has been suggested as the cause. She revealed that the entire Google codebase, which spans every single service it develops, consists of over 2 billion lines of code. All that code is stored in a code repository available to all 25, Google engineers, and the code is regularly copied and updated on 10 Google data centers. To keep control, Potvin said Google has built its own "version control system", called "Piper", and that "when you start a new project, you have a wealth of libraries already available to you. Almost everything has already been done. The "Piper" system spans 85 TB of data. Google engineers make 25, changes to the code each day and on a weekly basis change approximately 15 million lines of code across , files. With that much code, automated bots have to help. Potvin reported, "You need to make a concerted effort to maintain code health. And this is not just humans maintaining code health, but robots too. This is an exponential curve. The company announced the two locations will generate The farms, which were developed by NextEra Energy Resources, will reduce fossil fuel use in the region and return profits. NextEra Energy Resources sold Google a twenty-percent stake in the project to get funding for its development. This acquisition enabled Google to add telephone-style services to its list of products. This occurred days after the Federal Trade Commission closed its investigation into the purchase. On August 13, , Google announced plans to lay off Motorola Mobility employees. As a part of this deal, Google acquired a On January 26, , Google announced it had agreed to acquire DeepMind Technologies, a privately held artificial intelligence company from London. DeepMind describes itself as having the ability to combine the best techniques from machine learning and systems neuroscience to build general-purpose learning algorithms. A Google spokesman would not comment of the price. The report does state that "Google never says how many servers are running in its data centers. On August 10, , Google announced plans to reorganize its various interests as a conglomerate called Alphabet. Google cited its editorial policy at the time, stating "Google does not accept advertising if the ad or site advocates against other individuals, groups, or organizations. The alliance between the two companies was never completely realized because of antitrust concerns by the U. As a result, Google pulled out of the deal in November Google and Parker v. The company began scanning books and uploading limited previews, and full books were allowed, into its new book search engine. The Authors Guild, a group that represents 8, U. Google replied that it is in compliance with all existing and historical applications of copyright laws regarding books. Although web searches still appear in a batch per page format, on July 23, , dictionary definitions for certain English words began appearing above the linked results for web searches. The update was introduced over the month prior to the announcement and allows users ask the search engine a question in natural language rather than entering keywords into the search box. The first change removes the "mobile-friendly" label that highlighted easy to read pages from its mobile search results page. For the second change, the companyâ€”starting on January 10, â€”will punish mobile pages that show intrusive interstitial

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advertisements when a user first opens a page. Such pages will also rank lower in Google search results. Late in , Google began to sell Custom Search Business Edition, providing customers with an advertising-free window into Google. The service was renamed Google Site Search in . Among other things, the suite is designed to help "enterprise class marketers" "see the complete customer journey", generate "useful insights", and "deliver engaging experiences to the right people".

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J ; Sharon Dijkstra: M ; Hanneke E Creemers: H Received Feb 4; Accepted Feb 6. This article has been cited by other articles in PMC. Abstract Background The model of Family group-conferencing FG-c for decision making in child welfare has rapidly spread over the world during the past decades. Its popularity is likely to be caused by its philosophy, emphasizing participation and autonomy of families, rather than based on positive research outcomes. Conclusive evidence regarding the cost effectiveness of FG-c is not yet available. The aim of this protocol is to describe the design of a study to evaluate the cost effectiveness of FG-c as compared to Treatment as Usual. Implementation of FG-c, characteristics of family manager and family will be examined as moderators of effectiveness. Discussion Studying the effectiveness of Fg-c is crucial now the method is being implemented all over the world as a decision making model in child and youth care. Policy makers should be informed whether the ideals of participation in society and the right for self-determination indeed result in more effective care plans, and the money spent on FG-c is warranted. The design of this study is approved by the independent Ethical Committee of the Faculty of Social and Behavioral Sciences of The University of Amsterdam approval number: Effectiveness, Randomized controlled trial, Family Group Conferencing, Child safety, Supervision order, Perceived control, Social network, Professional help Background The model of Family group-conferencing FG-c for decision making in child welfare has rapidly spread over the world during the past decades [1]. Also in the Netherlands, Family Group conferences are widely used as a decision making procedure in youth care [2]. Research has indicated, however, that its popularity is likely to be caused by its philosophy emphasizing participation and autonomy for families , rather than based on research outcomes showing positive results for FG-c [3 , 13]. Despite the broad implementation of FG-cs globally and despite many research efforts into FG-c, Frost et al. Studies tend to mainly focus on the implementation of the conferences and of the Family Group plans, and on participant satisfaction. In a study by Oosterkamp-Szwajcer et al. However, given that no comparison group was included in this study, these positive results cannot be attributed to FG-c. Schuurman and Mulder and Jagtenberg et al. None of these studies, however, used a comparison group, and thus results cannot with certainty be attributed to the use of FG-cs. Research that did include a not in all respects equivalent comparison group [9], found that families that had participated in a FG-c reported less concerns about safety and well-being of the children and that social support from the network had increased. However, the changes in the Family Group-conferencing group were not larger than in the control group, and several methodological flaws of the study e. Notably, studies examining FG-cs show inconsistent results. Where Burford et al. To conclude, although much research has been done to investigate FG-cs, there is still insufficient evidence for its effectiveness, in particular because of the use of weak study designs [16]. Research with a robust design does not confirm the positive findings reported in the uncontrolled studies [15]. Worldwide, only six studies including a control group have been conducted. Even less is known about potential moderators of the effectiveness of FG-cs: Effectiveness studies try to find overall effects, whereas not all families are likely to benefit from one approach [17]. As Farrell, Meyer, Kung, and Sullivan , p. Therefore, analysis of overall program effects might suggest that programs did not work when in fact they did work for some subgroups [19]. Identifying moderators of the intervention effectiveness can be useful for identifying and engaging those who are most likely to benefit [20], and provides opportunities to adjust the programs to improve effectiveness for certain subgroups of clients. In addition to potential moderating effects of family characteristics, program integrity may also moderate the effectiveness of FG-cs. An FG-c starts off with an initializing stage, than the actual conference takes place, and subsequently, the Family Group plan needs to be

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carried out. It is important to determine whether all stages belonging to a FG-c are carried out and to what extent the Family Group plan has been carried out as intended. This information can be used to determine which stages of the FG-c are critical for the achievement of potential positive results. To increase the knowledge about the effectiveness of Family Group Conferences in youth care, we will perform a randomized controlled trial RCT. In addition, it will become clear which characteristics of the approach, of the participating families and which characteristics of the family managers who should support the implementation of the Family Group plans are important to reach the best results. Therefore, the present effectiveness study will be accompanied by a cost-effectiveness analysis. Methods and design The study aims to answer two main questions. The first question is whether Family Group conferences in youth care are effective as a decision making model in terms of increased child safety, involvement of the social network, perceived control over problems and a reduction in use of professional care. Moreover, costs associated with FG-c will be identified in order to determine the cost-effectiveness of FG-cs. The second research question concerns the moderators of the effectiveness of FG-c. Both participant and program characteristics will be examined as potential moderators. Program characteristics to be examined are program integrity and characteristics of FG coordinators and family managers responsible for supporting the implementation of the FG plans developed by the broader social network of the family. It is crucial to examine program integrity i. Without having established program integrity, there is the risk of concluding that FG-cs are not effective, whereas in fact the FG-c has not been fully implemented. Furthermore, it is possible that a successful FG-c has taken place, but the plan developed in the FG-c has never been carried out. It is therefore important to determine whether all stages of the FG-c have been implemented as planned. Additionally, it is important to examine family characteristics as potential moderators of the effectiveness of FG-c. It is plausible that FG-cs are not equally effective for every participating family. For example, families with a small social network, or with limited possibilities to attend a conference or with other particular characteristics that hamper the organization or carrying out of a FG-c or the FG plans are less likely to attend a FG-c. Identifying those families who are less likely to fulfill an FG-c may result in savings. Design A randomized Controlled trial will be conducted to examine whether FG-cs are effective in changing: A second aim is to study whether the effectiveness of FG-c is influenced by characteristics of the implementation of the methodology, characteristics of the family managers such as education, or attitude towards FG-c , or by family characteristics such as size of the social network, ethnicity or family type: Using computerized randomization two comparable groups will be formed. Pre-tests will take place before FG-cs starts.

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3: Janus Henderson Investors

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Received Nov 24; Accepted Sep This article has been cited by other articles in PMC. Associated Data Availability of data and materials Not applicable. Abstract Background The Dutch healthcare system and the roles of the government and citizens are changing. The government will be limiting its role in care and assistance, while citizens will be expected to increasingly care for themselves and each other. Studies on the use of these Family Group Conferences within various sectors are promising. Whether the Family Group Conference is also effective within the integrated care system for young people with intellectual disability ID is not yet known. Methods In this study, anonymized file data were collected from 71 clients who had taken part in a Family Group Conference and a comparable group of 53 clients who had not. Information about the present areas of concern in the family was retrospectively collected and scored by means of a standardized protocol. In addition, information about received care and support from the integrated care system for young people with ID was collected. The areas of concern were assessed at two moments in time, with a month interval. Results The problems in the group of clients who had taken part in a Family Group Conference greatly decreased over a period of twelve months. There was a much smaller decrease in the number of problems in the group that had not taken part in a Family Group Conference. Resource use did not significantly differ between conditions. Conclusions Our findings reveal that people with ID can also benefit from this approach, something which had been previously doubted. Support from the social network, however, does not substitute formal care. Background In The Netherlands, the government has always played an important role in the care for people with a wide range of needs. For example, Dutch law states that parents and children with parenting or developmental problems have the right to receive government-funded care. People with intellectual disability ID have the right to receive care under the Exceptional Medical Expenses Act, also funded and organized by the government. Most countries define people with ID as those with an IQ below In the Netherlands, however, people with an IQ between 70 and 85 are also considered as having ID if they have severe problems of adaptive behaviour [1]. These people are known to be often in need of long-term assistance [2]. People with ID in the Netherlands have access to various specialized forms of care, such as special education, special work-study programs and specialized care for both children and adults with disability. However, it is uncertain whether this will remain the case in the future. In recent years it has become clear that on the one hand the costs of the healthcare system are increasing dramatically, and on the other hand that citizens are not given enough opportunities to take initiatives or to provide their own solutions. The result is a change in the Dutch healthcare system and the roles of the government and citizens. Citizens will get the opportunity to take their own initiatives while the government will focus on providing care for those who are considered most vulnerable. This societal development directly influences the nature of healthcare provision. There is a shift from a focus on problems and concerns to a focus on strengths and solution-oriented thinking. Attention for opportunities and capabilities of citizens is growing. Realistic solutions are pursued that can prevent the problems from recurring in the future. Such a Family Group Conference uses a decision-making model in which a plan is developed by the family and their social network. For this purpose, a special meeting is organized, a so-called conference or deliberation. A coordinator or social worker supports the family in organizing the meeting, but the family may decide who will be invited to it. The participants could be relatives, but friends, neighbours or other people trusted by the family may be included as well. In recent years a lot of research has been done on the use of these Family Group Conferences within various sectors. At first this mainly concerned process evaluations and exploratory research, but in the past few years a number of controlled studies have been conducted [3 â€” 6]. Results of controlled studies are less

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unequivocal. For instance, Sundell and Vinnerljung [3] found various negative results, including longer placements into court custody, in comparison with the control group, whereas Wijnen-Lunenberg et al. Not much research has been conducted on the effect of the Family Group Conference within the integrated care system for young people with ID. The available, mostly unpublished, research is mainly of a qualitative nature and focuses more on the suitability and degree of satisfaction. While most of such research indicates that the Family Group Conference also seems to be suitable within this integrated care system, many social workers have considerable doubts about this. These doubts arise from the main characteristics of ID, such as social awkwardness, a weak sense of social responsibility, impaired social skills and a higher rate of problems of general social functioning [11]. The result is often a very limited social network and an isolated life, which reduces the benefits people can derive from their social network [12 , 13]. Many of these youngsters come from multi-problem families, which are characterized by limited self-efficacy, dysfunctioning and accumulating problems, such as financial problems, low socioeconomic status, parents with addiction or mental problems, or divorced parents [11 , 15 – 17]. People with ID who are also having behavioural, parenting or criminal behaviour problems often have a social network with similar problems. As a result, using the social network might actually have a negative effect on the development of the current problems. On the other hand, there are convincing arguments to examine the effect of empowering children or parents with ID. After all, each citizen has the right to first make their own plans before the government or professionals working for the government intervenes in the lives of young people. This enables citizens to remain in control and take responsibility for their own lives. The basic assumption is that people themselves are better able to find effective solutions to their problems than a professional. In addition, they are more motivated than the professionals to find permanent solutions. Various studies have found that involving children and young people in the decision-making process results in better decisions [18]. In addition, we conducted a cost-effectiveness analyses to explore whether the Family Group Conference leads to a decrease in the use of formal care and services provided by the Dutch integrated care system for young people with ID.

Methods
Study sample This study assessed the effects of Family Group Conferences within the integrated care system for young people with mild ID in the Dutch province of Overijssel. Five organisations participated in this study: The participants included children with ID as well as children of parents with ID. Accessibility of file data was necessary to allow us to draw conclusions about the benefits of Family Group Conferences. The control group consisted of comparable clients who had not taken part in a Family Group Conference. The control group did not include clients refusing to take part in a Family Group Conference. In order to obtain a comparable control group, we collected file data originating from the year prior to the implementation of Family Group Conferences in the integrated care system for young people with ID in Overijssel. The control group was assembled using two methods. We first tried to find matched clients. To this end, a summary was made of the most important demographic characteristics and areas of concern of the clients of the intervention group. Next, the staff of the participating organizations were asked to look for comparable clients among their caseload. As this procedure did not result in enough files, the control group was eventually supplemented with a number of randomly selected files.

Intervention Although the decision-making model of Family Group Conference originates from New Zealand, these days it is being applied in many different countries. The core concept of the Family Group Conference is to help families draw up a plan together with their social network, in order to solve their problems. Family Group Conferences were introduced in the Netherlands in , and since then the applicants rapidly increased. During the research period, a total of clients were referred to the Family Group Conference Agency [19]. Most commonly, public or private child welfare agency social workers refer families to the Family Group Conference Agency, although some families may also self-refer. Families are usually referred for a combination of multiple problems. On average, 3,9 problems per referred family are reported to the Family Group Conference Agency. The Family Group Conference Agency utilized an application form, on which the referring worker or family member can state the questions they would like to discuss with the extended family. The Family Group Conference is assisted by an independent coordinator,

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who is not part of the social network or the healthcare institutions involved in the case. This coordinator is a trained volunteer of the Family Group Conference Agency, who organizes the conference, but is not responsible for the plan itself. In the Netherlands, there are over coordinators, who all received six days of training by the Family Group Conference Agency. After referral, the coordinator will contact the family to explain the concept of the Family Group Conference. If the family agrees to participate in the Family Group Conference, the coordinator will start with the preparations for the Family Group Conference. The essence of the Family Group Conference is to broaden the circle of care, and that parents of other primary care givers cannot limit these connections or relationships [20]. In addition to the family, it is usually grandparents, uncles, aunts and other family members, friends, acquaintances, neighbours and care providers who take part in the conference. The coordinator does not exclude anyone, unless the family members demonstrate or provide information that a certain individual could be emotionally or physically harmful to other participants or the process. The coordinator ensures that all participants can safely take part in the conference. On average, a conference involves about The preparation phase does not always lead up to an actual conference. During the research period, clients were referred to the Family Group Conference Agency. In approximately a quarter of these cases, the preparations for the conference were discontinued [19]. The Family Group Conference itself consists of three phases: In this phase, the nature of the problems and the possibilities for support from care providers are discussed. Healthcare professionals are invited to provide information which can support the development of the plan. If the Family Group Conference concerns children who have been placed under supervision, the family guardian involved will present the minimum requirements of the plan during this phase basic requirements. The coordinator and healthcare-professionals withdraw to leave the discussion to the network. The plan may involve using the capabilities of the network itself as well as requests for assistance from the healthcare professionals. The plan usually combines both sources of support. In the final phase, the family presents the plan to the coordinator. If the child has been placed under supervision, the family guardian also returns to assess the plan. If the plan is safe and legal, it will always be accepted. After the Family Group Conference, the coordinator distributes the plan to every participant who attended the conference, ensuring that every individual who has a role in the implementation of the plan receives the agreement that details responsibilities. Subsequently, the participants of the conference are responsible for the implementation of the plan.

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Table of Contents for Widening the circle: the practice and evaluation of family group conferencing with children, youths, and their families / Joan Pennell and Gary Anderson, available from the Library of Congress.

5: Table of contents for Widening the circle

Widening the Circle is about developing family leadership, cultural safety, and community partnerships to safeguard children, young people, and other family members. This volume describes family group conferencing and critically analyzes its contributions to widening the circle.

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