

# Practice Notes

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Family Group Decision Making: Incorporating Family Strengths, Concerns, and Resources in Developing a Safety Plan

file Family Group Decision Making (FGDM) is a relatively new intervention, blossoming in 1995, the concept shares its roots with the long-standing philosophical values of family-focused services such as family preservation, community partnerships, and kinship care.

This lineage, emphasizing an alliance between the family and the professional, rests on a core idea: children require a lifetime relationship with their families and communities of origin. In that light, FGDM articulates a basic principle: the inherent strengths of families and their resources can be engaged to respond to the safety and well being of children. The framework is one of empowerment and respect for the strengths of families.

At this stage, FGDM is still a work in progress. As we see in this edition of **Practice Notes**, various models are emerging. From its beginning, the emphasis was on its use in reunification and placement decisions for permanency. Now we see explorations in domestic violence to assure safety for the child; a search for a network of family resources to deal with truancy and delinquency; and an "emancipation model" outlined here which may provide a wide set of resources for youth aging out of the foster care system.

A striking aspect of FGDM is the enthusiasm of professionals as well as the reported high satisfaction of families engaged in this intervention. FGDM is rapidly becoming an essential part of the continuum of services in a child welfare system.

FGDM is far from a quick fix for vulnerable children in high risk families. But the efforts to mobilize an entire family to provide lasting and available resources across the lifespan of the child is forward looking and engenders a palpable sense of hope.

Whether benefits last over the long term is not known. The movement is still too young to gather evidence for this desirable outcome.

## The Definition:

Family Group Decision Making gathers family members, child welfare and mental health professionals, and others closely involved in children's lives to discuss family's strengths, concerns and resources to develop a family safety plan.

It is a process for families to make better decisions about caring for their children and keeping their families together. Through Family Group Decision Making, also known as Family Group Counseling, participants focus on their strengths and children's needs, families create a plan to ensure their children's safety and preserve their families. Since families know their children best, they are able to develop plans that work best for them.

Source: Minnesota Department of Human Services. (2002). Family Group Decision-Making Defined. Retrieved April 5, 2002, from http://www.dhs.state.mn.us.

Based on Minnesota Statue 256F.14.

## How is "family" defined?

"Anyone who care about the child; everyone who is important to the child. This may include parents, close relatives, extended family, and other friends who feel like 'a part of the family'."

"There are often multiple families involvedpaternal/maternal because there my be different fathers and families may not have been together before a FGDM."

**Source:** Training material provided by the Family Group Decision-Making Program, Family, Children & Adult Services, Hennepin County.

- Referral to hold the conference- Typically, the social worker who investigates and assesses a case of child abuse and neglect refers the case to a Coordinator who decides whether or not to hold a FGDM meeting.
- 2. **Preparation and planning activities** According to the literature and evaluation reports, adequate preparation and planning can be the difference between the success and failure of the FGDM meeting. Consult with service workers, foster families, teachers, and others who know the child and the child's needs.

## 3. Conference Stages-

- Introductions: Participants introduce
  themselves and identify how they are connected to the family.
- Information Sharing: Participants discuss the family's strengths and joys. They also talk about concerns related to the safety and stability of the child(ren). Service providers present facts about the child's current situation and share resource information.

 Private Family Time: Service providers leave the room. The family develops a plan to address all the concerns and safety for the children.

Plan Presentation, Consideration, and
 Acceptance: The group comes together to hear the plan created by the family. The group may ask questions and help fine tune the plan. The social worker agrees to support the plan if it is safe, meets the needs of the child and is legal.

4. **Post-conference events and planning**- The development of the plan is difficult, but the implementation of the family decision is just as challenging. Writing and distributing the plan, delivering services, and reviewing and monitoring the decisions are the activities that occur after the official family meeting.

Sources: Merkel-Holguin, L. (1996). Putting Families Back into the Child Protection Partnership: Family Group Decision Making. <u>Protecting</u> <u>Children 12 (3)</u>, 4-7

Merkel-Holguin, L. (2002). National Center on Family Group Decision-Making. American Human Association. Retrieved April 15, 2002, from <u>http://www.ahafgdm.org</u>.

Training material provided by Family Group Decision-Making Program, Family, Children & Adult Services, Hennepin County and Family Group Decision-Making Program, Community Human Services, Ramsey County.

## The Heart of FGDM: Preparation

- 1. A coordinator meets with parents to describe the FGDM process, to create an invitation list and to discuss a preferred location and meal.
- 2. A coordinator meets with chosen "family" members and service providers to describe the FGDM process and provide background on the case.
- 3. A time and place to have a meeting are scheduled (convenient to most).

- ▲ FGDM is a resource-intensive process. Preparing conferences takes approximately four times as long as actually having them.
- ▲ The preparation phase is much like gathering an oral history.

**Source:** Sieppert, J.D., Hudson, J., & Unrau, Y. (2000) Family group conferencing in child welfare: Lessons from a demonstration project. Families in Society, 81, (4), 382-391.

## A Typical Case Takes 20-40 Hours

- The preparation time can be 20-40 hours.
- The Family Group Conference often takes 8 hours.
- The Case Plan often takes 3 hours to develop.

# Cast of Characters: Distinguishing the Roles

- Family members: Nuclear, extended family members and non-biological family or "fictive kin".
- **Children:** Guidelines: age appropriate, a willingness to participate, and support person available.
- **Support persons:** Pre-selected persons to provide emotional support for children under 16, for adults who have been victims of abuse or are at risk.
- **Resource/Information Providers:** Persons with information and/or resources (professionals and community agency representatives).
- **Coordinator:** Makes contact with the entire extended network of family and service providers, educates prospective participants, coordinates meeting logistics, and meets with the family participants to prepare them for the conference.

**Facilitator:** Facilitates the conference process, encourages and supports communication in the meeting, prepares the family for private time, helps draw up the plan developed during private family time, delivers the plan to the child protection social worker and the court.

**Referring Social Worker:** Presents case information to the family during the Information Stage and helps the family provide resources for the plan during the Decision Stage.

Sources: Merkel-Holguin, L. (2002). National Center on Family Group Decision-Making.American Human Association. Retrieved April 15, 2002, from <u>http://www.ahafadm.org</u>.

Training material provided by Family Group Decision-Making Program, Family, Children & Adult Services, Hennepin County and Family Group Decision-Making Program, Community Human Services, Ramsey County.

## A Delicate Balance:

FGDM can be seen as a process where issues can be raised and resolved around keeping a child safe, thriving and having a change for a good future. The professionals retain the right to disagree with plans developed by the family, and the parents have the right to withdraw. A high level of worker skill is required to resolve tensions that may arise from the professional obligation to tend to the safety needs of the child and the family rights to privacy and autonomy. The core value is that this is a voluntary process.

Professionals adopt a posture of consultation and support rather than "expert in charge."

# Clarifying the Issue of Confidentiality

Families have a right to keep their secrets from the social service system, and this belief is expressed in having "family alone" time to deliberate.

At the same time, FGDM staff must calibrate how open they can be with extended family members. In some cases, parents can exert veto power over certain information. In other cases, parents may grant permission to disclose data on domestic violence, substance abuse, and mental illness.

There has to be a careful process of disclosure so that confidentiality is not breached. Often there has been virtually no communication for years among family members who will be present at the meeting. There may be a significant lack of knowledge by some participants at the front end, about the "real" problem that relates to the child's safety.

Quite often, some family members know about a specific problem (such as past sexual abuse by a certain member against another member). Without overtly stating it, family members find ways to manage this information in ways that protect other members. For example, the family will simply not allow or propose a plan that would place a child under the sole supervision of the known abuser. This is an example of how the family often manages its own secrets and how professionals need to accord the family respect and authority in deciding what comes out "on the table."

Issues in confidentiality are constantly being refined and deserve close attention.

**Sources:** Merkel-Holguin, L. (1998). Implementation of family group decision making processes in the U.S.: Policies and practices in transition? <u>Protecting</u> <u>Children, 14(4)</u>, 4-10.

Civic Research Institute. (1999). <u>Interdisciplinary Report on At-Risk</u> <u>Children and Families</u>. Kingston, New Jersey.

## The Ultimate Product:

A written plan agreed to by the family and child protection services, detailing how and by whom the child will be cared.

# Amplifying the Voice of the Child

The level of participation of the child is a coordinator's task. Variable elements in the discussion are the age of the child, the consent of the parent, the child's wishes, and the child's involvement with specific family members. Acknowledging that the child's view is central to decision-making, the coordinator may choose among several options:

#### Physical Presence of the Child

 planning a specific time for the child to visit proceedings and speak

• usually confined to older children

Expressing the Wishes of the Child • reading a letter from the child

• exchanging points of view through a conference call

presenting a video of the child

• expressing hopes for the future

#### Understanding the Needs of the Child

Presenting data from the therapist, teachers, foster parents, social workers, and case notes on disruptive placements.

## Beyond Safety: Special Needs

Presenting specific needs, among them: the medically fragile infant; the toddler with developmental delays; the school-age child with a history of truancy; and the restless adolescent.

Sources: Marsh, P., & Crow, G. (1998). Family Group Conferencing in Child Welfare. "Family Group Conferences: Policy and Practice". Malden, MA: Blackwell Science, 52.

Wilmot, L. (2002). *An Overview of Family Group Decision-Making.* Retrieved April 5, 2002, from National Center on Family Group Decision-Making Web site: <u>http://www.ahafgdm.org</u>.



## **Cultural Relevance: The ICWA Experience**

FGDM is a process, which inherently respects the culture of the family, the community, and the tribe. The facilitator is frequently chosen from the community that is close to the family's background.

For children and their families with a Native American heritage, FCDM has become a "friendly" intervention. Further, the process provides a powerful opportunity for narrowing the gap between the interest of the Tribal Council and the responsibilities of County Social Services. Tribal courts use FGDM as an indication of "active efforts", a requirement of the permanency process with Native American families.

There are special circumstances that are associated with Native American families that require a skilled facilitator. In some models, co-facilitators are designated. One represents the community that is close to the family's background. When an event happens to a family, it becomes community knowledge, and this drives the nature of the communication. The facilitator has to recognize when the family has entered an arena of high emotional intensity. The facilitator must have the ability to help the family and the community engage in a discovery of truth, which may require a correction to their initial perception. When events that affect a broad group of children are occurring, a community-wide meeting is held to deal with historical issues that have brought harm to families and children. These meetings may be known as "Healing the Hurts."

**Source:** Conversation with the FGDM staff, PACT 4 Family Collaborative. Serving the MN counties of Kandiyohi, Meeker, Renville, Yellow Medicine and the Upper Sioux community.

"The process itself offers a foundation of empowerment for the family - it gives them choices. They now have the opportunity to voice their opinion in a public forum. We then take their opinion to the courts. This is one of the most powerful [outcomes] from our point of view."

> -Ronald Leith/Upper Sioux Community Liaison/Facilitator

# **Observations From Practioners**

- A measure of success "... if the family shows up, stays, breaks bread, and listens to each other."
- "Sometimes FGDM becomes a family rebuilding project."
- "You have to have enough berries to make a pie.... if few family members come forward, FGDM is not workable."
- "Families will be forthright about what they can do . . . 'I can provide transportation, but I can't do weekend respite care.' Trust the wisdom of the family.
- "FGDM creates a family from a collection of relatives . . . sees the possibilities of helping each other . . . all eyes will be on the children."

## Variations on a Theme:

FGDM is the model most familiar to the child protection practice community. But variations occur under names such as Family Unity Meetings and Family Conference. Differences arise in extent of preparation and "family alone" time. The process, with modifications is also used in corrections and restorative justice.

# **Innovative Uses of FDGM**

#### Preparing Youth for Independent Living: The Emancipation Conference

#### The Model

A needs-based model, individually tailored to empower youth to determine and set goals. The relationship encourages youth to be "forward-looking" (where would you like to be in two years; four years), and encourages youth to speak out on what they need.

An Emancipation Conference is intended to:

- Prepare youth (16-18), who have been in long-term foster care, for a transitional phase to independent living
- identify who is in the support system
- mobilize a variety of resources in one place
- provide an opportunity to reconnect with family

An Emancipation Conference is typically court-appointed, and is intended to address the following tasks:

- housing; school/employment; and health plans
- setting up a bank account
- preparing a portfolio of documents: birth certificate; immigration records; and passport
- counseling
- preparing college applications

## **Preparation**

Information gathering on:

- strengths, needs, goals of the youth
- reviewing the invitation list
- explaining the conference process

#### <u>The Plan</u>

Youth determines who should be in the room to discuss options, and youth presents the plan.

### The Outcome

- reconstructing a family, if no biological ties exist
- re-establishing the family of origin, if one exists

**Source:** Material provided by the Family Conference Institute, Department of Family & Children's Services, San Jose, CA, 2002.

# Commentary Judge Robert Blaeser Chief Judge of Hennepin County Juvenile The Need for the New System

"There are several reasons to look for alternatives to the existing system of child protection: out-ofhome placement costs have risen to incredible levels, many families distrust social workers believing the social workers purposefully separate families, and social workers are frustrated because they have no choice but to recommend separation of families under the current system. The Department and the greater community are interested and open to alternatives."

Source: Judge Blaser. (2000) "Guest Commentary: Family Group Conferencing Worth Exploring to Protect Children in *The Legal Ledger*."

## Limitations of FGDM

FGDM is not viable under conditions of:

- Multi-generational problems combined with strong denial
- Acute mental illness/substance abuse/domestic violence with imminent harm implications for children.

FGDM is **least successful** in situations where youth are abusing their mothers when family relationships are intensely turbulent and when families have little confidence in implementing plans.

Very little is known on monitoring post-conference activities.

Source: Civic Research Institute. (1999). <u>Interdisciplinary Report on At-Risk</u> <u>Children and Families, Kingston, New Jersey.</u>

## **Training and Evaluation**

The Minnesota Department of Human Services is now developing a training unit for FGDM. Presently, a one-day orientation is offered by the Minnesota Child Welfare Training System. A two-day training unit is under development and will be available by winter of 2003. An Evaluation of Minnesota's FGDM programs is under way. For further information, contact, Gerald Lindskog, Minnesota Department of Human Services at 651-296-3910.



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