

National Resource Center for Foster Care & Permanency Planning

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Tools for Permanency

Tool # 2: Family Group Decision Making

The National Resource Center for Foster Care & Permanency Planning at the Hunter College School of Social Work of the City University of New York is committed to the pursuit of excellence in child welfare service delivery. As a Center dedicated to action and change, our work focuses on building the capacity of child welfare agencies to meet the needs of children at risk of removal from their families and those already placed in out-of-home care. Our "Tools for Permanency" aim to promote family-centered and collaborative approaches to achieving safety, timely permanency and the overall well-being of children and families within the child welfare system.

Family Group Decision Making

Family Group Decision Making (FGDM) is a family focused, culturally sensitive approach to developing permanency plans for children who are in foster care or who are at risk of entering foster care due to parental abuse or neglect. With Family Group Decision Making, the child's immediate and extended family begin work early with child welfare workers and a family group coordinator in developing a plan for the safety of the child, a plan for family reunification, or deciding on another permanency option, such as: relative care, guardianship or adoption. The most commonly used models of Family Group Decision Making are: Family Group Conferencing (FGC) and Family Unity Meetings (FUM). These two models are described briefly below. In both of these models, the basic philosophy and orientation are the same: the immediate and extended family are of primary importance to the child and should be involved in making decisions about the child's well being, living arrangements, and permanency plan. Extended family could include persons who play a crucial role in the child's life, such as godparents.

Family Group Conferencing – Origins in New Zealand

Family Group Conferencing originated in New Zealand and is modeled after Maori tribal practices. A disproportionate number of Maori were in out-of-home placement and New Zealand's European-style child welfare system seemed insensitive to Maori culture. There was a push for a change in practice that would be more in keeping with tribal culture. In 1989, New Zealand enacted the Children, Young Persons, and Their Families Act which institutionalized the practice of family group conferencing (Hardin, 1996). Now, when there is an allegation of child abuse or neglect, the New Zealand public welfare agency looks to the family first for solutions, and in most cases limits state intervention until the family has had an opportunity to come to its own agreement and plan for how to handle the situation (Wilcox, 1991).

How Family Group Conferencing works

When there is an allegation of child abuse or neglect, the New Zealand public welfare agency conducts an investigation to determine if the child is “in need of care and protection.” If the social worker’s investigation determines that the child is in need of care and protection, he or she must contact a person who is known as a “Care and Protection Coordinator.” The Care and Protection Coordinator has the responsibility of convening family group conferences. This includes inviting and encouraging the parents, extended family members and close family friends to attend and preparing participants for the conference. If the family is Maori, tribal elders are also invited. In addition to the Coordinator, the social worker who investigated the case will be present. Other professionals who have relevant experience with the children and family may also be present, such as psychologists or teachers. If a court case is under way, an attorney for the child will be invited to the family group conference as well (Hardin, 1996).

There are generally three stages to the Family Group Conference: (1) information giving, (2) private deliberation, and (3) decision making/writing the plan. At the information giving stage, the child welfare and other professionals describe the situation to the family and the family has the opportunity to question the professionals. During the private deliberation stage, the professionals leave the room. The entire extended family that is present meets in private to make a decision as to whether the child has been abused or neglected and, if so, how the child should be protected. This care and protection plan generated by the family might include, for example, a decision that an aunt or other relative will step in and live with the family, or they may decide to move the child to the grandmother’s home or to provide day care. This family meeting usually lasts 2-3 hours but may be longer. At the end of the private deliberations, the family presents their decision to the social worker and the Coordinator (Hardin, 1996).

After everyone agrees to the plan (which may take some negotiation), the Coordinator writes up the decision and sends it to concerned parties. This agreement will include a plan for future review and possible reconvening of the family. The family group conference can also be reconvened at any time at the request of the Coordinator or any two members of the family group conference if they wish to reconsider or review the plan (Hardin, 1996). Social workers may continue to arrange services for the family, but various members of the extended family usually help with and even provide some of the specialized services (Walker, 1995). Conferences typically begin and end with culturally appropriate rituals. In addition to including tribal or clan elders, other culturally relevant actions are identified during conference planning.

Through these conferences, social workers learn much from the families and move away from a deficit-functioning perspective toward a perspective that emphasizes the families’ strengths. Indigenous Maori social work practitioners consider Family Group Conferencing to be the turn around point for the beginning of good social work practice in New Zealand (Walker, 1995). Social workers are also finding that New Zealanders of European origin agree to the benefits of this new system of family involvement in the welfare of children (Hardin, 1996).

Oregon – The Family Unity Meeting

In 1989, almost simultaneously with New Zealand, an American version of Family Group Decision Making was developing in Oregon: the Family Unity Meeting (FUM). While New Zealand’s Family Group Conference grew out of indigenous tribal practices, Oregon’s FUM evolved from social work practice, family treatment and family preservation models (Keys, 1996).

The cornerstone philosophy of the FUM model is that:

- families, communities and the government must work together to ensure children’s safety and well being, and
- extended families need to be regularly involved in making decisions about protecting and ensuring safety for their children (Merkel-Holguin, 1996).

The FUM model places an emphasis on maintaining the child's attachments to the parents and other relatives whenever possible. Family members actively collaborate and plan for the child during the Family Unity Meetings. The resulting involvement of families creates a collaborative rather than adversarial relationship with child welfare practitioners. Oregon has found that families who have made their own plans, are usually willing to carry them out (Keys, 1996).

How the Family Unity Meeting model works

The primary stages of the Family Unity Meeting are:

(1) Initial Referral

The social worker who investigates and assesses a case of child abuse or neglect refers the case to a Coordinator who decides whether to hold a meeting.

(2) Preparation and Planning

This phase can take 2-4 weeks. The worker identifies the extended family and important non-related persons in the child's life. Participants are invited to the meeting and are informed of its purpose and their role in the process.

(3) The Family Unity Model meeting

The meeting typically takes several hours and generally follows this pattern:

- introductions
- goal setting
- strengths assessment
- concerns and problems
- options and family discussion, and
- decisions (during the family discussion and decision stages, the facilitator generally stays in the room).

If the meeting is successful, consensus is reached and a plan of action is created to insure safety of the child/children. The plan is then presented to the court for approval.

(4) Planning and Follow-up

At this phase, the family's decision (or plan) must be implemented. The social worker writes up and distributes the plan. The plan is reviewed by all those who were present at the meeting. Services must be put into place and the plan's implementation must be monitored. Also a follow-up meeting may be scheduled (Merkin-Holguin, 1996).

When this model was developed in 1989, it was only used with families whose children were already in the foster care system. Since 1995, it has been expanded to child protective services and foster care intake (American Humane Association, 1997).

What are the major differences between New Zealand's Family Group Conferencing Model and Oregon's Family Unity Meetings?

Since they developed on different continents, there are bound to be numerous differences in style and practice, even if the basic philosophy remains very similar. However, there are two key differences:

(1) Exclusionary Rule or Veto Power

The FGC model discourages the practice of excluding family members from the conference because it is believed to potentially undermine families' decisions and to violate children's rights to be connected to all family members. The FUM model also strongly discourages the exclusion of family members from the

meeting, however, parents can veto the participation of any family member. Proponents of the FUM model believe that this exclusionary rule provides parents with more control (American Humane Association, 1997).

(2) Private Deliberations Stage

New Zealand's FGC model requires that families must have private deliberations time with no professionals present. Proponents of the FGC model state that families will not reveal secrets with professionals in the room and that professionals tend to dominate discussions. Although facilitators in Oregon have experimented with both private and non-private deliberations time, the FUM model generally encourages professionals to be present during the family discussion. The facilitator's role in a FUM meeting is to guide the family discussion and to provide resource information, if needed. Some Oregon facilitators find this to be a necessary role, and some prefer the private deliberation (American Humane Association, 1997).

Issues to consider before implementing a FGDM Program in your community

Implementing a FGDM program in your community is a very worthwhile project, yet it is multi-faceted and complicated. How your FGDM project is planned, developed, and put into actual practice will have an effect on the project's ultimate outcome. The American Humane Association (1997) has identified 12 factors and categories of issues for communities to consider before implementing a FGDM program model.

These are briefly outlined below:

(1) Principles and Values

Base the FGDM process on an understanding of, and respect for, the community and family culture, and provide an environment for families to focus on their strengths.

(2) Community Profile

Identify and study community characteristics.

(3) Collaboration

Strengthen community collaboration and build on other past or present community movements or initiatives for protecting children.

(4) Funding

Consider implementation costs and identify funding streams.

(5) Legal

Consider the legal framework in place to authorize the implementation of FGDM practices; review the compatibility of FGDM practices with federal child welfare law, federal privacy statutes, child abuse and neglect confidentiality laws; and assess potential agency liability for family decisions.

(6) Political

Consider the viability of FGDM in varying political circles.

(7) Agency Policies and Guidelines

Policies and guidelines should be established on:

- the type(s) of FGDM model(s) to be used,
- how cases should be referred and selected,
- locations of meetings,
- information sharing,

- the use of private family deliberation,
- whether or not the plan can be vetoed and by whom,
- how to monitor the implementation of the plan,
- how to close cases, and
- how to reimburse family costs for the FGDM meeting.

(8) Logistics and Administration

Involve other community leaders in planning, implementation, and evaluation and allocate time for planning, start-up, and coordination activities.

(9) Staffing

Develop written guidelines and explicit roles for all professionals involved in the FGDM process.

(10) Communications

The child welfare system which will be implementing FGDM should be seen as a resource and not an adversary.

(11) Training and Education

Encourage staff to adopt a community and family-strengths perspective; provide training for various professionals; provide an orientation process for families.

(12) Evaluation

Design and conduct research and evaluation on your new FGDM project.

All of these issues do not need to be settled before you begin, but at some point during the planning and implementation of your FGDM project, each point should be carefully looked at and evaluated.

The use of Family Group Decision Making is growing

The use of Family Group Decision Making is growing in the United States as well as in Australia, Canada and England. States such as: California, Colorado, Hawaii, Illinois, Iowa, Kansas, Michigan, Pennsylvania, Vermont and Washington are experimenting with their own versions of Family Group Decision Making projects. With names as various as: the Illinois Family Conference & Mediation Model and the Michigan Family & Community Compact Program, these models share a family-strengths, culturally sensitive, community-based orientation. The primary goal of these various FGDM models is permanency, stability, long-term safety, and well-being for children within their own families and their own communities (American Humane Association, 1997).

Please Note: This paper is intended to provide a brief introduction to Family Group Decision Making concepts and models. If you are interested in learning more about FGDM, please follow up with the readings noted in the References and Suggested Readings section of this paper.

Written by: Alice Boles Ott

References and Suggested Readings: Family Group Decision Making

American Humane Association. (1997). *Innovations for children's services for the 21st century: Family group decision making and Patch*. Englewood, CO: American Humane Association.

Hardin, M. (1996). *Family group conferences in child abuse and neglect cases: Learning from the experience of New Zealand*. ABA Center on Children and the Law, with support of the Edna McConnell Clark Foundation: Washington, D.C.

Keys, T. (1996). Family decision making in Oregon. *Protecting Children*, Vol. 12, No. 3. American Humane Association.

Merkel-Holguin, L. (1996). Putting families back into the child protection partnership: Family Group Decision Making. *Protecting Children*, Vol. 12, No. 3. American Humane Association.

Walker, H. (1995). *Whanau, Family Decision Making: A liberating social work practice based on trust*. A paper presented for the Beyond the Bench VII Conference, Oakland, California.

Wilcox, R., Smith, D., Moore, J. Hewitt, A., Allan, G., Walker, H., Ropata, M., Monu, L., Featherstone, T. (1991). *Family Decision Making-Family Group Conferences: Practitioners' Views*. Lower Hutt, New Zealand: Practitioner's Publishing.

Note: These publications offer a good starting place for studying Family Group Decision Making. These publications are basic yet comprehensive, and should you want to learn more about Family Group Decision Making, these publications provide you with extensive bibliographies and sources for further information.

American Humane Association. (1996). *Protecting Children*, Vol. 12, No. 3. [Available from: American Humane Association, Children's Division, 63 Inverness Drive East, Englewood, Colorado 80112-5117. Tel. 303-792-9900.]

This issue of the journal, *Protecting Children*, is entirely devoted to Family Group Decision Making. There are articles from social work and legal perspectives, and from American as well as New Zealander's perspectives. There is also a Selected References on FGDM section which is very helpful.

American Humane Association. (1997). *Innovations for children's services for the 21st century: Family Group Decision Making and Patch*. Englewood, CO: American Humane Association. [Available from: American Humane Association, Children's Division, 63 Inverness Drive East, Englewood, Colorado 80112-5117. Tel. 303-792-9900.]

This is a monograph which provides a comprehensive description of the FGDM model (as well as Patch). It gives philosophical background, the principles of FGDM, how to plan for and implement a FGDM program, references for further study, and numerous program examples in various states.

Hardin, M. (1996). *Family Group Conferences in child abuse and neglect cases: Learning from the experience of New Zealand*. ABA Center on Children and the Law, with support of the Edna McConnell Clark Foundation: Washington, D.C. [Available from ABA Center on Children and the Law, 740 15th Street, N.W., Washington, D.C. 20005-1009. Tel. (202) 662-1720. Fax (202) 662-1755.]

This book provides a description of how family group conferences are organized in New Zealand, written from the point of view of an American. This book offers a comprehensive introduction to family group conferences, its history and policy development, important practice and legal issues, as well as a comprehensive bibliography and a Where to go for more information section.

Compiled by: Alice Boles Ott

We'd like to help you get started!

Services available from the National Resource Center for Foster Care & Permanency Planning (NRCFCPP) include:

- Information Services – We can connect you with child welfare agencies around the country that are now considering or implementing innovative program models. Reading materials and bibliographies are also available.
- Training and Technical Assistance – The NRCFCPP can provide consultation and/or training as you consider or plan for a new initiative. We can arrange to meet with you for a brief consultation, we can make an informational presentation at your agency or in your community, or we can work with you to develop a comprehensive in-service training program at the local or state-wide level for casework, supervisory, managerial and/or training staff, as well as attorneys and judges.

If you are interested in working with the NRCFCPP, you can start with a phone call, a brief letter or an e-mail message. Let us know what you're thinking about doing, and we'll work with you to plan the kind of help you'll need to get your project up and running. We can help you figure out how intensive your training program should be, and what costs might be involved for your agency. [Note: The NRCFCPP is funded by DHHS/ACYF/Children's Bureau. If yours is a public child welfare agency, you may be eligible for free training and/or technical assistance approved by your regional office of the Administration for Children, Youth and Families.]

Materials Available from NRCFCPP

Tools for Permanency

- Concurrent Permanency Planning – an approach to permanency planning which works toward reunification while exploring other options for the child, simultaneously rather than sequentially.
- Family Group Decision Making – outlines two models for early inclusion of a child's immediate and extended family in permanency planning decision making.
- Child Welfare Mediation – a newly emerging tool to engage families in decision making in a non-adversarial manner.
- Relative Care Options – explores the challenges involved in foster parenting by members of the child's extended family. (not yet available)

Legislative Summaries

- Adoption and Safe Families Act of 1997 (Public Law 105-89)
- Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272)
- Personal Responsibility & Work Opportunity Reconciliation Act (Public Law 104-193)
- Child Abuse Prevention and Treatment Act (Public Law 104-235)

For more information, contact us at:

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